Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0011
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: PEP Samaritan Project

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$595,572.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PEP Samaritan Project 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/30/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The expired project incurred a remaining balance of $150,481.23. Primary challenges reported by the project attributing to the under spending included: redevelopment of the Coordinated Access system which delayed program enrollment; lack of decent housing in the designated geographical area; lack of landlord's adherence to Housing Quality Standards which resulted in terminating rental assistance payments and tenant's relocating; and common issues faced by the target population served - hospitalizations and incarcerations.

The Applicant has received an approved Amended Agreement for decrease in the Rental Assistance line item to end the historical pattern of project under spending and better meet the project's current needs. The project continues to serve the same number of clients as originally awarded.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $576,095

Organization	Type	Type	Sub-Award Amount
People Encouraging People, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$576,095

2A. Project Subrecipients Detail

a. Organization Name: People Encouraging People, Inc.

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

c. Employer or Tax Identification Number: 52-1168285

	*** d. Organizational DUNS:**	051536084	**PLUS 4**	

e. Physical Address

Street 1: 22 S. Howard Street
Street 2: CU 1
City: Baltimore
State: Maryland
Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $576,095

j. Contact Person

Prefix: Ms.
First Name: Tonia
Middle Name:
Last Name: Stokes

Suffix:	
Title:	VP, Asset Management
E-mail Address:	tonias@peponline.org
Confirm E-mail Address:	tonias@peponline.org
Phone Number:	410-366-4299
Extension:	2,025
Fax Number:	410-727-9732

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: MD0011

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: PEP Samaritan Project

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The project is aimed at providing permanent supported housing to 44 adults experiencing chronic homelessness (in accordance with HUD's definition) who have a serious mental illness and/or co-occurring substance abuse disorders. PEP is a partner in the Continuum of Care and works collaboratively to coordinate access to services throughout the Continuum for people who are chronically homeless. Using the Housing First approach, the provision of PSH will be one of the first incentives used by PEP staff to engage people who are "street" homeless with the goal of developing a long term, trusting relationship that results in treatment of the individual's mental illness or addiction issue. PEP employs a no reject-no eject policy; housing is not contingent upon any expectations established by staff of the organization. Treatment adherence, contracting for services and sobriety have no bearing on housing eligibility. Motivational interviewing and a Stages of Change paradigm are employed by staff to gently and repeatedly provide opportunities for improved behavioral health throughout the relationship. Should a chronically homeless person be ready to engage in services, PEP has a full compliment of behavioral health services available, including intensive case management, rehabilitation services, employment services, Assertive Community Treatment, and outpatient integrated mental health, substance abuse and primary care services. However, a consumer can receive services from any provider of their choosing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	Daily
Case Management		Subrecipient	Daily
Child Care		Non-Partner	Daily
Education Services		Non-Partner	Daily
Employment Assistance and Job Training		Subrecipient	Daily
Food		Subrecipient	Daily
Housing Search and Counseling Services		Subrecipient	Daily
Legal Services		Non-Partner	Daily
Life Skills Training		Subrecipient	Daily
Mental Health Services		Subrecipient	Daily
Outpatient Health Services		Subrecipient	Daily
Outreach Services		Subrecipient	Daily
Substance Abuse Treatment Services		Subrecipient	Daily
Transportation		Subrecipient	Daily
Utility Deposits		Subrecipient	Daily

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: 44

Total Beds: 44

Total Dedicated CH Beds: 44

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	44	44

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: 44

b. Beds: 44

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 44

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: 22 South Howard Street

Street 2: CU 1

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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	0	44	0	44

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	44		44
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	44	0	44

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										
Adults 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	37	0	0	25	3	37	0	2	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	37	0	0	25	3	37	0	2	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
0%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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?	Yes
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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$445,632
Total Units:	44

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	44	$445,632

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

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	$677	$638	x		=	$0
0 Bedroom		x	$903	$851	x		=	$0
1 Bedroom	44	x	$1,097	$844	x		=	$445,632
2 Bedrooms		x	$1,376	$1,298	x		=	$0
3 Bedrooms		x	$1,769	$1,663	x		=	$0
4 Bedrooms		x	$2,072	$1,934	x		=	$0
5 Bedrooms		x	$2,383	$2,224	x		=	$0
6 Bedrooms		x	$2,694	$2,514	x		=	$0
7 Bedrooms		x	$3,004	$2,804	x		=	$0
8 Bedrooms		x	$3,315	$3,094	x		=	$0
9 Bedrooms		x	$3,626	$3,385	x		=	$0
Total Units and Annual Assistance Requested	44							$445,632
Grant Term								1 Year
Total Request for Grant Term								$445,632

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:	$148,896
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$148,896

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	People Encouragin...	10/01/2019	$148,896

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: (Be as specific as possible and include the office or grant program as applicable)	People Encouraging People, Inc.
5. Date of Written Commitment:	10/01/2019
6. Value of Written Commitment:	$148,896

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$445,632
3. Supportive Services	$110,986
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$556,618
7. Admin (Up to 10%)	$38,954
8. Total Assistance plus Admin Requested	$595,572
9. Cash Match	$148,896
10. In-Kind Match	$0
11. Total Match	$148,896
12. Total Budget	$744,468

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	PEP Nonprofit Doc...	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: PEP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/13/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Corrected the Subrecipient organization information already listed.
- Completed Q7. of the Project Detail.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Changes made to the Rental Assistance Detail Budget as approved by the Amended Agreement.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/30/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/30/2018
1E. SF-424 Compliance	08/30/2018
1F. SF-424 Declaration	08/30/2018
1G. HUD-2880	08/30/2018
1H. HUD-50070	08/30/2018
1I. Cert. Lobbying	08/30/2018
1J. SF-LLL	08/30/2018
Recipient Performance	08/30/2018
Renewal Grant Consolidation	08/30/2018
2A. Subrecipients	08/31/2018
3A. Project Detail	08/30/2018
3B. Description	08/30/2018
3C. Dedicated Plus	08/30/2018
4A. Services	08/30/2018
4B. Housing Type	08/30/2018
5A. Households	08/30/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/30/2018
6A. Funding Request	08/30/2018
6C. Rental Assistance	08/30/2018
6D. Match	09/13/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/30/2018
7B. Certification	09/13/2018
Submission Without Changes	08/31/2018

Department of the Treasury
Internal Revenue Service

FRESNO, CA 93888

In reply refer to: 8916608585
Apr. 06, 2000 LTR 858C N
52-1168285 199912 10 000
01073

PEOPLE ENCOURAGING PEOPLE INC
% M S DIEHL DEPT OF PSYCHIATRY
4201 PRIMROSE AVE
BALTIMORE MD 21215-3305017

Taxpayer Identification Number: 52-1168285
Tax Period(s): Dec. 31, 1999

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501(c)(3) of the Internal Revenue Code; therefore, you are exempt from paying Federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make tax deposits for Federal unemployment tax.

We will send you a refund for your payments for the current year. You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return due date, or within two years from the date you paid the tax, whichever is later.

Even though you are not liable for the Federal tax, you could be liable for the state tax. States establish and operate their own systems. Therefore, you should contact your state to find out whether you are required to make contributions under the state unemployment compensation law.

If you do not owe any other taxes, we will refund the money you paid with your return or by Federal tax deposit in six to eight weeks.

If you have any questions, please call MARY ROBERTS at 559-443-5034 between the hours of 5:30 AM and 3:30 PM. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Department of the Treasury
Internal Revenue Service

8916608585
Apr. 06, 2000 LTR 858C N
52-1168285 199912 10 000
01074

PEOPLE ENCOURAGING PEOPLE INC
% M S DIEHL DEPT OF PSYCHIATRY
4201 PRIMROSE AVE
BALTIMORE MD 21215-3305017

We apologize for any inconvenience, and thank you for your cooperation.

Sincerely yours,

DAVID R. MARTIN
CHIEF, TAXPAYER RELATIONS BRANCH

Enclosure(s):
Copy of this letter

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0016
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: AIRS Shelter Plus Care

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,511,442.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: AIRS Shelter Plus Care 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

During the most recently expired grant term, several units failed to meet HQS and were placed in abatement status (rental subsidy withheld). As a result, the project incurred a remaining balance of $8,077.36 ($7,454.23 Rental Assistance + $623.13 Administrative).

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $1,464,273

Organization	Type	Type	Sub-Award Amount
AIDS Interfaith Residential Services, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$1,464,273

2A. Project Subrecipients Detail

a. Organization Name: AIDS Interfaith Residential Services, Inc.

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

c. Employer or Tax Identification Number: 52-1576701

	*** d. Organizational DUNS:**	843327979	**PLUS 4**	

e. Physical Address

Street 1: 1800 N Charles St. Suite 700

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,464,273

j. Contact Person

Prefix: Mr.

First Name: Anthony

Middle Name: I

Last Name: Butler

Suffix:	
Title:	President/CEO
E-mail Address:	anthony@airshome.org
Confirm E-mail Address:	anthony@airshome.org
Phone Number:	410-576-5070
Extension:	12
Fax Number:	410-576-5074

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: MD0016

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: AIRS Shelter Plus Care

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The AIRS S+C project provides supportive housing to 108 households composed of homeless single individuals and families who are disabled by physical health, mental health or HIV/AIDS or other qualifying disabilities. Residents served by the project also receive assistance with coordinating support services through case management services provided by AIRS.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	Monthly
Employment Assistance and Job Training		Subrecipient	Monthly
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-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: 108

Total Beds: 200

Total Dedicated CH Beds: 200

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	108	200

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: 108

b. Beds: 200

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 200

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: 1800 N. Charles Street Suite 700

Street 2:

City: Batlimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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	49	64		113

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	52	65		117
Adults ages 18-24	18	3		21
Accompanied Children under age 18	83		0	83
Unaccompanied Children under age 18			0	0
Total Persons	153	68	0	221

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	7	43	28	0	0	5	9
Adults ages 18-24		0							0	18
Children under age 18	0				0	0	0	0	0	83
Total Persons	0	0	0	7	43	28	0	0	5	110

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	0		0	20	0	26	0	0	0	19
Adults ages 18-24		0	0	0	0	0	0	0	0	3
Total Persons	0	0	0	20	0	26	0	0	0	22

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	0

Describe the unlisted subpopulations referred to above:

Unlisted sub-populations refer to other household members with no known disability reported - 83 children, 21 adults ages 18-24, and 28 adults over age 24.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

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:	$1,417,104
Total Units:	108

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	108	$1,417,104

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

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	$677	$638	x		=	$0
0 Bedroom		x	$903	$851	x		=	$0
1 Bedroom	84	x	$1,097	$1,020	x		=	$1,028,160
2 Bedrooms	23	x	$1,376	$1,351	x		=	$372,876
3 Bedrooms	1	x	$1,769	$1,339	x		=	$16,068
4 Bedrooms		x	$2,072	$1,934	x		=	$0
5 Bedrooms		x	$2,383	$2,224	x		=	$0
6 Bedrooms		x	$2,694	$2,514	x		=	$0
7 Bedrooms		x	$3,004	$2,804	x		=	$0
8 Bedrooms		x	$3,315	$3,094	x		=	$0
9 Bedrooms		x	$3,626	$3,385	x		=	$0
Total Units and Annual Assistance Requested	108							$1,417,104
Grant Term								1 Year
Total Request for Grant Term								$1,417,104

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:	$377,861
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$377,861

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Empire Homes of Maryland receives funding from HUD 811 to provide permanent supportive housing for extremely low-income persons with disabilities.

1b. Estimate the amount of program income that will be used as Match for this project: $130,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	AIRS - Ryan White...	04/01/2019	$151,704
Yes	Cash	Government	AIRS- Ryan White ...	04/01/2019	$33,405
Yes	Cash	Private	Empire Homes of M...	04/01/2019	$8,000
Yes	Cash	Government	AIRS - HOPWA POTM	04/01/2019	$26,500
Yes	Cash	Government	Empire Homes of M...	04/01/2019	$133,678
Yes	Cash	Private	AIRS - Abell Foun...	04/01/2019	$9,200
Yes	Cash	Government	Empire Homes of M...	04/01/2019	$15,374

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: (Be as specific as possible and include the office or grant program as applicable)	AIRS - Ryan White Part B
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$151,704

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: (Be as specific as possible and include the office or grant program as applicable)	AIRS- Ryan White Part A
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$33,405

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: (Be as specific as possible and include the	Empire Homes of Maryland

office or grant program as applicable)

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $8,000

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: (Be as specific as possible and include the office or grant program as applicable) AIRS - HOPWA POTM

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $26,500

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: (Be as specific as possible and include the office or grant program as applicable) Empire Homes of Maryland - HUD 811

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $133,678

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: (Be as specific as possible and include the office or grant program as applicable)	AIRS - Abell Foundation
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$9,200

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: (Be as specific as possible and include the office or grant program as applicable)	Empire Homes of Maryland - HUD 811
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$15,374

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$1,417,104
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,417,104
7. Admin (Up to 10%)	$94,338
8. Total Assistance plus Admin Requested	$1,511,442
9. Cash Match	$377,861
10. In-Kind Match	$0
11. Total Match	$377,861
12. Total Budget	$1,889,303

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 C 3 Letter	11/17/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501 C 3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/13/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- Changed project to 100% Dedicated.
- Updated Total Dedicated CH Beds.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated the Rental Assistance Budget Information already listed.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/31/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/05/2018
1E. SF-424 Compliance	08/31/2018
1F. SF-424 Declaration	08/31/2018
1G. HUD-2880	08/31/2018
1H. HUD-50070	08/31/2018
1I. Cert. Lobbying	08/31/2018
1J. SF-LLL	08/31/2018
Recipient Performance	08/31/2018
Renewal Grant Consolidation	08/31/2018
2A. Subrecipients	08/31/2018
3A. Project Detail	08/31/2018
3B. Description	08/31/2018
3C. Dedicated Plus	09/05/2018
4A. Services	08/31/2018
4B. Housing Type	09/05/2018
5A. Households	08/31/2018
5B. Subpopulations	08/31/2018
5C. Outreach	09/05/2018
6A. Funding Request	08/31/2018
6C. Rental Assistance	08/31/2018
6D. Match	08/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2018
7B. Certification	09/13/2018
Submission Without Changes	09/05/2018

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TRI

Date: APR 5 1994

Employer Identification Number:
52-1576701
Case Number:
524015007
Contact Person:
MRS. M. SMITH
Contact Telephone Number:
(410) 962-7963
Our Letter Dated:
August 17, 1989
Addendum Applies:
Yes

AIDS INTERFAITH RESIDENTIAL
SERVICES INC
5000 YORK ROAD
BALTIMORE, MD 21212

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 th expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as 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 a organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

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)(1) 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 o 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)(1) 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

Enclosure:
Addendum

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0018
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: At Jacob's Well PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$23,968.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: At Jacob's Well PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $23,968

Organization	Type	Type	Sub-Award Amount
At Jacob's Well, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$23,968

2A. Project Subrecipients Detail

a. Organization Name: At Jacob's Well, Inc.

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

c. Employer or Tax Identification Number: 52-6000769

	*** d. Organizational DUNS:**	621728088	**PLUS 4**	

e. Physical Address

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

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: $23,968

j. Contact Person

Prefix: Mr.

First Name: Charles

Middle Name: L.

Last Name: Smith

Suffix:	
Title:	Executive Director
E-mail Address:	csmith@atjacobswell.org
Confirm E-mail Address:	csmith@atjacobswell.org
Phone Number:	410-235-8877
Extension:	
Fax Number:	410-235-6359

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: MD0018

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: At Jacob's Well PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

At Jacob's Well Permanent Housing Program will serve 18 single adults who are homeless, low-income and suffer from chronic mental illness. Participants are selected from the agency's Transitional Housing Program. Selection criteria for participation in AJW's PHP is based upon an assessment of their psychiatric and housing readiness as measured by their active participation in the supportive services needed to maintain stability. Case management is provided to all participants. Case management services include but are not limited to service referrals, frequent voice and mail contacts and monthly housing visits.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move Yes

participants into permanent housing

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care			
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Subrecipient	Weekly
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-monthly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Subrecipient	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

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: 18

Total Beds: 18

Total Dedicated CH Beds: 3

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	18	18

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: 18

b. Beds: 18

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

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: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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		18		18

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

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										
Adults 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	0		2	5	1	18	1	0	1	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	2	5	1	18	1	0	1	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
3%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

6D. Sources of Match

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 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:	$5,992
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$5,992

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	At Jacob's Well, ...	08/30/2018	$5,992

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: (Be as specific as possible and include the office or grant program as applicable)	At Jacob's Well, Inc.
5. Date of Written Commitment:	08/30/2018
6. Value of Written Commitment:	$5,992

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$22,400
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$22,400
7. Admin (Up to 10%)	$1,568
8. Total Assistance plus Admin Requested	$23,968
9. Cash Match	$5,992
10. In-Kind Match	$0
11. Total Match	$5,992
12. Total Budget	$29,960

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	At Jacobs Well 50...	11/13/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: At Jacobs Well 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	☐

6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates to award, outreach and match date.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018

1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4:	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Health Care for the Homeless - Homeward Bound PHP EXPANSION 2018

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $870,004.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	$2,061,204.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

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: $830,454

Organization	Type	Sub-Award Amount
Health Care for the Homeless	M. Nonprofit with 501C3 IRS Status	$830,454

2A. Project Subrecipients Detail

a. Organization Name: Health Care for the Homeless

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

If "Other" specify:

c. Employer or Tax Identification Number: 52-1576404

	* d. Organizational DUNS:	795862815	PLUS 4:	

e. Physical Address

Street 1: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21202

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $830,454

j. Contact Person

Prefix: Ms.

First Name: Margaret

Middle Name:

Last Name: Flanagan
Suffix:
Title: Director of Public Grants
E-mail Address: mflanagan@hchmd.org
Confirm E-mail Address: mflanagan@hchmd.org
Phone Number: 443-703-1347
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 Mayor's Office of Human Services (MOHS) manages over $49 million in federal, state, and local homeless services and HOPWA funding each year to over 100 projects. MOHS has successfully implemented over 40 CoC-funded permanent supportive housing projects, achieving an average permanent housing retention rate of 97 percent and maintaining a 96 percent utilization rate.

Health Care for the Homeless, Inc. (HCH) is Maryland’s leading provider of integrated health services for individuals and families experiencing homelessness. HCH works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. Over the past three decades HCH has leveraged dozens of federal, state, and local grants to increase the breadth and depth of its services, to include adult and pediatric medical care, mental health services, addiction treatment, social work and case management, dental care, outreach, and supportive housing services. Guided by our strategic plan, we have grown by more than 40% over the past three years alone in order to address unmet community needs. Often, new federal programs require implementation within 120 days along with routine reporting to demonstrate results, and we have built the clinical, operations, performance improvement, finance, and human resource capacities necessary to effectively implement these programs and expand services available for vulnerable populations. In recognition of the importance of housing on improving health outcomes, HCH invests in several permanent supportive housing programs and has been a local leader in the implementation of a “housing first” philosophy informally since our inception and formally for the past eleven years. Through federal, state, and local grant dollars, our supportive housing staff provides assessments and individual treatment plans, housing placement and payment (when available), benefits advocacy and representative payee services, social work, psychiatry, and nursing services, with a focus on mobile services and home visits.

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

MOHS leverages over $17 million annually in city general funds, state funds, and ESG funds dedicated homeless services programs. MOHS also recently launched a Medicaid 1115 Expansion pilot, which leverages Medicaid funding to meet supportive services needs in permanent supportive housing - this will result in at least $690,000 in increased federal and private funding each year. Continuum of Care and MOHS raise private, corporate, and philanthropic funds

totaling over $1 million through an annual fundraiser to support strategic planning, staffing for management of the CoC, technical assistance for CoC service providers, and fill system funding gaps.

Health Care for the Homeless leverages Medicaid funding to provide treatment and supportive services to project participants. HCH and MOHS have collaborated to
participate in a State pilot to expand Maryland's Medicaid waiver, which will allow housing-based case management services and tenant support services to be reimbursable through Medicaid matching funds. All of the participants in this project will receive supportive services funded by a 50/50 mix of city general funds and federal Medicaid match.The HCH budget is well balanced and fiscally diverse. Approximately half of the budget derives from third party insurance billing, 40% from public grants, and 10% through private fundraising and other support.

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.

MOHS is a unit of local government that is responsible for developing and implementing a community wide plan to end homelessness, providing fiscal sponsorship and compliance oversight to subrecipient homeless services providers, and implement the city's emergency shelter and outreach capacity. The Homeless Services and Fiscal departments of MOHS are responsible for subrecipient fiscal management, compliance, and programmatic oversight of CoC funding. Subrecipients submit invoices, expenditure documentation, and match documentation to program administrators for eligibility review and assessment of reasonable costs. The fiscal team processes the approved expenditures for reimbursement to the provider monthly, and draws down funding from HUD at least quarterly. The fiscal department reviews subrecipient financial audits on an annual basis, evaluating the organization's cash flow, internal controls, and funding sources for risk. Program administrators also manage all CoC regulatory requirements for projects, including environmental review of units, review of rent reasonableness, and HQS inspections.
A team of program monitors conducts an annual risk assessment (reviewed and approved by the HUD field office) to determine which CoC projects will be monitored for compliance. If selected for monitoring, MOHS conducts a multi-day site visit to review client files, inspect units, interview staff and clients, and review program policies and procedures. The team issues monitoring findings and oversees the successful completion of corrective action plans when required.
MOHS' fiscal processes and accounting system are overseen by the City of Baltimore's Department of Finance. The City utilizes GAAP principles, pays subrecipients on a reimbursement-basis only, and undergoes multiple internal and external audits each year (including Single Audit).

HCH has strong internal financial controls. Our financial system utilizes Centricity GE for our Practice Management and Electronic Medical Record (EMR) system that connects clinical and financial data, which allows for appropriate billing and financial control. The finance team is comprised of six individuals led by a Director of Finance with an active CPA license. The Board

of Directors is involved in financial oversight including reviewing and approving all financial policies (i.e. billing and collections) annually. Health Care for the Homeless is a fiscally sound and growing organization – demonstrated by a 20% increase in patient visits yearly and $2M budget increase in past three years. The agency does not have any long term debt with any financial institutions. HCH undergoes an independent financial audit every year. The agency has been a LOW RISK auditee since 2012. No corrective action plans, reportable conditions, material misstatements or weaknesses have been noted.

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:	MD-501 - Baltimore CoC
1b. CoC Collaborative Applicant Name:	City of Baltimore - Mayor's Office
2. Project Name:	Health Care for the Homeless - Homeward Bound PHP EXPANSION 2018
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

Health Care for the Homeless (HCH) works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. The expansion to the Homeward Bound PHP project will provide an additional 50 units for chronically homeless individuals and families. Services are provided in client homes or in an office setting and are voluntary. Supportive services will be fully funded utilizing Medicaid monthly payments under the State's waiver expansion pilot project.

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?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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.

Not applicable.

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 lll.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 lll.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 lll.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 lll.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. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. 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 CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: MD0022

Eligible Renewal Grant Project Name: MOHS - Homeward Bound PHP

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

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	55
# of units	55
# of beds	55
New effort	
# of additional persons served at a point in time that this project will provide	49
# of additional units this project will provide	49
# of additional beds this project will provide	49

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.

HCH works closely with landlords to build relationships to increase the availability of housing. Landlords have come to trust and believe in our work and know that they can call upon us to support tenants. HCH also provides payee services for individuals who face difficulties managing funds or paying bills. Participants are offered a variety of clinical services to assist with the maintenance of housing both at home and clinic. All clients entering the Supportive Housing Program are offered a six-week “Bridge Group,” which focuses on the transition from streets or shelter into permanent housing. Each week focuses on key factors related to a successful housing transition. Also, our Psychiatric Occupational Therapist purchases a “housing starter kit” to help clients transitioning into housing. Finally, unlike other models, our “housing first” approach places no limit on relocations. We recognize that it may take multiple attempts to successfully house an individual or family.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Employment and income are vital to accessing housing. HCH operates Maryland's State-wide SSI/SSDI Outreach, Access, and Recovery (SOAR) Project. SOAR helps individuals with disabilities experiencing homelessness secure federal disability benefits – Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) – in an expedited manner. Even though financial levels of disability assistance are modest, receiving SSI or SSDI greatly increases the likelihood that an individual can obtain housing thus

ending their homelessness and improving health outcomes. HCH has four staff dedicated to SOAR. Individuals referred for housing programs are also referred for SOAR services. In our current housing programs, the vast majority of individuals have SSI and/or SSDI. (For example, only three individuals in our Homeward Bound program do not have disability income.) Employment is another vital factor that contributes to community connection and independence. Staff works with clients interested in employment by connecting to partner entities and educating them on Social Security Work incentives. For those not receiving disability benefits, we refer to outside partners to connect with education and/or employment resources depending on the individuals' needs. We often refer to Division of Rehabilitation Services (DORS) of the Department of Health and Mental Hygiene for evaluations or assistance with job training.

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

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 Yes

ensure mainstream benefits are received and renewed?	
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: 49

Total Beds: 49

Total Dedicated CH Beds: 49

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	49	49

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: 49

b. Beds: 49

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 49

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: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21202

***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)**

240066 Baltimore

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	0	49	0	49

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	46		46
Adults ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	49	0	49

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										
Adults 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	43	3		20		20		20	5	
Adults ages 18-24	3			3					3	
Total Persons	46	3	0	23	0	20	0	20	8	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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
5%	**Directly from safe havens.**
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
5%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).**
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

All clients will be referred to the project through the Coordinated Access system. However, HCH staff will assist potentially eligible participants to apply for the project through Coordinated Access through their street outreach team, convalescent care emergency shelter, and clients engaged in medical services.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Bonus
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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$645,036
Total Units:	49

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	49	$645,036

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: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$677	x	12		=	$0
0 Bedroom		x	$903	x	12		=	$0
1 Bedroom	49	x	$1,097	x	12		=	$645,036

2 Bedrooms		x	$1,376	x	12	=	$0
3 Bedrooms		x	$1,769	x	12	=	$0
4 Bedrooms		x	$2,072	x	12	=	$0
5 Bedrooms		x	$2,383	x	12	=	$0
6 Bedrooms		x	$2,694	x	12	=	$0
7 Bedrooms		x	$3,004	x	12	=	$0
8 Bedrooms		x	$3,315	x	12	=	$0
9 Bedrooms		x	$3,626	x	12	=	$0
Total Units and Annual Assistance Requested	49						$645,036
Grant Term							1 Year
Total Request for Grant Term							$645,036

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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

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	Rental vehicle to assist clients with move-in (rental $70 x 10 clients)	$700
3. Case Management	2 FTE Therapist Case Manager (25% each position covered by project)	$32,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	3 FTE Peer Advocate (50% each position covered by project)	$71,236
9. Legal Services		
10. Life Skills		
11. Mental Health Services	1 FTE Lead Therapist Case Manager (50% covered by this project)	$35,750
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Mileage reimbursement for staff or gas for agency vehicles for one home visit per month for 53 clients at an average of 10 miles round trip at .535 cents. Bus tokens for clients to attend appointments or meet other daily needs such as benefit appointments, transportation to work, etc. ($3.60 round trip fare, one time per month, for 53 clients)	$5,692
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$145,878
Grant Term		1 Year
Total Request for Grant Term		$145,878

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:	$300,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$300,000

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	Government	Medicaid Pilot Pa...	08/02/2018	$300,000

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: (Be as specific as possible and include the office or grant program as applicable)	Medicaid Pilot Payments
5. Date of Written Commitment:	08/02/2018
6. Value of Written Commitment:	$300,000

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	$645,036	1 Year	$645,036
4. Supportive Services	$145,878	1 Year	$145,878
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$790,914
8. Admin (Up to 10%)			$79,090
9. Total Assistance Plus Admin Requested			$870,004
10. Cash Match			$300,000
11. In-Kind Match			$0
12. Total Match			$300,000
13. Total Budget			$1,170,004

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Terry Hickey

Date: 09/17/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD 2880	09/14/2018
1H. HUD 50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
2A. Subrecipients	09/17/2018
2B. Experience	09/17/2018
3A. Project Detail	09/14/2018
3B. Description	09/17/2018
3C. Expansion	09/17/2018
4A. Services	09/17/2018
4B. Housing Type	09/17/2018
5A. Households	09/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/17/2018
6A. Funding Request	09/14/2018
6E. Rental Assistance	09/17/2018
6F. Supp Srvcs Budget	09/17/2018
6I. Match	09/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	09/17/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0022
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: MOHS - Homewood Bound PHP

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$847,688.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: MOHS - Homewood Bound PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/27/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $803,506

Organization	Type	Type	Sub-Award Amount
City of Baltimore - Mayor's Office of Human Ser...	C. City or Township Government	C. City or Township Government	$684,528
Health Care for the Homeless, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$118,978

2A. Project Subrecipients Detail

a. Organization Name: City of Baltimore - Mayor's Office of Human Services, Homeless Services Program

b. Organization Type: C. City or Township Government

c. Employer or Tax Identification Number: 52-6000769

	*** d. Organizational DUNS:**	052340973	**PLUS 4**	

e. Physical Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
State: Maryland
Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $684,528

j. Contact Person

Prefix: Ms.
First Name: Chris
Middle Name:
Last Name: Rafferty

Suffix:
Title: Deputy Director, Homeless Services Program
E-mail Address: Chris.rafferty@baltimorecity.gov
Confirm E-mail Address: Chris.rafferty@baltimorecity.gov
Phone Number: 410-396-4885
Extension:
Fax Number: 410-539-1091

2A. Project Subrecipients Detail

a. Organization Name: Health Care for the Homeless, Inc.

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

c. Employer or Tax Identification Number: 52-1576404

	*** d. Organizational DUNS:**	798562815	**PLUS 4**	

e. Physical Address
Street 1: 421 Fallsway
Street 2:
City: Baltimore
State: Maryland
Zip Code: 21202

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $118,978

j. Contact Person

Prefix: Ms.
First Name: Margaret
Middle Name:
Last Name: Flanagan
Suffix:
Title: Director of Grants Management
E-mail Address: mflanagan@hchmd.org
Confirm E-mail Address: mflanagan@hchmd.org
Phone Number: 443-703-1347
Extension:
Fax Number: 410-837-8020

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: MD0022

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: MOHS - Homewood Bound PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

"Health Care for the Homeless (HCH) works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. The Homeward Bound project supports 55 units of chronically homeless individuals. The case manager carries a case load of 15-20 individuals for the Homeward Bound/Housing First program with a focus on maintaining housing and health stability. These four positions combine with an additional 19 team members that include social workers, peer advocates, representative payee and nursing services.

Our PSH program is similar in structure to an assertive community treatment (ACT) program. Our team-based model includes mental health care, medical care, case management, peer support and transportation to-and-from appointments. Services are provided in client homes or in our offices on a flexible schedule. These services, while voluntary, are promoted to improve health outcomes, promote housing retention, and assist with integration into community. Our existing supportive housing team includes an multidisciplinary team working to ensure housing stability.

The Supportive Housing team operates using a housing first and harm reduction approach to rapidly house individuals. Often individuals who have been “chronically” homeless and living on the street or in shelter have adapted to life on the streets. Assisting such individuals in the transition to housing takes a substantial amount of time and support. Pervasive anxiety, paranoia, and high expectations for independent living in an apartment of their own makes it extremely difficult for newly housed clients to adjust to the change in situation. Our Supportive Housing Team works to ensure individuals are able to maintain housing with the appropriate level of support. All clients are assigned a TCM and peer advocate who assist with housing location and placement.
Our team cultivates landlord partnerships in order to find appropriate housing options for individuals guided by client choice. TCMs complete a treatment plan that asks the client to identify goals and outlines steps to completion, including the provider’s role. Clients are connected with additional wraparound services (as requested by the individual). While participation in services is not a requirement, through building a trusting relationship, we work to connect clients to a full complement of health services offered by HCH. Primary care, addictions, dental, vision, groups, and occupational therapy are all available for the client if desired. The providers work in accord with the treatment team to improve health outcomes and maintain housing stability. Having all services under one roof is useful for coordinating and providing whole-person care.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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

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: 52

Total Beds: 52

Total Dedicated CH Beds: 52

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	52	52

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: 52

b. Beds: 52

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 52

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: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21202

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

240066 Baltimore

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		55		55

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	55		55
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	55	0	55

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										
Adults 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	54	0	0	45	4	53	0	30	1	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	54	0	0	45	4	53	0	30	1	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$684,528
Total Units:	52

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	52	$684,528

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	52	x	$1,097	$1,097	x		=	$684,528
2 Bedrooms		x	$1,376	$1,376	x		=	$0
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	52							$684,528
Grant Term								1 Year
Total Request for Grant Term								$684,528

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:	$216,840
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$216,840

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	Health Care for t...	09/18/2018	$216,840

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: (Be as specific as possible and include the office or grant program as applicable)	Health Care for the Homeless
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$216,840

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$684,528
3. Supportive Services	$118,978
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$803,506
7. Admin (Up to 10%)	$44,182
8. Total Assistance plus Admin Requested	$847,688
9. Cash Match	$216,840
10. In-Kind Match	$0
11. Total Match	$216,840
12. Total Budget	$1,064,528

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HCH	08/30/2016
2) Other Attachmenbt	No	Homewood Bound Match	08/29/2018
3) Other Attachment	No		

Attachment Details

Document Description: HCH

Attachment Details

Document Description: Homewood Bound Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Updated expected award amount to match GIW.
3A. Updated question #7 - selected No.
5C. Updated outreach percentages.
6D. Updated/entered current match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/27/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/27/2018
1E. SF-424 Compliance	08/27/2018
1F. SF-424 Declaration	08/27/2018
1G. HUD-2880	08/27/2018
1H. HUD-50070	08/27/2018
1I. Cert. Lobbying	08/27/2018
1J. SF-LLL	08/27/2018
Recipient Performance	08/27/2018
Renewal Grant Consolidation	08/27/2018
2A. Subrecipients	08/27/2018
3A. Project Detail	08/27/2018
3B. Description	08/31/2018
3C. Dedicated Plus	08/27/2018
4A. Services	08/27/2018
4B. Housing Type	08/27/2018
5A. Households	08/27/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/29/2018
6A. Funding Request	08/27/2018
6C. Rental Assistance	08/27/2018
6D. Match	08/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/29/2018
7B. Certification	08/29/2018
Submission Without Changes	09/04/2018

Internal Revenue Service
District Director

31 HOPKINS PLAZA
BALTIMORE, MD 21201

Date: Oct. 26, 1988

HEALTH CARE FOR THE HOMELESS INC
232 N LIBERTY STREET
BALTIMORE, MD 21201

Employer Identification Number:
Applied For 52-1576404
Contact Person:
R RENWICKS
Contact Telephone Number:
(301) 962-9429

Accounting Period Ending:
December 31
Form 990 Required:
Yes
Caveat Applies:
Yes

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.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day

HEALTH CARE FOR THE HOMELESS INC

Evidence submitted with your application indicates that you may engage in lobbying activities. Section 501(c)(3) of the Code specifically prohibits lobbying as a substantial part of your activities. If you do not wish to be subject to the test of substantiality under section 501(c)(3), you may elect to be covered under the provisions of section 501(h) of the Code by filing Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation. Section 501(h) establishes ceiling amounts for lobbying expenditures.

of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Phil Brand

District Director

September 18, 2018

Terry Hickey, Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

HEALTH CARE for the HOMELESS

RE: Health Care for the Homeless – Cash Match Letter – MOHS Howard Bound PHP – MD0022L3B011710 Fiscal Year 2018

Dear Mr. Hickey,

I am writing to you regarding Health Care for the Homeless' renewal application for its' Continuum of Care Program grant for MOHS Howard Bound PHP.

Please let this letter serve as our commitment to provide cash match in the amount of **$ 216,840** for supportive services. This cash match will be available starting 10/1/2019 for the grant period, 10/1/19-9/30/20.

Health Care for the Homeless supportive housing team provides ongoing services to clients within the HBI program and connects individuals to broader services. These services are provided through a minimum of 18 clinic visits per person (55), with each visit valued at $219.03, for a total of $216,840.

This cash match will be used to provide assessment of service needs, Case Management, employment assistance, life Skills training, Mental Health Services, Substance Abuse Services, and Outpatient Health Services.

Thank you for your continued support of this project.

Sincerely,

Kevin Lindamood
President and CEO

Everyone deserves to go home.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0024
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: BHSB SRA Multi-Grant S+C

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$4,003,640.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: BHSB SRA Multi-Grant S+C 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds from the recently expired grant tern were recaptured from subrecipient organizations Marian House and Dayspring due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $3,842,646

Organization	Type	Type	Sub-Award Amount
Behavioral Health Systems Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$1,408,831
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$282,954
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$809,420
At Jacob's Well, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$218,683
St. Vincent de Paul of Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status		$1,122,758

2A. Project Subrecipients Detail

a. Organization Name: Behavioral Health Systems Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-1519025

	*** d. Organizational DUNS:**	626640643	**PLUS 4**	

e. Physical Address

Street 1: One North Charles Street
Street 2: Suite 1300
City: Baltimore
State: Maryland
Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

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: $1,408,831

j. Contact Person

Prefix: Ms.
First Name: Carolyn
Middle Name:
Last Name: Ames

Suffix:
Title: Consulting Executive Director
E-mail Address: cames@chaincmd.org
Confirm E-mail Address: cames@chaincmd.org
Phone Number: 410-545-4429
Extension: 5
Fax Number: 410-779-2002

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address
Street 1: 949 Gorsuch Avenue
Street 2:
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007

g. Is the subrecipient a Faith-Based Organization? Yes

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: $282,954

j. Contact Person

Prefix: Ms.
First Name: Katie
Middle Name:
Last Name: Alston
Suffix:
Title: Executive Director
E-mail Address: kallston@marianhouse.org
Confirm E-mail Address: kallston@marianhouse.org
Phone Number: 410-467-4121
Extension: 229
Fax Number: 410-467-6709

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

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

c. Employer or Tax Identification Number: 52-2042543

	*** d. Organizational DUNS:**	036880342	**PLUS 4**	

e. Physical Address

Street 1: 1125 N. Patterson Park Avenue
Street 2:
City: Baltimore
State: Maryland
Zip Code: 21213

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $809,420

j. Contact Person

Prefix: Ms.
First Name: Pamela
Middle Name:
Last Name: Talabis
Suffix: Ph.D
Title: Executive Director
E-mail Address: Day1Sp@aol.com
Confirm E-mail Address: Day1Sp@aol.com
Phone Number: 410-563-3450
Extension: 101
Fax Number: 410-276-0036

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: At Jacob's Well, Inc.

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

c. Employer or Tax Identification Number: 52-6000769

	*** d. Organizational DUNS:**	621728088	**PLUS 4**	

e. Physical Address

Street 1: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

g. Is the subrecipient a Faith-Based Organization? Yes

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: $218,683

j. Contact Person

Prefix: Mr.

First Name: Charles

Middle Name: L

Last Name: Smith

Suffix:
Title: Executive Director
E-mail Address: CSmith@atjacobswell.org
Confirm E-mail Address: CSmith@atjacobswell.org
Phone Number: 410-253-8877
Extension:
Fax Number: 410-235-6359

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-0597056

	* d. Organizational DUNS:	074929530	PLUS 4	

e. Physical Address
Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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:	$1,122,758

j. Contact Person

Prefix:	Mr.
First Name:	Matthew
Middle Name:	
Last Name:	Kurlanski
Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Confirm E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MD0024

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: BHSB SRA Multi-Grant S+C

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The BHSB SRA Multi-Grant is comprised of five (5) non-profit community-based organizations (Behavioral Health Systems Baltimore (where Community Housing Associates serves as the subsidiary); Marian House; At Jacob's Well; Dayspring; and Saint Vincent de Paul) providing sponsor-based rental assistance and supportive services to a total of 257 households experiencing homelessness.

The over-arching goals of the project includes increasing housing stability, skills and/or income, and enhancing self-determination.

The BHSB SRA Multi-Grant has adopted a Housing First approach, an evidence-based practice that promotes housing homeless individuals as quickly as possible and subsequently offering person-centered supportive services.

Participants are referred to the project through the CoC Coordinated Access System. The housing units are scattered-site throughout Baltimore City with household compositions consisting of adult men and women and families with children.

Project participants present with histories and needs across the spectrum. These include homelessness, addiction, mental illness, incarceration, victims of domestic violence, veterans, and medical such as HIV/AIDS. Case management services are available to all participants served by the project and through a community-based oriented system, participants may access a myriad of other supportive services aim to assist them with developing and achieving their individual goals such as education attainment and income sufficiency.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X

Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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

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: 257

Total Beds: 354

Total Dedicated CH Beds: 354

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	110	110
Scattered-site apartments (...	---	68	77
Scattered-site apartments (...	---	18	32
Scattered-site apartments (...	---	18	18
Scattered-site apartments (...	---	43	117

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: 110

b. Beds: 110

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 110

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: One North Charles Street

Street 2: Suite 1300

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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: 68

b. Beds: 77

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 77

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: 320 Cathedral Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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: 18

b. Beds: 32

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 32

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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: 18

b. Beds: 18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 18

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: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

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

240066 Baltimore

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: 43

b. Beds: 117

3. How many beds of the total beds in "2b. 117

Beds" are dedicated to the chronically homeless?

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: 323 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	48	209	0	257

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	48	209		257
Adults ages 18-24	35	0		35
Accompanied Children under age 18	62		0	62
Unaccompanied Children under age 18			0	0
Total Persons	145	209	0	354

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	3	0	0	48	4	41	12	3	1	0
Adults ages 18-24	2	0	0	5	1	3	0	4	0	22
Children under age 18	0			0	0	2	0	4	0	56
Total Persons	5	0	0	53	5	46	12	11	1	78

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	11	2	2	57	10	179	6	11	3	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	11	2	2	57	10	179	6	11	3	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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation represents twenty-two (22) adults ages 18-24 and fifty-six(56) children under age 18 in households with at least one adult and one child.

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$3,557,760
Total Units:	257

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	257	$3,557,760

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

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	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	200	x	$1,097	$1,033	x		=	$2,479,200
2 Bedrooms	20	x	$1,376	$1,376	x		=	$330,240
3 Bedrooms	35	x	$1,769	$1,663	x		=	$698,460
4 Bedrooms	1	x	$2,072	$1,875	x		=	$22,500
5 Bedrooms	1	x	$2,383	$2,280	x		=	$27,360
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	257							$3,557,760
Grant Term								1 Year
Total Request for Grant Term								$3,557,760

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:	$620,366
Total Value of In-Kind Commitments:	$403,014
Total Value of All Commitments:	$1,023,380

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The project generates program income from the portion of the rent paid by the tenants. This program income is used to support the cost program service delivery not covered by other funding sources.

Marian House estimates that $16,371 of the program income generated will be used as Match for the project.

1b. Estimate the amount of program income that will be used as Match for this project: $16,371

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	Cash	Private	Marian House	04/01/2019	$85,014
Yes	In-Kind	Private	Community Housing...	04/01/2019	$252,161
Yes	In-Kind	Private	Dayspring Program...	04/01/2019	$6,500
Yes	Cash	Private	At Jacob's Well	04/01/2019	$65,637
Yes	In-Kind	Private	Dayspring Program...	04/01/2019	$10,545
Yes	In-Kind	Private	Dayspring Program...	04/01/2019	$57,009
Yes	Cash	Private	Behavioral Health...	04/01/2019	$270,712
Yes	In-Kind	Private	Saint Vincent de ...	04/01/2019	$55,583
Yes	Cash	Private	Saint Vincent de ...	04/01/2019	$62,003

Yes	Cash	Private	Dayspring	04/01/2019	$137,000
Yes	In-Kind	Private	Dayspring	04/01/2019	$21,216

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$85,014

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: (Be as specific as possible and include the office or grant program as applicable)	Community Housing Associates and People Encouraging People
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$252,161

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:	In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Dayspring Programs, Inc.

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $6,500

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: (Be as specific as possible and include the office or grant program as applicable) At Jacob's Well

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $65,637

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: (Be as specific as possible and include the office or grant program as applicable) Dayspring Programs, Inc.

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $10,545

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:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Programs, Inc.and Johns Hopkins University
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$57,009

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: (Be as specific as possible and include the office or grant program as applicable)	Behavioral Health System
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$270,712

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: (Be as specific as possible and include the office or grant program as applicable)	Saint Vincent de Paul
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$55,583

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: (Be as specific as possible and include the office or grant program as applicable)	Saint Vincent de Paul
5. Date of Written Commitment:	04/01/2019
6. Value of Written Commitment:	$62,003

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: (Be as specific as possible and include the office or grant program as applicable)	Dayspring

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $137,000

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: (Be as specific as possible and include the office or grant program as applicable) Dayspring

5. Date of Written Commitment: 04/01/2019

6. Value of Written Commitment: $21,216

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$3,557,760
3. Supportive Services	$210,000
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$3,767,760
7. Admin (Up to 10%)	$235,880
8. Total Assistance plus Admin Requested	$4,003,640
9. Cash Match	$620,366
10. In-Kind Match	$403,014
11. Total Match	$1,023,380
12. Total Budget	$5,027,020

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	BHSB_CHA_DAYSPRIN...	08/29/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: BHSB_CHA_DAYSPRING_MARIAN HOUSE_AJW _SVdP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Added Subrecipient organization and updated information.
- Revised the Project Description.
- Changed project to 100% Dedicated.
- Updated Total Dedicated CH Beds
- Outreach Participant percentage updated to reflect the CoC Coordinated Assessment data.
- Included the approved amended Supportive Services in the Funding Request.
- Decreased the approved amended Rental Assistance.
- Included Supportive Services in the Summary Budget.
- Added and updated Match source(s).

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077591934
Mar. 25, 2014 LTR 4168C 0
52-1519025 000000 00
00030379
BODC: TE

BEHAVIORAL HEALTH SYSTEM BALTIMORE
INC
% 1 CALVERT PLAZA
201 E BALTIMORE ST STE 134
BALTIMORE MD 21202-1526

08133

Employer Identification Number: 52-1519025
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 22, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934
Mar. 25, 2014 LTR 4168C 0
52-1519025 000000 00
00030380

BEHAVIORAL HEALTH SYSTEM BALTIMORE
INC
% 1 CALVERT PLAZA
201 E BALTIMORE ST STE 134
BALTIMORE MD 21202-1526

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

Sincerely yours,

Tamera Ripperda
Director, Exempt Organizations

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASUR

Date: NOV 18 1993

Employer Identification Number:
52-1690095
Case Number:
523287006
Contact Person:
M MCCARTHY
Contact Telephone Number:
(410) 962-7756
Our Letter Dated:
March 15, 1989
Addendum Applies:
Yes

COMMUNITY HOUSING ASSOCIATES INC
201 E BALTIMORE ST STE 1340
BALTIMORE, MD 21202

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)(1) and 170(b)(1)(A)(vi).

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)(1) 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)(1) 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

Enclosure:
Addendum

COMMUNITY HOUSING ASSOCIATES INC

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 12, 1999, were liberalized and published in Rev. Proc. 99-23, Cumulative Bulletin 1999-1 page 844.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of $10 per day for each day there is a failure to comply (up to a maximum of $5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

During your advance ruling period, you were treated as an organization described in section 509(a)(2) of the Code. However, based on the information submitted, you are a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Section 1.509(a)-3 of the Income Tax Regulations states that if an organization is described in section 509(a)(1) and any other subsection of 509(a), it will be classified as an organization described in 509(a)(1). You have been reclassified accordingly. This is not a denial of 509(a)(2) status, and is more advantageous to you. If at any time you cease to qualify for classification under 509(a)(1), consideration would be given to possible recognition under 509(a)(2).

Reclassification to sections 509(a)(1) and 170(b)(1)(A)(vi) is not a denial of section 509(a)(2), which will be further considered if at any time you cease to qualify under section 509(a)(1). The reclassification is in accordance with section 1.509(a)-3 of the Income Tax Regulations, which provides that an organization described in section 509(a)(1) and any other part of section 509(a), will be treated as described under (the more favorable) section 509(a)(1).

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025102
BODC: TE

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

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

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: MAY 22 1992

Employer Identification Number:
52-1434508
Contact Person:
EO DETERMINATION AIDE
Contact Telephone Number:
(410) 962-7755

Our Letter Dated:
January 16, 1986
Addendum Applies:
Yes

AT JACOBS WELL INC
331 E 25TH STREET
BALTIMORE, MD 21218-5303

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)(1) and 170(b)(1)(A)(vi).

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)(1) 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)(1) 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.

AT JACOBS WELL INC

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

Sincerely yours,

District Director

Enclosure:
Addendum

AT JACOBS WELL, INC

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 19, 1969, were liberalized and published in Rev. Proc. 69-33, Cumulative Bulletin 1969-1, page 944.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of $10 per day for each day there is a failure to comply (up maximum of $5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454 for additional information.

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

DEPARTMENT OF THE TREASURY

Date: SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0027
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	Associated Catholic Charities - REACH Combined
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
b. Project: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
17. Proposed Project	
a. Start Date:	01/01/2020
b. End Date:	12/31/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$765,223.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Associated Catholic Charities - REACH Combined 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $765,223

Organization	Type	Type	Sub-Award Amount
Associated Catholic Charities, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$765,223

2A. Project Subrecipients Detail

a. Organization Name: Associated Catholic Charities, Inc.

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

c. Employer or Tax Identification Number: 52-0591538

	*** d. Organizational DUNS:**	080559461	**PLUS 4**	

e. Physical Address

Street 1: 228 W. Lexington Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $765,223

j. Contact Person

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:	
Title:	Deputy Director
E-mail Address:	chris.rafferty@baltimorecity.gov
Confirm E-mail Address:	chris.rafferty@baltimorecity.gov
Phone Number:	410-396-4885
Extension:	
Fax Number:	410-539-1041

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: MD0027

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Associated Catholic Charities - REACH Combined

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

According to Baltimore City's 2017 PIT Homeless Census, there were 2,669 people experiencing homelessness. The Reach Project provides Permanent Housing and supportive services to individuals and families. Upon entry, the typical client is homeless, has a disabling condition with a history of substance abuse, domestic violence, and/or mental health issues. To assist participants to succeed with employment, recovery, and housing, clients are encouraged to participate in the development of barrier reduction plans. Project REACH uses the Housing First approach to serve individuals who are in the most need of housing, and prioritizes serving those who are chronically homeless.
When possible, Catholic Charities' outreach and advocacy efforts help to prevent homelessness from being criminalized in our state. The project is part of Catholic Charities' systemic response to ending homelessness. Often clients of Catholic Charities are veterans, victims of domestic violence, and sometimes survivors of human trafficking, and we do everything possible to ensure these clients have priority for housing opportunities. We promote choice among our clients (such as participation in substance use counseling) and ensure that maintaining housing do not depend on those choices.
Support services include:
Case Management: Our Project REACH Team uses the Motivational Interviewing (MI) technique to deliver case management services. This goal-oriented, client-centered counseling style for eliciting behavior change helps clients to resolve ambivalence (from Wikipedia 10/13/2015).
Income Stabilization: All REACH clients are encouraged to participate in work-related activities, including volunteering and job readiness to increase their self-sufficiency. Catholic Charities Project REACH clients are linked to all public benefits for which they are eligible.
Life and Job Readiness Skills: To equip the adults with the skills to integrate effectively into the community, clients are encouraged to attend job readiness and life skills classes at Our Daily Bread Employment Center. Financial literacy and budgeting services are available through a partnership with the MD CASH Campaign. Communications, goal planning, computer training, nutrition, meal planning, and other life-skills workshops are provided by Catholic Charities, Enoch Pratt Free Library, and non-partner agencies.
Medical/Mental Health and Addiction Services: Inconsistent medical care due to poor nutrition, stress, and an inadequate living environment all contribute to substance use, mental health issues, and chronic
health conditions. Helping clients address these issues is part of the case planning process. Project REACH works with community based providers

including: Total Health Care for Behavioral Health and Health Care for the Homeless for medical, dental and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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

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: 24

Total Beds: 73

Total Dedicated CH Beds: 26

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	24	73

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: 24

b. Beds: 73

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 26

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: 228 W. Lexington Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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	11	13		24

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	13	36		49
Adults ages 18-24	3	0		3
Accompanied Children under age 18	22		0	22
Unaccompanied Children under age 18			0	0
Total Persons	38	36	0	74

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	13	0	0	3	1	10	3	3	0	0
Adults ages 18-24	2	0		0		1		0	0	0
Children under age 18	22					2	0	0	0	0
Total Persons	37	0	0	3	1	13	3	3	0	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	13	4	3	34	2	27	0	6	3	
Adults ages 18-24		0	0		0	0	0	0	0	0
Total Persons	13	4	3	34	2	27	0	6	3	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$312,297
Grant Term:	1 Year
Total Request for Grant Term:	$312,297
Total Units:	24

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	24	$312,297	$312,297

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	6	
3 Bedroom	12	
4 Bedroom	6	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	24	$312,297
Grant Term		1 Year
Total Request for Grant Term		$312,297

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:	$113,232
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$113,232

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	Associated Cathol...	08/06/2018	$113,232

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: (Be as specific as possible and include the office or grant program as applicable)	Associated Catholic Charities, Inc.
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$113,232

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$312,297
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$325,087
4. Operating	$81,341
5. HMIS	$0
6. Sub-total Costs Requested	$718,725
7. Admin (Up to 10%)	$46,498
8. Total Assistance plus Admin Requested	$765,223
9. Cash Match	$113,232
10. In-Kind Match	$0
11. Total Match	$113,232
12. Total Budget	$878,455

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ACC 501(c)(3)	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: ACC 501(c)(3)

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☒
Part 6 - Budget Information	
6A. Funding Request	☐
6B. Leased Units	☒

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes to population served and available units.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4:	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: House of Ruth - Coordinated Entry SSO - DV Bonus

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $351,108.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	$2,061,204.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

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: $335,154

Organization	Type	Sub-Award Amount
House of Ruth	M. Nonprofit with 501C3 IRS Status	$335,154

2A. Project Subrecipients Detail

a. Organization Name: House of Ruth

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

c. Employer or Tax Identification Number: 52-1100236

	* d. Organizational DUNS:	145383642	PLUS 4:	

e. Physical Address
Street 1: 2201 Argonne Drive
Street 2:
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $335,154

j. Contact Person
Prefix: Ms.
First Name: Janice
Middle Name:

Last Name:	Miller
Suffix:	
Title:	Director of Programs and Clinical Services
E-mail Address:	janice@hruthmd.org
Confirm E-mail Address:	janice@hruthmd.org
Phone Number:	410-261-3015
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 Mayor's Office of Human Services (MOHS) manages over $49 million in federal, state, and local homeless services and HOPWA funding each year to over 100 projects. MOHS has successfully implemented over 40 CoC-funded permanent supportive housing projects, achieving an average permanent housing retention rate of 97 percent and maintaining a 96 percent utilization rate.

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

MOHS leverages over $17 million annually in city general funds, state funds, and ESG funds dedicated homeless services programs. MOHS also recently launched a Medicaid 1115 Expansion pilot, which leverages Medicaid funding to meet supportive services needs in permanent supportive housing - this will result in at least $690,000 in increased federal and private funding each year. Continuum of Care and MOHS raise private, corporate, and philanthropic funds totaling over $1 million through an annual fundraiser to support strategic planning, staffing for management of the CoC, technical assistance for CoC service providers, and fill system funding gaps.

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.

MOHS is a unit of local government that is responsible for developing and implementing a community wide plan to end homelessness, providing fiscal sponsorship and compliance oversight to subrecipient homeless services providers, and implement the city’s emergency shelter and outreach capacity.

The Homeless Services and Fiscal departments of MOHS are responsible for subrecipient fiscal management, compliance, and programmatic oversight of CoC funding. Subrecipients submit invoices, expenditure documentation, and match documentation to program administrators for eligibility review and assessment of reasonable costs. The fiscal team processes the approved expenditures for reimbursement to the provider monthly, and draws down funding from HUD at least quarterly. The fiscal department reviews subrecipient financial audits on an annual basis, evaluating the organization’s cash flow, internal controls, and funding sources for risk. Program administrators also manage all CoC regulatory requirements for projects, including environmental review of units, review of rent reasonableness, and

HQS inspections.

A team of program monitors conducts an annual risk assessment (reviewed and approved by the HUD field office) to determine which CoC projects will be monitored for compliance. If selected for monitoring, MOHS conducts a multi-day site visit to review client files, inspect units, interview staff and clients, and review program policies and procedures. The team issues monitoring findings and oversees the successful completion of corrective action plans when required.

MOHS' fiscal processes and accounting system are overseen by the City of Baltimore's Department of Finance. The City utilizes GAAP principles, pays subrecipients on a reimbursement-basis only, and undergoes multiple internal and external audits each year (including Single Audit).

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:	MD-501 - Baltimore CoC
1b. CoC Collaborative Applicant Name:	City of Baltimore - Mayor's Office
2. Project Name:	House of Ruth - Coordinated Entry SSO - DV Bonus
3. Project Status:	Standard
4. Component Type:	SSO
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

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?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	☐	Domestic Violence	X
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐

Families	☐	**HIV/AIDS**	☐
		Other (Click 'Save' to update)	☐

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The CoC lead agency advertises the coordinated entry process regularly through both targeted and public outreach. The local 211, crisis response, and domestic violence hotline staff are all trained on the coordinated entry process and participate actively in the CoC's Coordinated Access committee, which oversees the development and advertisement of the system. The CoC has conducted targeted outreach to behavioral health providers, health care providers, drop-in centers/day shelters, emergency shelters, street outreach teams, community-based organizations, government leaders, and key systems (school district, foster care, social services, corrections, etc) to train their staff on the coordinated entry process. Information about the coordinated entry process is also available on the lead agency's website and announced at CoC meetings and via the CoC listserv. Street outreach teams, the CoC's Consumer Advisory Workgroup, and Youth Action Board have been key partners in reaching individuals who have the highest barriers to accessing assistance - people living in unsheltered situations, people with disabilities (particularly hearing or visual impairment), and people who speak a language other than English. All coordinated entry forms have been made available in Spanish and coordinated entry navigators are trained how to use translation services and disability resources (TTY, local disability organizations) to meet special needs for people with barriers. Outreach teams proactively canvass for unsheltered individuals and can be dispatched to assist people who may be home-bound or face barriers reaching a Coordinated Access site (ex: wheelchair accessibility, transportation, lack of childcare, etc).

This project will expand the CoC's capacity to serve people fleeing domestic violence (both families and individuals), with a special competency to serve spanish-speaking households.

4d. Does the coordinated entry process use a comprehensive, standardized assessment Yes

process?

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Baltimore's Coordinated Access System (CAS) trains staff in service providers across the city to become "Navigators". Navigators are typically hotline response staff, intake workers, case managers, and program supervisors who are working with households to identify crisis resources (prevention, diversion, shelter) and permanent housing assistance to resolve their housing instability. To become navigators, individuals go through an initial one day training focused on how CAS works, the referral process, and how to appropriately connect households to mainstream resources (ex: eviction prevention, legal services, employment and education opportunities, utility assistance, benefits, etc), population-specific practices and resources (domestic violence, youth, non-english speakers, people with disabilities, etc), DV victim safety planning, and fair housing and anti-discrimination requirements. After the initial training, navigators attend refresher trainings and in-service professional development workshops. Each navigator agency also gets added to a special listserv to receive notifications of new community resources or changes in policies in real-time. MOHS, as the primary funder of all homeless activities (CoC, ESG, state, city general funds), requires all street outreach, drop-in centers, and emergency shelters to assess households for CAS. All transitional and permanent housing programs are required to solely take their referrals from CAS. The CoC is conducting strategic planning to further consolidate the number of navigator sites and invest in building more comprehensive services and teams at the new locations.

When an individual either self-refers to a Coordinated Access navigator site or is proactively engaged by street outreach, the navigator completes an initial assessment of living situation and housing barriers. If a household is considered "at-risk" of homelessness (non-Category 1), the navigator assists the household to access mainstream resources (ex: enroll in benefits, apply for utility assistance), or may directly provide resources when available (ex: prevention funds, family reunification support).

If a household is considered homeless, the navigator will also complete a full homeless history and vulnerability assessment (standardized across entire CoC and all populations). The assessment is used to identify what potential permanent housing the person may be eligible for and the score results are used to objectively prioritize households for CoC assistance (first by chronic homeless status, then highest to lowest vulnerability score).

CAS promotes participant choice by centering client voice in the service planning and assessment process, respecting that households may decline referrals or housing opportunities. Households prioritized for permanent housing assistance may decline multiple housing matches and continue to receive offers. If matched to tenant-based housing, households are informed of their right to identify and choose a unit outside of the jurisdiction of the CoC. If a program intends to reject a referral for a household, they are required to detail the reasoning to the CoC and seek approval to do so. The CoC rarely approves rejections of referrals. The CoC tracks "unsuccessful matches" to determine

where process improvements can be made or where programs may need to improve their competencies and practices.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?	Yes

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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:**

Supportive Services	X

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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

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	1 PT Bilingual Program Assistant ($36,000 base salary + fringe). 1 PT Program Assistant ($41,000 base salary + fringe).	$45,815
2. Assistance with Moving Costs		
3. Case Management	1 FT Outreach Specialist and 1 FT Bilingual Outreach Specialist salary @ $37,000 + fringe; 75 FT Data Analyst to manage HMIS comparable database @ base $43,333 plus fringe.	$126,735
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food pantry assistance for DV households (est 100 families @ $100 each)	$10,000
8. Housing/Counseling Services	Document replacement, lock changes, costs to break leases/move households, resolving housing barriers. 80 clients @ $500/client; 100 clients @ $100/ clients	$50,000
9. Legal Services		
10. Life Skills		

11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Trainings for Coordinated Access navigators conducting outreach, assessing and triaging needs for DV households (in-person trainings for 180 staff and online course development)	$70,000
14. Substance Abuse Treatment Services		
15. Transportation	Client transportation: 1250 daily bus passes @ $4 per pass and 250 taxi rides @ $20 per trip. Staff transportation: 7000 mi @ $.30/mile	$12,100
16. Utility Deposits		
17. Operating Costs	3 laptops@ $800; 2 phones @ $299; phone service for 2 staff @30/month x 12 months; ETO user licenses for 4 staff @ $210 each;	$4,558
Total Annual Assistance Requested		$319,208
Grant Term		1 Year
Total Request for Grant Term		$319,208

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:	$43,273
Total Value of In-Kind Commitments:	$44,504
Total Value of All Commitments:	$87,777

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	St. Ambrose Housi...	08/02/2018	$9,000
Yes	In-Kind	Private	Johns Hopkins Nur...	08/02/2018	$35,504
Yes	Cash	Private	House of Ruth	08/02/2018	$43,273

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: (Be as specific as possible and include the office or grant program as applicable)	St. Ambrose Housing Aid Center
5. Date of Written Commitment:	08/02/2018
6. Value of Written Commitment:	$9,000

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:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Johns Hopkins Nursing
5. Date of Written Commitment:	08/02/2018
6. Value of Written Commitment:	$35,504

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: (Be as specific as possible and include the office or grant program as applicable)	House of Ruth
5. Date of Written Commitment:	08/02/2018
6. Value of Written Commitment:	$43,273

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	$0	1 Year	$0
4. Supportive Services	$319,208	1 Year	$319,208
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$319,208
8. Admin (Up to 10%)			$31,900
9. Total Assistance Plus Admin Requested			$351,108
10. Cash Match			$43,273
11. In-Kind Match			$44,504
12. Total Match			$87,777
13. Total Budget			$438,885

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Terry Hickey

Date: 09/17/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). ☐

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/16/2018
1E. SF-424 Compliance	09/16/2018
1F. SF-424 Declaration	09/16/2018
1G. HUD 2880	09/16/2018
1H. HUD 50070	09/16/2018
1I. Cert. Lobbying	09/16/2018
1J. SF-LLL	09/16/2018
2A. Subrecipients	09/16/2018
2B. Experience	09/16/2018
3A. Project Detail	09/16/2018
3B. Description	Please Complete
3C. Expansion	09/16/2018
6A. Funding Request	09/16/2018
6F. Supp Srvcs Budget	09/17/2018
6I. Match	09/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/17/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0030
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	Associated Catholic Charities - Project FRESH Start
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
b. Project: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
17. Proposed Project	
a. Start Date:	12/01/2019
b. End Date:	11/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$105,753.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Associated Catholic Charities - Project FRESH Start 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $105,753

Organization	Type	Type	Sub-Award Amount
Associated Catholic Charities, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$105,753

2A. Project Subrecipients Detail

a. Organization Name: Associated Catholic Charities, Inc.

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

c. Employer or Tax Identification Number: 52-0591538

	*** d. Organizational DUNS:**	080559461	**PLUS 4**	

e. Physical Address

Street 1: 320 Cathedral Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21201

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $105,753

j. Contact Person

Prefix: Mrs.

First Name: Amy

Middle Name:

Last Name: Collier

Suffix:	
Title:	Director of Community Services
E-mail Address:	acollier@catholiccharities-md.org
Confirm E-mail Address:	acollier@catholiccharities-md.org
Phone Number:	410-261-6787
Extension:	
Fax Number:	410-889-0203

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: MD0030

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Associated Catholic Charities - Project FRESH Start

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Project Family Relocation, Empowerment and Self Help (FRESH) Start, (PFS), is a joint program of Associated Catholic Charities, Associated Black Charities, and The Associated Jewish Charities. PFS serves Baltimore City homeless families by providing permanent supportive housing and services that empower families to reach self-sufficiency. Referrals often come from Baltimore City Public School social workers with knowledge of homeless children and from Coordinated Access. PFS is adopting a Housing First model to serve those with the most need.
PFS serves families composed of single mothers with dependent children. The average participant upon entry into the program is a single mother with a disabling condition and has two children. These single parents have a history of substance abuse, domestic violence, mental health issues, lack of education, lack of marketable job skills, and inadequate life and decision-making skills, which tend to be major factors in these family's cycles of poverty and homelessness.
Case Management: Our Team uses the Motivational Interviewing (MI) technique to deliver case management services. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence (Wikipedia, 10/13/2015). Clients meet with their case manager regularly, and are assisted to attain permanent housing. Weekly case management sessions are held to monitor participants' progress. PFS Caseworkers meet with clients in their homes to monitor the family's progress toward independence. During these sessions, the worker and client review the family's budget and expenses; time management, child rearing, and conflict resolution skills with neighbors, co-workers, and family members; and the status of attaining their goals related to employment, sobriety, health, and mental health.
When working with clients who are able to work or available for classes, the caseworker helps locate employment and educational programs, assists the client with enrollment, and monitors progress toward completion. Clients also work with their caseworker to enroll in all of the public benefits for which they may be eligible. The caseworker assists the clients to complete the necessary paperwork and, if needed, sets up appointments with providers for the client. Money management is another focus area. Clients work with their caseworker to develop a money management plan that addresses payment of bills, savings, and debt reduction.

Partners: Baltimore City Public School System provides services for children; HCAM enrolls clients in Medicaid; My Sister's Place Women's Center offers emergency assistance; and Our Daily Bread Employment Center offers: Ex-Offender and Recovery support, which includes AA/NA programs and addictions counseling.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-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 SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

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: 6

Total Beds: 15

Total Dedicated CH Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	6	15

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: 6

b. Beds: 15

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 13

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: 228 W. Lexington Street

Street 2: Suite 220

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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	1		6

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	1		6
Adults ages 18-24	3	1		4
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	13	2	0	15

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	5	0	0	3	0	5	0	1	1	0
Adults ages 18-24	3	0				0			0	0
Children under age 18	0				0	0	0	0	0	5
Total Persons	8	0	0	3	0	5	0	1	1	5

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	1					1				
Adults ages 18-24										1
Total Persons	1	0	0	0	0	1	0	0	0	1

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	0

Describe the unlisted subpopulations referred to above:

The numbers indicated in "Persons not represented by listed subpopulations" represent children in households with at least one adult and one child or adult children in households without children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$55,038
Grant Term:	1 Year
Total Request for Grant Term:	$55,038
Total Units:	6

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	6	$55,038	$55,038

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	5	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	$55,038
Grant Term		1 Year
Total Request for Grant Term		$55,038

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:	$12,679
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$12,679

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	Associated Cathol...	08/06/2018	$12,679

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: (Be as specific as possible and include the office or grant program as applicable)	Associated Catholic Charities
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$12,679

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$55,038
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$44,312
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$99,350
7. Admin (Up to 10%)	$6,403
8. Total Assistance plus Admin Requested	$105,753
9. Cash Match	$12,679
10. In-Kind Match	$0
11. Total Match	$12,679
12. Total Budget	$118,432

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Catholic Charitie...	11/09/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Catholic Charities - 501(c)(3) doc

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates per GIW and other changes.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0033
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Dayspring Programs Tenant Based S+C

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$434,372.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Dayspring Programs Tenant Based S+C 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/30/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $434,372

Organization	Type	Type	Sub-Award Amount
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$434,372

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

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

c. Employer or Tax Identification Number: 52-2042543

	*** d. Organizational DUNS:**	036880342	**PLUS 4**	

e. Physical Address

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21213

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $434,372

j. Contact Person

Prefix: Dr.

First Name: Pamela

Middle Name:

Last Name: Talabis

Suffix:	
Title:	Executive Director
E-mail Address:	Day1sp@aol.com
Confirm E-mail Address:	Day1sp@aol.com
Phone Number:	410-563-3459
Extension:	
Fax Number:	410-276-0036

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: MD0033

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Dayspring Programs Tenant Based S+C

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

"The Dayspring Permanent Supportive Housing Program provides tenant-based housing rental assistance and supportive services for 21 homeless families with a parent in recovery from substance abuse. Many parents also have a mental illness and/or have been a victim of domestic violence. Unaccompanied youth mothers aged 18-24 are a now a target population for the program. Families are referred through the Coordinated Access System. Dayspring's Intake Case Manager meets with the adult to complete an intake assessment and ensure appropriate placement in a scattered site housing unit. The Case Manager (CM) meets with the family within 7 days of move-in and, with the client, develops a Family Plan that is reviewed every 90 days. Emphasis is placed on goals that lead to stabilization of permanent housing, addressing health, employment needs and providing a safe, stable and nurturing environment for children. Weekly or more often, home visits provide the family with support. Individuals may benefit from supportive services such as mental health or substance abuse counseling. The CM is proactive in using the family goals and other creative strategies to engage tenants in services, although participation is voluntary. The CM assists the family to find and keep employment and work toward upgrading employment to increase family resources. Dayspring offers a Job Readiness Program with on-the-job experience as a receptionist to familiarize participants with a work environment in a familiar setting. If the parent is unable to work due to disability the CM will refer to appropriate resources. The CM provides information and encouragement for participants to access mainstream services to address their individual needs. A weekly support group at Dayspring's main location in available. Other family activities such as gardening, holiday parties, parenting education, tenants' council and other activities are held on a regular basis The projected outcomes are (1) maintaining permanent housing for at least 2 years, (2) maintaining or increasing total cash income and, as appropriate, maintaining or increasing non-cash benefits, (3) remaining free of substance abuse. Mainstream and community-based collaborators provide a variety of support services that assist clients in meeting their goals. Housing is located in east Baltimore and is in walking distance to bus service, schools, health clinics and other city amenities. Housing stability and case management services are provided to all family members. The CM ensures that children are attending school and work with parents to assist them to advocate for their child's appropriate placement and services for special needs children. Assistance is provided to refer children to appropriate health and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

approach?

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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			
Case Management		Subrecipient	Bi-weekly
Child Care		Subrecipient	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	Weekly
Outpatient Health Services		Subrecipient	As needed
Outreach Services			
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation			
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 SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

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: 21

Total Beds: 63

Total Dedicated CH Beds: 63

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	21	63

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: 21

b. Beds: 63

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 63

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: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

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

240066 Baltimore

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	21	0	0	21

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	21	0		21
Adults ages 18-24	0	0		0
Accompanied Children under age 18	42		0	42
Unaccompanied Children under age 18			0	0
Total Persons	63	0	0	63

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	21	0	6	1	0	0	0
Adults ages 18-24		0						0	0	0
Children under age 18	0				0	0	0	0	0	42
Total Persons	0	0	0	21	0	6	1	0	0	42

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										
Adults 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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

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:	$406,224
Total Units:	21

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	21	$406,224

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

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	$677	$638	x		=	$0
0 Bedroom		x	$903	$851	x		=	$0
1 Bedroom		x	$1,097	$1,033	x		=	$0
2 Bedrooms		x	$1,376	$1,298	x		=	$0
3 Bedrooms	21	x	$1,769	$1,612	x		=	$406,224
4 Bedrooms		x	$2,072	$1,934	x		=	$0
5 Bedrooms		x	$2,383	$2,224	x		=	$0
6 Bedrooms		x	$2,694	$2,514	x		=	$0
7 Bedrooms		x	$3,004	$2,804	x		=	$0
8 Bedrooms		x	$3,315	$3,094	x		=	$0
9 Bedrooms		x	$3,626	$3,385	x		=	$0
Total Units and Annual Assistance Requested	21							$406,224
Grant Term								1 Year
Total Request for Grant Term								$406,224

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:	$103,942
Total Value of In-Kind Commitments:	$8,256
Total Value of All Commitments:	$112,198

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Dayspring uses sponsored based rental payments to generates program income as described in 24 CFR 578.97(c).

1b. Estimate the amount of program income that will be used as Match for this project: $8,256

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	Cash	Private	Dayspring Programs	09/18/2018	$30,000
Yes	Cash	Private	Dayspring Program	09/18/2018	$40,874
Yes	In-Kind	Private	Dayspring Programs	09/18/2018	$8,256
Yes	Cash	Private	Dayspring Programs	09/18/2018	$8,000
Yes	Cash	Private	Dayspring Programs	09/18/2018	$25,068

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: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Programs
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$30,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Program
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$40,874

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: (Be as specific as possible and include the	Dayspring Programs

office or grant program as applicable)

5. Date of Written Commitment: 09/18/2018

6. Value of Written Commitment: $8,256

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: (Be as specific as possible and include the office or grant program as applicable) Dayspring Programs

5. Date of Written Commitment: 09/18/2018

6. Value of Written Commitment: $8,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Dayspring Programs

5. Date of Written Commitment: 09/18/2018

6. Value of Written Commitment: $25,068

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$406,224
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$406,224
7. Admin (Up to 10%)	$28,148
8. Total Assistance plus Admin Requested	$434,372
9. Cash Match	$103,942
10. In-Kind Match	$8,256
11. Total Match	$112,198
12. Total Budget	$546,570

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Dayspring 501c3	11/06/2015
2) Other Attachmenbt	No	Dayspring Program...	09/22/2017
3) Other Attachment	No		

Attachment Details

Document Description: Dayspring 501c3

Attachment Details

Document Description: Dayspring Program Tenant Based Match

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Updated the award amount to $434,372
3A7. Updated response to "No"
3C. Updated response to 100% Dedicated Plus.
4A. Updated response to indicate "Yes" for low barrier program entry.
4B. Updated the number of beds dedicated to chronic homeless.
5C. Updated outreach percentages according to recent intake information.
6C. Updated rental assistance amount to match GIW.
6C. Removed a blank/unnecessary entry.
6D. Update match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/30/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/31/2018
1E. SF-424 Compliance	08/30/2018
1F. SF-424 Declaration	08/30/2018
1G. HUD-2880	08/30/2018
1H. HUD-50070	08/30/2018
1I. Cert. Lobbying	08/30/2018
1J. SF-LLL	08/30/2018
Recipient Performance	08/30/2018
Renewal Grant Consolidation	08/30/2018
2A. Subrecipients	08/31/2018
3A. Project Detail	08/31/2018
3B. Description	08/31/2018
3C. Dedicated Plus	08/31/2018
4A. Services	08/31/2018
4B. Housing Type	08/31/2018
5A. Households	08/30/2018
5B. Subpopulations	08/30/2018
5C. Outreach	08/31/2018
6A. Funding Request	08/30/2018
6C. Rental Assistance	09/05/2018
6D. Match	08/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/30/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/31/2018
Submission Without Changes	09/05/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025102
BODC: TE

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

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

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

DAYSPRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring In-Kind Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide in-kind match in the amount of $ 24,864 for Dayspring Head Start child development services and $9,500 for goods and materials. This in-kind match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The in-kind match will be used to provide:

Head Start child development services, 5 days a week for children 3 to 5 years of age. The services are valued at $8, 288 per child for 3 children and provided by qualified staff as required by Head Start.

Good and materials for families that include diapers, food, clothing, toys, school supplies valued at $9,500.

We are pleased to offer this continued service and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, PhD.

Pamela Talabis, Ph.D
Executive Director

MARYLAND NONPROFITS
STANDARDS FOR EXCELLENCE

1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com

DAYSPRING PROGRAMS, INC.

Terry Hickey, Director
Mayor's Office of Human Services
7 E. Redwood Street, 5th Floor
Baltimore, Maryland 21202

September 28, 2017

RE: Dayspring Cash Match Letter
Dayspring's Tenant-based PSH- MD0033L3B011609
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Dayspring Programs, Inc. renewal application for its' Continuum of Care Program Grant for our Tenant-based PSH rental assistance.

Please let this letter serve as our commitment to provide cash match in the amount of $ 72,000 for supportive services. This cash match will be available starting April 1, 2018 for the grant period, April 1, 2018 through March 31, 2019.

The cash match will be used to provide domestic violence services and IOP substance abuse treatment services.

We are pleased to offer these continued services and we look forward to assisting those experiencing homelessness.

In the interest of children,

Pamela Talabis, PhD

Pamela Talabis, Ph.D
Executive Director

MARYLAND NONPROFITS STANDARDS FOR EXCELLENCE

1125 N. Patterson Park Avenue
Baltimore, Maryland 21213
Email: Day1Sp@aol.com

Phone: (410) 563-3459
Fax: (410) 276-0036
www.dayspringbaltimore.com

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0034
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Dayspring Programs PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 01/01/2019

b. End Date: 12/31/2019

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$296,792.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Dayspring Programs PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $296,792

Organization	Type	Type	Sub-Award Amount
Dayspring Programs, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$296,792

2A. Project Subrecipients Detail

a. Organization Name: Dayspring Programs, Inc.

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

c. Employer or Tax Identification Number: 52-2042543

	*** d. Organizational DUNS:**	036880342	**PLUS 4**	

e. Physical Address

Street 1: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21213

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007

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: $296,792

j. Contact Person

Prefix: Dr.

First Name: Pamela

Middle Name:

Last Name: Talabis

Suffix:	
Title:	Executive Director
E-mail Address:	Day1sp@aol.com
Confirm E-mail Address:	Day1sp@aol.com
Phone Number:	410-563-3459
Extension:	
Fax Number:	410-276-0036

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: MD0034

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Dayspring Programs PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

"The Dayspring Supportive Housing Program provides services for 60 families living in rental assisted units of permanent supportive housing . Families are homeless with a parent in recovery from substance abuse. Many parents also have a mental illness and/or have been a victim of domestic violence. Unaccompanied youth mothers aged 18-24 are a now a target population for the program. Families are referred through the Coordinated Access System. Dayspring's Intake Case Manager meets with the adult to complete an intake assessment and ensure appropriate placement in a scattered site housing unit. The Case Manager (CM) meets with the family within 7 days of move-in and, with the client, develops a Family Plan that is reviewed every 90 days. Emphasis is placed on goals that lead to stabilization of permanent housing, addressing health, employment needs and providing a safe, stable and nurturing environment for children. Weekly or more often, home visits provide the family with support. Individuals may benefit from supportive services such as mental health or substance abuse counseling. The CM is proactive in using the family goals and other creative strategies to engage tenants in services, although participation is voluntary. The CM assists the family to find and keep employment and work toward upgrading employment to increase family resources. Dayspring offers a Job Readiness Program with on-the-job experience as a receptionist to familiarize participants with a work environment in a familiar setting. If the parent is unable to work due to disability the CM will refer to appropriate resources. The CM provides information and encouragement for participants to access mainstream services to address their individual needs. A weekly support group at Dayspring's main location in available. Other family activities such as gardening, holiday parties, parenting education, tenants' council and other activities are held on a regular basis The projected outcomes are (1) maintaining permanent housing for at least 2 years, (2) maintaining or increasing total cash income and, as appropriate, maintaining or increasing non-cash benefits, (3) remaining free of substance abuse. Mainstream and community-based collaborators provide a variety of support services that assist clients in meeting their goals. Housing is located in east Baltimore and is in walking distance to bus service, schools, health clinics and other city amenities. Housing stability and case management services are provided to all family members. The CM ensures that children are attending school and work with parents to assist them to advocate for their child's appropriate placement and services for special needs children. Assistance is provided to refer children to appropriate health and mental health services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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		Non-Partner	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Subrecipient	Weekly
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	Bi-weekly
Outpatient Health Services		Partner	Monthly
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	Bi-weekly
Transportation		Non-Partner	As needed
Utility Deposits		Non-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 SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

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: 63

Total Beds: 189

Total Dedicated CH Beds: 189

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	63	189

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: 63

b. Beds: 189

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 189

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: 1125 N. Patterson Park Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

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

240066 Baltimore

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	60	0	0	60

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	60	0		60
Adults ages 18-24	30	0		30
Accompanied Children under age 18	88		0	88
Unaccompanied Children under age 18			0	0
Total Persons	178	0	0	178

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	60	1	20	3	0	0	0
Adults ages 18-24		0	0	0	0	0	1	1	2	26
Children under age 18				0	0	0	5	1	8	75
Total Persons	0	0	0	60	1	20	9	2	10	101

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										
Adults 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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$49,130
Total Value of In-Kind Commitments:	$25,068
Total Value of All Commitments:	$74,198

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The program is using client's rent to generate income as described in 24 CFR 578.97(c).

1b. Estimate the amount of program income that will be used as Match for this project: $8,256

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	Dayspring Programs	09/28/2018	$25,068
Yes	Cash	Private	Dayspring Programs	09/18/2018	$40,874
Yes	Cash	Private	Dayspring Programs	09/18/2018	$8,256

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: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Programs
5. Date of Written Commitment:	09/28/2018
6. Value of Written Commitment:	$25,068

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: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Programs
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$40,874

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: (Be as specific as possible and include the office or grant program as applicable)	Dayspring Programs
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$8,256

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$269,817
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$269,817
7. Admin (Up to 10%)	$26,975
8. Total Assistance plus Admin Requested	$296,792
9. Cash Match	$49,130
10. In-Kind Match	$25,068
11. Total Match	$74,198
12. Total Budget	$370,990

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Dayspring Program...	11/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Dayspring Programs 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B. Update Housing First questions indicate clients are not terminated according to reasons stated in the application.
3C. Updated response to 100% beds dedicated to chronic homeless.
4A. Updated response to indicate Yes to question 2a.
4B. Updated response to indicate the number of chronic beds.
6D. Updated match information.
5C. Updated outreach percentages.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/31/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/31/2018
1E. SF-424 Compliance	08/31/2018
1F. SF-424 Declaration	08/31/2018
1G. HUD-2880	08/31/2018
1H. HUD-50070	08/31/2018
1I. Cert. Lobbying	08/31/2018
1J. SF-LLL	08/31/2018
Recipient Performance	08/31/2018
Renewal Grant Consolidation	08/31/2018
2A. Subrecipients	08/31/2018
3A. Project Detail	08/31/2018
3B. Description	08/31/2018
3C. Dedicated Plus	08/31/2018
4A. Services	08/31/2018
4B. Housing Type	08/31/2018
5A. Households	08/31/2018
5B. Subpopulations	08/31/2018
5C. Outreach	08/31/2018
6A. Funding Request	08/31/2018
6D. Match	08/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/31/2018
Submission Without Changes	09/04/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025102
BODC: TE

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

017196

Employer Identification Number: 52-2042543
Person to Contact: Mr Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1997.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164798
Jan. 28, 2014 LTR 4168C 0
52-2042543 000000 00
00025103

DAYSPRING PROGRAMS INC
1125 N PATTERSON PARK AVENUE
BALTIMORE MD 21213

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

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4:	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: House of Ruth - Rapid Re-Housing - DV Bonus

16. Congressional District(s):

a. Applicant: MD-007, MD-003, MD-002

b. Project: MD-007, MD-003, MD-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN): 52-6000769

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $1,187,345.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	$2,061,204.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/17/2018

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: $1,099,867

Organization	Type	Sub-Award Amount
House of Ruth Maryland	M. Nonprofit with 501C3 IRS Status	$1,099,867

2A. Project Subrecipients Detail

a. Organization Name: House of Ruth Maryland

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

If "Other" specify:

c. Employer or Tax Identification Number: 52-1100236

	* d. Organizational DUNS:	145383642	PLUS 4:	

e. Physical Address

Street 1: 2201 Argonne Drive

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,099,867

j. Contact Person

Prefix: Ms.

First Name: Janice

Middle Name:

Last Name:	Miller
Suffix:	
Title:	Director of Programs and Clinical Services
E-mail Address:	janice@hruthmd.org
Confirm E-mail Address:	janice@hruthmd.org
Phone Number:	410-261-3015
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 Mayor's Office of Human Services (MOHS) manages over $49 million in federal, state, and local homeless services and HOPWA funding each year to over 100 projects. MOHS has successfully implemented over 40 CoC-funded permanent supportive housing projects, achieving an average permanent housing retention rate of 97 percent and maintaining a 96 percent utilization rate.

The House of Ruth Maryland (HRM) leads the fight to end violence against women and their children by confronting the attitudes, behaviors and systems that perpetuate it, and by providing survivors with the services necessary to rebuild their lives safely and free of fear. HRM serves survivors of all genders with a 24 hour hotline, outreach services following a police involved incident, food pantry and Bilingual Outreach in the Spanish speaking and Muslim communities, Child and Family Therapy using evidence-based trauma therapies, protective order representation, 84 bed emergency shelter with a licensed childcare and health clinic, service coordination for survivors, and rapid rehousing through Safe Homes, Strong Communities. HRM has been triaging survivors and offering shelter diversion, acceptance into our Emergency Shelter, referral to Safe Homes rapid rehousing, and connection to therapy, basic needs, and legal services for 40 years. HRM utilizes CoC, ESG, VAWA, and DOJ funding to achieve its mission.

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

MOHS leverages over $17 million annually in city general funds, state funds, and ESG funds dedicated homeless services programs. MOHS also recently launched a Medicaid 1115 Expansion pilot, which leverages Medicaid funding to meet supportive services needs in permanent supportive housing - this will result in at least $690,000 in increased federal and private funding each year. Continuum of Care and MOHS raise private, corporate, and philanthropic funds totaling over $1 million through an annual fundraiser to support strategic planning, staffing for management of the CoC, technical assistance for CoC service providers, and fill system funding gaps.

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.

MOHS is a unit of local government that is responsible for developing and

implementing a community wide plan to end homelessness, providing fiscal sponsorship and compliance oversight to subrecipient homeless services providers, and implement the city's emergency shelter and outreach capacity.

The Homeless Services and Fiscal departments of MOHS are responsible for subrecipient fiscal management, compliance, and programmatic oversight of CoC funding. Subrecipients submit invoices, expenditure documentation, and match documentation to program administrators for eligibility review and assessment of reasonable costs. The fiscal team processes the approved expenditures for reimbursement to the provider monthly, and draws down funding from HUD at least quarterly. The fiscal department reviews subrecipient financial audits on an annual basis, evaluating the organization's cash flow, internal controls, and funding sources for risk. Program administrators also manage all CoC regulatory requirements for projects, including environmental review of units, review of rent reasonableness, and HQS inspections.

A team of program monitors conducts an annual risk assessment (reviewed and approved by the HUD field office) to determine which CoC projects will be monitored for compliance. If selected for monitoring, MOHS conducts a multi-day site visit to review client files, inspect units, interview staff and clients, and review program policies and procedures. The team issues monitoring findings and oversees the successful completion of corrective action plans when required.

MOHS' fiscal processes and accounting system are overseen by the City of Baltimore's Department of Finance. The City utilizes GAAP principles, pays subrecipients on a reimbursement-basis only, and undergoes multiple internal and external audits each year (including Single Audit).

The House of Ruth Maryland, Inc. utilizes ABILA MIP Fund Accounting software to manage all financial accounting for the agency. Utilizing this software, internal controls and applying general accounting practices the team manages Federal, State and Local grants and contracts, Foundation grants and contracts and private donations. Each grant award is given a unique fund code allowing us to track revenue and expenses distinctly from other sources of revenue and allowing us to produce interim reports. Accounting Policies and Procedures manuals for Accounting and Payroll activities and Internal Controls are reviewed and updated as needed annually, and all financial records, supporting documents, statistical records and all other documents pertinent to the award are retained for a period of four years from the date of submission of the final expenditure report. The agency's most recent audit was clear.

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:	MD-501 - Baltimore CoC
1b. CoC Collaborative Applicant Name:	City of Baltimore - Mayor's Office
2. Project Name:	House of Ruth - Rapid Re-Housing - DV Bonus
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

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?				
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

You must enter a value greater than zero for at least one project milestone.

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		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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.

Not applicable, project will only provide tenant-based rental assistance.

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	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.

HRM has established relationships with multiple reputable landlords for RRH. Some landlords give HRM clients a reduced rental rate for the first year of residence, and many will call HRM when there are concerns - choosing to work with our clients and stabilize them over moving to eviction. The Housing Specialist will actively engage the landlord community in education about housing IPV survivors, act as a liaison for some of the more common landlord-tenant complaints, and maintain a list of reputable affordable landlords in the areas of the City survivors most want to live. The Housing Specialist will conduct pre-inspections to maximize the units that pass inspection on the first appointment, thus moving families into housing faster. HRM practices voluntary services and does not direct survivors toward one type of housing or location. Instead, staff focus first on safety and affordability, providing extensive education to survivors to help make the best choices for them.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Housing stability and safety is impossible without an independent means to support oneself. As part of the intake and assessment process, survivors meet with Service Coordinators to identify and apply for entitlement programs they may be eligible for, learn about workforce development programs, and identify what basic needs are critical to live independently. A customized plan is created with each survivor, which takes into account survivor safety needs and the pace at which income development work must occur based on the family's trauma

level.

HRM enjoys strong relationships with area workforce development programs such as Baltimore Outreach Services Culinary Arts Training Program and the Mayor's Office of Employment Development. This past year, HRM began working with St. Vincent de Paul to have a Job Navigator placed at our Shelter site. Our primary workforce development partner is Maryland New Directions (MND). For seven years, MND has provided monthly job readiness classes to our Emergency Shelter and Safe Homes participants. For this project, HRM is partnering with MND to provide intensive workforce development classes for 50 survivors in the Safe Homes project.

Given the high level of physical and emotional trauma, it is expected that 25% of survivors in the project will be unable to work and may be on SSI/SSDI or in the process of applying for SSI/SSDI. Another 25% of participants will likely already be employed and not need intensive workforce development. For the remaining 50%, MND will provide a comprehensive individual assessment of skill and interest, recommend and enroll participants in career track training at their North Charles Street location, provide job coaching and employment placement assistance, and provide post-employment support. Some of MND's career track training includes training for MTA bus drivers, logistics and skills training for jobs at the Port of Baltimore, and hospitality training. Workforce development activities are available on a rolling basis as classes start, and range from intensive daily contact to minimal monthly support.

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Subrecipient	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	Bi-weekly
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Subrecipient	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	Daily
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

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:

Total Beds:

Total housing units entered in the list below are fewer than the number of housing units for for which funds have been requested on the 6C. Leased Units budget screen or 6E. Rental Assistance budget screen.

Total beds entered in the list below are fewer than the number of beds for which funds have been requested on the 6C. Leased Units budget screen or 6E. Rental Assistance budget screen.

Housing Type	Housing Type (JOINT)	Units	Beds
This list contains no items			

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				

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				
Adults ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

Click Save to automatically calculate totals

At least one person in the Households Grid must be served.

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										
Adults 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										
Adults 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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$659,640
Total Units:	45

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	45	$659,640

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: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$677	x	12		=	$0
0 Bedroom	10	x	$903	x	12		=	$108,360
1 Bedroom	15	x	$1,097	x	12		=	$197,460

2 Bedrooms	15	**x**	$1,376	**x**	12		**=**	$247,680
3 Bedrooms	5	**x**	$1,769	**x**	12		**=**	$106,140
4 Bedrooms		**x**	$2,072	**x**	12		**=**	$0
5 Bedrooms		**x**	$2,383	**x**	12		**=**	$0
6 Bedrooms		**x**	$2,694	**x**	12		**=**	$0
7 Bedrooms		**x**	$3,004	**x**	12		**=**	$0
8 Bedrooms		**x**	$3,315	**x**	12		**=**	$0
9 Bedrooms		**x**	$3,626	**x**	12		**=**	$0
Total Units and Annual Assistance Requested	45							$659,640
Grant Term								1 Year
Total Request for Grant Term								$659,640

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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

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	100 clients x $500 per client for application fees, moving truck, furniture, etc.	$50,000
3. Case Management	2 FT Service Coordinators (salary @ $37,960, 19% fringe); 1FT Lead Service Coordinator (salary @42,000, 19% fringe); .2FTE Director of Programs & Clinical Services effort ($20,000); ETO licenses for 6 staff @210 per license	$156,345
4. Child Care		
5. Education Services		
6. Employment Assistance	Maryland New Directions workforce development: 25 clients @ 3,000 per client	$75,000
7. Food		
8. Housing/Counseling Services	1 FT Housing Specialist ($37,000, 19% fringe)	$44,030
9. Legal Services		
10. Life Skills		
11. Mental Health Services	1 FT Child & Family Therapist ($48,425, 19% fringe).	$57,626

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff mileage reimbursement: 100 clients x 8visits per client x 10 miles x .30/mile. Client Transportation: $68 monthly bus pass X 90 clients X 6 months.	$39,120
16. Utility Deposits		
17. Operating Costs	3 laptop computers with wifi capability and docking station $800 each; 2 cell phones for new project staff @$299 per unit and 12 months of service for 4 project staff @$30/month	$4,438
Total Annual Assistance Requested		$426,559
Grant Term		1 Year
Total Request for Grant Term		$426,559

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:	$3,000
Total Value of In-Kind Commitments:	$294,030
Total Value of All Commitments:	$297,030

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Maryland New Dire...	08/03/2018	$75,000
Yes	In-Kind	Private	Health Care for t...	08/03/2018	$219,030
Yes	Cash	Private	House of Ruth	08/03/2018	$3,000

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: (Be as specific as possible and include the office or grant program as applicable)	Maryland New Directions
5. Date of Written Commitment:	08/03/2018
6. Value of Written Commitment:	$75,000

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:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Health Care for the Homeless
5. Date of Written Commitment:	08/03/2018
6. Value of Written Commitment:	$219,030

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: (Be as specific as possible and include the office or grant program as applicable)	House of Ruth
5. Date of Written Commitment:	08/03/2018
6. Value of Written Commitment:	$3,000

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	$659,640	1 Year	$659,640
4. Supportive Services	$426,559	1 Year	$426,559
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$1,086,199
8. Admin (Up to 10%)			$101,146
9. Total Assistance Plus Admin Requested			$1,187,345
10. Cash Match			$3,000
11. In-Kind Match			$294,030
12. Total Match			$297,030
13. Total Budget			$1,484,375

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Terry Hickey

Date: 09/17/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2018
1E. SF-424 Compliance	09/17/2018
1F. SF-424 Declaration	09/17/2018
1G. HUD 2880	09/17/2018
1H. HUD 50070	09/17/2018
1I. Cert. Lobbying	09/17/2018
1J. SF-LLL	09/17/2018
2A. Subrecipients	09/17/2018
2B. Experience	09/17/2018
3A. Project Detail	09/17/2018
3B. Description	Please Complete
3C. Expansion	09/17/2018
4A. Services	09/17/2018
4B. Housing Type	Please Complete
5A. Households	Please Complete
5B. Subpopulations	No Input Required
5C. Outreach	Please Complete
6A. Funding Request	09/17/2018
6E. Rental Assistance	09/17/2018
6F. Supp Srvcs Budget	09/17/2018
6I. Match	09/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	Please Complete

Notes:

Enter a value greater than zero for at least one project milestone.

4B. Housing Type list must include at least 1 item(s).

The Total Units on '4B. Housing Type and Location' must be greater than or equal to the total units in the budget.

At least one person in the Households Grid must be served.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0038
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: GEDCO - Supportive Housing Harford House and Micah House

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003

17. Proposed Project

a. Start Date: 06/01/2019

b. End Date: 05/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$104,006.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: GEDCO - Supportive Housing Harford House and Micah House 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to high turnover the all awarded funds were not able to be utilized.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $104,006

Organization	Type	Type	Sub-Award Amount
Govans Ecumenical Development Corporation, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$104,006

2A. Project Subrecipients Detail

a. Organization Name: Govans Ecumenical Development Corporation, Inc.

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

c. Employer or Tax Identification Number: 52-1767577

	* d. Organizational DUNS:	849283262	PLUS 4	

e. Physical Address

Street 1: 1010 E. 33rd Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

g. Is the subrecipient a Faith-Based Organization? Yes

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: $104,006

j. Contact Person

Prefix: Ms.

First Name: Roxanne

Middle Name:

Last Name: Fiddler

Suffix:	
Title:	Philanthopy Manager
E-mail Address:	rfiddler@gedco.org
Confirm E-mail Address:	rfiddler@gedco.org
Phone Number:	410-433-2442
Extension:	15
Fax Number:	410-433-4834

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: MD0038

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: GEDCO - Supportive Housing Harford House and Micah House

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

GEDCO's mission is in partnership with faith-based and community organizations, GEDCO provides affordable housing, supportive services, and emergency assistance to community residents. Harford House and Micah House, programs of GEDCO's Homeless Services program provide permanent housing and supportive services to 59 men and women with disabilities including addictions and mental illness. Case Managers help each person develop a Goals and Action plan and pursue concrete steps to stay housed, improve health, and accomplish other goals leading to greater independence. Underlying every service is our respect for the contributions and worth of all people, and our determination to foster personal independence. We are absolutely committed to helping each person achieve greater stability and self-reliance, and our track record attests to the success of our approach. In addition, our permanent housing for those who were homeless aligns with Baltimore City's 10-Year Plan to End Homelessness. We help people gain life skills, access medical care and increase their incomes to avoid future homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move Yes

participants into permanent housing

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	Quarterly
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Non-Partner	Weekly
Employment Assistance and Job Training		Partner	Weekly
Food		Subrecipient	Weekly
Housing Search and Counseling Services		Subrecipient	Monthly
Legal Services		Partner	Monthly
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	Weekly
Outpatient Health Services		Partner	Weekly
Outreach Services			
Substance Abuse Treatment Services		Subrecipient	Weekly
Transportation		Non-Partner	Daily
Utility Deposits			

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 59

Total Beds: 59

Total Dedicated CH Beds: 59

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	26	26
Single Room Occupancy (SRO)...	---	33	33

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 26

b. Beds: 26

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 26

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: 1517 E North Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21213

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

240066 Baltimore

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 33

b. Beds: 33

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 33

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: 5025 York Road

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21212

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

240066 Baltimore

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		76		76

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	74		74
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	76	0	76

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										
Adults 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	32	1	1	50	14	48	1	20	2	0
Adults ages 18-24	2	0	0	2	0	1	0	1	0	0
Total Persons	34	1	1	52	14	49	1	21	2	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$26,500
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$26,500

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	GEDCO	09/18/2018	$26,500

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	GEDCO
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$26,500

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$94,551
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$94,551
7. Admin (Up to 10%)	$9,455
8. Total Assistance plus Admin Requested	$104,006
9. Cash Match	$26,500
10. In-Kind Match	$0
11. Total Match	$26,500
12. Total Budget	$130,506

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 C3 Letter	11/17/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501 C3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B. Updated response to indicate clients are not terminated for reasons stated in the application.
3C. Updated response to indicate 100% of beds dedicated to chronic homeless.
4B. Updated the number of beds dedicated to chronically homeless.
5C. Updated percentage for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/04/2018

1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/04/2018
3C. Dedicated Plus	09/04/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/04/2018
Submission Without Changes	09/04/2018

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
31 HOPKINS PLAZA
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date:
JUN 2 1 1996

GOVANS ECUMENICAL DEVELOPMENT
CORPORATION
C/O JULIA PIERSON
5513 YORK ROAD
BALTIMORE, MD 21212-3806

Employer Identification Number:
52-1767577
Case Number:
526172018
Contact Person:
EP/EO CUSTOMER SERVICE UNIT
Contact Telephone Number:
(410) 962-6058

Our Letter Dated:
November 24, 1992
Addendum Applies:
Yes

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)(1) and 170(b)(1)(A)(vi).

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)(1) 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)(1) 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.

GOVANS ECUMENICAL DEVELOPMENT

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

Sincerely yours,

District Director

Enclosure:
Addendum

GOVANS ECUMENICAL DEVELOPMENT

Guidelines under which private foundations may rely on this determination, for gifts, grants, and contributions made after March 13, 1989, were liberalized and published in Rev. Proc. 89-23, Cumulative Bulletin 1989-1, page 844.

You are required to make available for public inspection a copy of your exemption application, and supporting documents, and this exemption letter. If you are required to file an annual information return, you are also required to make a copy of the return available for public inspection for three years after the return is due. Failure to make these documents available for public inspection may subject you to a penalty of $10 per day for each day there is a failure to comply (up to a maximum of $5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0039
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	SVdP Home Connections III
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
b. Project: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
17. Proposed Project	
a. Start Date:	08/01/2019
b. End Date:	07/31/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$125,436.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SVdP Home Connections III 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $119,736

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore, Inc.	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	$119,736

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 52-0597056

	*** d. Organizational DUNS:**	074929530	**PLUS 4**	

e. Physical Address

Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $119,736

j. Contact Person

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Kurlanski

Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	Matthew.Kurlanski@vincentbaltimore.org
Confirm E-mail Address:	Matthew.Kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

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: MD0039

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: SVdP Home Connections III

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Home Connections is a permanent supportive housing program that serves 60 single adults (men and women) who are chronically homeless and have one or more disabilities, supported by three HUD CoC grants. Home Connections III (the subject of this application) serves 60 clients; Home Connections I serves 28 clients, and Home Connections II serves 32 clients. Home Connections is a Housing First, no barrier program that accepts clients directly through the Baltimore City Coordinated Access system. By providing housing immediately, coupled with a supportive services model that focuses on relationship building and assertive engagement in services, Home Connections reduces the amount of time individuals are homeless, helps them maintain their housing long term, and improve their health and well-being. Clients access mental health, substance abuse and health services; however, use of these services are not a condition for receiving or maintaining housing. Our intensive case management approach includes an Intake and Engagement Case Manager is responsible for engaging clients on housing through an intake, and a administering a structured assessment, working with clients to remove housing barriers and linking clients to permanent housing. Home Connections Case Managers meet with clients to develop an Independent Service Plan (ISP) that helps them identify resources, coordinate services, and support efforts to increase income and maximize independent living. Home Connections' clients experience mental health, substance abuse, and/or health challenges, and are supported with access to providers of their choosing across Baltimore City. Home Connections partners with Health Care for the Homeless (HCH) Interdisciplinary Care Team to encourage and ensure that all participants in need of mental health, substance abuse services and/or health have receive these services. The partnership between Home Connections and HCH, ensures that all clients who need and want evaluation and treatment for their challenges have coordinated care and seamless access to services, in home and in the community. Home Connections has established relations with more than 25 landlords who offer scattered site housing in stable communities that meet HUD standards for rental assistance. Home Connections ensures that the apartments to be leased by clients are located in stable neighborhoods that contain a mix of community amenities. Home Connections also works with clients to identify community resources for food, clothing, and utility assistance, and offers ongoing guidance and support for community integration before, during, and after client placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation			
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: 60

Total Beds: 60

Total Dedicated CH Beds: 60

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	60	60

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: 60

b. Beds: 60

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 60

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: 400 S. Bond Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21231

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

240066 Baltimore

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	0	60	0	60

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	60		60
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	60	0	60

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										
Adults 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	55	5	0	46	4	51	1	16	7	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	55	5	0	46	4	51	1	16	7	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$16,536
Total Value of In-Kind Commitments:	$14,823
Total Value of All Commitments:	$31,359

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Cash	Private	St. Vincent de Paul	08/01/2019	$16,536
Yes	In-Kind	Private	St. Vincent de Paul	08/01/2019	$14,823

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$16,536

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	08/01/2019
6. Value of Written Commitment:	$14,823

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$114,036
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$114,036
7. Admin (Up to 10%)	$11,400
8. Total Assistance plus Admin Requested	$125,436
9. Cash Match	$16,536
10. In-Kind Match	$14,823
11. Total Match	$31,359
12. Total Budget	$156,795

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	11/16/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	☒

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

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

DEPARTMENT OF THE TREASURY

Date SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0051
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Marian House PH

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$70,577.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House PH 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $70,577

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$70,577

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $70,577

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:	
Title:	Executive Director
E-mail Address:	kallston@marianhouse.org
Confirm E-mail Address:	kallston@marianhouse.org
Phone Number:	410-467-4121
Extension:	229
Fax Number:	410-467-6709

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: MD0051

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House PH

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The Marian House PH program provides case management services to women in northeast and northwest Baltimore. The adults participating in this project have histories that inlcue any or all of the following: long-term chemical addiction, childhood sexual abuse, domestic violence, chronic mental illness, incarceration and serious physical health issues, including 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		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-monthly
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	Monthly
Transportation		Non-Partner	Monthly
Utility Deposits		Non-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: 19

Total Beds: 37

Total Dedicated CH Beds: 37

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	19	37

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: 19

b. Beds: 37

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 37

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	7	12	0	19

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	7	12		19
Adults ages 18-24	5	0		5
Accompanied Children under age 18	13		0	13
Unaccompanied Children under age 18			0	0
Total Persons	25	12	0	37

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	7	0	1	5	3	0	0
Adults ages 18-24		0		0		0			0	5
Children under age 18				0	0	0	0	0	0	13
Total Persons	0	0	0	7	0	1	5	3	0	18

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	0		0	11	2	6	8	1	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	11	2	6	8	1	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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled adult and children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$18,162
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$18,162

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	Marian House	09/18/2018	$18,162

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$18,162

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$65,960
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$65,960
7. Admin (Up to 10%)	$4,617
8. Total Assistance plus Admin Requested	$70,577
9. Cash Match	$18,162
10. In-Kind Match	$0
11. Total Match	$18,162
12. Total Budget	$88,739

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/04/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House PH Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Information correct; no changes made.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/04/2018

1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/04/2018
3C. Dedicated Plus	09/04/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	09/04/2018
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/04/2018
Submission Without Changes	09/04/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St, 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League.; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Riderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzebinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-825-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonssj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-8585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@nicecchurch.org. Web: www.nicecchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-8064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshafer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Opers. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0052
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Marian House - Serenity Place PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 12/01/2019

b. End Date: 11/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$31,730.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House - Serenity Place PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $31,730

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$31,730

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $31,730

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:	
Title:	Exective Director
E-mail Address:	kallston@marianhouse.org
Confirm E-mail Address:	kallston@marianhouse.org
Phone Number:	410-467-4121
Extension:	229
Fax Number:	410-467-6709

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: MD0052

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House - Serenity Place PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

MH Serenity Place is a permanent housing complex that provides housing for formerly homeless and/or low income women and families. A Marian House case manager provides support services for these residents.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X

None of the above	☐

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	☐

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-monthly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	Monthly
Transportation		Non-Partner	Monthly
Utility Deposits		Non-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: 19

Total Beds: 24

Total Dedicated CH Beds: 24

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	19	24

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: 19

b. Beds: 24

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 24

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	14	0	19

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	14		18
Adults ages 18-24	1	0		1
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	10	14	0	24

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	4	2	2	4	2	1	0
Adults ages 18-24		0							0	1
Children under age 18					0	0	0	0	0	5
Total Persons	0	0	0	4	2	2	4	2	1	6

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	0		0	12	1	8	9	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	12	1	8	9	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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refers to non-disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$7,949
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$7,949

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	Marian House	09/18/2018	$7,949

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$7,949

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$29,655
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$29,655
7. Admin (Up to 10%)	$2,075
8. Total Assistance plus Admin Requested	$31,730
9. Cash Match	$7,949
10. In-Kind Match	$0
11. Total Match	$7,949
12. Total Budget	$39,679

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/03/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House - Serenity PHP Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/04/2018

1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/04/2018
3C. Dedicated Plus	09/04/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	09/04/2018
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/12/2018
Submission Without Changes	09/04/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St, 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League.; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Riderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzebinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-825-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonssj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-8585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@nicecchurch.org. Web: www.nicecchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-8064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshafer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Opers. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0057
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Marian House S+C Expansion

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 12/01/2019

b. End Date: 11/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$55,965.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House S+C Expansion 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Baltimore - Mayor's Office

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $55,965

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$55,965

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $55,965

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:	
Title:	Executive Director
E-mail Address:	kallston@marianhouse.org
Confirm E-mail Address:	kallston@marianhouse.org
Phone Number:	410-467-4121
Extension:	229
Fax Number:	410-467-6709

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: MD0057

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House S+C Expansion

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The Marian House S+C Expansion Program provides scattered site housing for homeless, low-income women and their families. This expansion was a result of units assigned from another S+C program. The participating adults have histories that include any or all of the following: long-term chemical addiction, childhood sexual abuse, domestic violence, chronic mental illness, HIV/AIDS, incarceration and serious physical health issues.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X

Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	Weekly
Employment Assistance and Job Training		Non-Partner	Weekly
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Monthly
Mental Health Services		Non-Partner	Monthly
Outpatient Health Services		Non-Partner	Monthly
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	Monthly
Transportation		Non-Partner	Monthly
Utility Deposits		Non-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: 5

Total Beds: 5

Total Dedicated CH Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	5	5

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: 5

b. Beds: 5

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 5

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	0	5	0	5

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	5		5
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	5	0	5

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										
Adults 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	0		0	3	1	3	3	1	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	3	1	3	3	1	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

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:	$52,656
Total Units:	4

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	4	$52,656

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	4	x	$1,097	$1,097	x		=	$52,656
2 Bedrooms		x	$1,376	$1,376	x		=	$0
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	4							$52,656
Grant Term								1 Year
Total Request for Grant Term								$52,656

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:	$15,872
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$15,872

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The program generates income through the client portion of the monthly rent subsidy for the S+C programs.

1b. Estimate the amount of program income that will be used as Match for this project: $8,340

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	09/18/2018	$15,872

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$15,872

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$52,656
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$52,656
7. Admin (Up to 10%)	$3,309
8. Total Assistance plus Admin Requested	$55,965
9. Cash Match	$15,872
10. In-Kind Match	$0
11. Total Match	$15,872
12. Total Budget	$71,837

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/16/2015
2) Other Attachmenbt	No	Marian House S+C ...	09/22/2017
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House S+C Expansion Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/12/2018
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/04/2018
1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/04/2018
3C. Dedicated Plus	09/04/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6C. Rental Assistance	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/04/2018
Submission Without Changes	09/04/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

The information contained in this Directory is derived from reports submitted to the publishers by the ecclesiastical authorities of the countries concerned, and neither the publishers nor the ecclesiastical authorities assume responsibility for any errors or omissions.

P.J. KENEDY & SONS
Publishers of the Holy Apostolic See

For inquiries call: 908-673-1000, or write:
430 Mountain Avenue, Suite 400, New Providence, NJ 07974
To place an order call: 1-800-473-7020

St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St, 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League.; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Riderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzebinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-825-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonssj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-8585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@nicecchurch.org. Web: www.nicecchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-8064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshafer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Opers. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.

Marian House

Women moving from dependence to independence

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: Marian House – Cash Match Letter
Permanent Housing Project – MD0051
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Marian House's renewal application for its' Continuum of Care Program grant for Permanent Housing Project.

Please let this letter serve as our commitment to provide cash match in the amount of **$19,316** for supportive services. This cash match will be available for the grant period 9/1/18-8/31/19.

This cash match will be used to provide salary and benefits totaling $19,316:
Tierra Clark, Case Manager ($12,860); Katie Allston, Executive Director ($6,456).

Thank you for your continued support of this project.

Sincerely,

Katie Allston

Katie Allston, LCSW-C
Executive Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0058
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: St. Ambrose Housing Aid Center PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$441,589.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: St. Ambrose Housing Aid Center PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $441,589

Organization	Type	Type	Sub-Award Amount
St. Ambrose Housing Aid Center	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$441,589

2A. Project Subrecipients Detail

a. Organization Name: St. Ambrose Housing Aid Center

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

c. Employer or Tax Identification Number: 52-1729460

	*** d. Organizational DUNS:**	089010987	**PLUS 4**	

e. Physical Address

Street 1: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

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: $441,589

j. Contact Person

Prefix: Ms.

First Name: Leah

Middle Name:

Last Name: Mason-Grant

Suffix:	
Title:	Senior Manager
E-mail Address:	leahg@stambros.org
Confirm E-mail Address:	leahg@stambros.org
Phone Number:	410-366-8550
Extension:	
Fax Number:	410-366-8795

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: MD0058

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: St. Ambrose Housing Aid Center PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

St. Ambrose Permanent Housing Program provides permanent housing and Supportive Services to 19 formerally chronic homeless families and individuals. These individuals are affected by chronic mental illness, substance abuse, HIV/AIDS, physical disability and domestic violence. St. Ambrose Permanent Housing Program uses a home based approach with with the intention of moving toward self sufficiency through life skills training, employability skills and connections to community resources. Low income Clients in need of financial stability or independence are assisted to acquire all available benefits.

2. Does your project have a specific population focus? No

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X

None of the above	☐

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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		Non-Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Subrecipient	As needed
Life Skills Training		Subrecipient	Monthly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	Weekly
Transportation		Non-Partner	As needed
Utility Deposits		Non-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? No

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: 19

Total Beds: 51

Total Dedicated CH Beds: 51

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	19	51

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 19

b. Beds: 51

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 51

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: 321 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	13	6	0	19

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	12	4		16
Adults ages 18-24	5	2		7
Accompanied Children under age 18	28		0	28
Unaccompanied Children under age 18			0	0
Total Persons	45	6	0	51

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				6	3	11	5	2	1	
Adults ages 18-24						1				4
Children under age 18						1				27
Total Persons	0	0	0	6	3	13	5	2	1	31

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	0		0	3	2	4	0	3	0	0
Adults ages 18-24		0	0	1	0	0	0	0	0	1
Total Persons	0	0	0	4	2	4	0	3	0	1

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	0

Describe the unlisted subpopulations referred to above:

Adult child of head of household

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$342,024
Total Units:	19

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	19	$342,024

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom		x	$1,097	$1,097	x		=	$0
2 Bedrooms	13	x	$1,376	$1,376	x		=	$214,656
3 Bedrooms	6	x	$1,769	$1,769	x		=	$127,368
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	19							$342,024
Grant Term								1 Year
Total Request for Grant Term								$342,024

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:	$110,397
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$110,397

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The program generates income through the client portion of the monthly rent subsidy for the S+C programs.

1b. Estimate the amount of program income that will be used as Match for this project: $110,397

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	St Ambrose Housin...	09/18/2018	$110,397

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: (Be as specific as possible and include the office or grant program as applicable)	St Ambrose Housing Aid Center
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$110,397

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$342,024
3. Supportive Services	$61,221
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$403,245
7. Admin (Up to 10%)	$38,344
8. Total Assistance plus Admin Requested	$441,589
9. Cash Match	$110,397
10. In-Kind Match	$0
11. Total Match	$110,397
12. Total Budget	$551,986

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	St Ambrose 501c3	11/05/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: St Ambrose 501c3

Attachment Details

Document Description: St. Ambrose Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/04/2018
1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/04/2018
3C. Dedicated Plus	09/04/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	09/04/2018
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6C. Rental Assistance	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/04/2018
Submission Without Changes	09/04/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0060
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Marian House TAMAR 2 PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 03/01/2019

b. End Date: 02/28/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$94,319.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House TAMAR 2 PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/05/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $94,319

Organization	Type	Type	Sub-Award Amount
Marian House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$94,319

2A. Project Subrecipients Detail

a. Organization Name: Marian House

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $94,319

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:	
Title:	Executive Director
E-mail Address:	kallston@marianhouse.org
Confirm E-mail Address:	kallston@marianhouse.org
Phone Number:	410-467-4121
Extension:	229
Fax Number:	410-467-6709

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: MD0060

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House TAMAR 2 PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The TAMAR PROJECT (Trauma, Addictions, Mental Health and Recovery) was designed to primarily assist female ex-offenders who are homeless and traumatized by domestic violence, physical or sexual abuse and/or women who gave birth while incarcerated. All clients will be encouraged to engage in job readiness programs and trainings to develop and build skills through Marian House and its various partners. All clients will work to increase income through obtaining employment, or improvement of employment opportunities will be a goal for all clients who have the physical and mental capacity for work. Those unable to work will be assisted in accessing appropriate resources in the community.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-monthly
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	Monthly
Transportation		Non-Partner	Monthly
Utility Deposits		Non-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: 24

Total Beds: 64

Total Dedicated CH Beds: 64

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	24	64

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: 24

b. Beds: 64

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 64

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	14	10	0	24

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	14	10		24
Adults ages 18-24	2	0		2
Accompanied Children under age 18	38		0	38
Unaccompanied Children under age 18			0	0
Total Persons	54	10	0	64

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	1	10	1	8	14	1	0	0
Adults ages 18-24		0		0		0	0		0	2
Children under age 18					0	0	0	0	0	38
Total Persons	0	0	1	10	1	8	14	1	0	40

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			0	8	1	5	10	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	8	1	5	10	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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulations refers to non-disabled children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

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:	$24,888
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$24,888

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	Marian House	07/31/2018	$24,888

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$24,888

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$81,413
4. Operating	$6,812
5. HMIS	$0
6. Sub-total Costs Requested	$88,225
7. Admin (Up to 10%)	$6,094
8. Total Assistance plus Admin Requested	$94,319
9. Cash Match	$24,888
10. In-Kind Match	$0
11. Total Match	$24,888
12. Total Budget	$119,207

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/04/2015
2) Other Attachmenbt	No	Marian House - TA...	09/21/2017
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description: Marian House - TAMAR 2 PHP Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2018

1E. SF-424 Compliance	09/05/2018
1F. SF-424 Declaration	09/05/2018
1G. HUD-2880	09/05/2018
1H. HUD-50070	09/05/2018
1I. Cert. Lobbying	09/05/2018
1J. SF-LLL	09/05/2018
Recipient Performance	09/05/2018
Renewal Grant Consolidation	09/05/2018
2A. Subrecipients	09/05/2018
3A. Project Detail	09/05/2018
3B. Description	09/05/2018
3C. Dedicated Plus	09/05/2018
4A. Services	09/05/2018
4B. Housing Type	09/05/2018
5A. Households	09/05/2018
5B. Subpopulations	09/05/2018
5C. Outreach	09/05/2018
6A. Funding Request	09/05/2018
6D. Match	09/05/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018
7B. Certification	09/05/2018
Submission Without Changes	09/05/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St, 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League.; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Riderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzebinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-825-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonssj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-8585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@nicecchurch.org. Web: www.nicecchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-8064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshafer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Opers. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.

Marian House

Women moving from dependence to independence

September 28, 2017

Terry Hickey
Director
Mayor's Office of Human Services
Homeless Services Program
7 E. Redwood Street, 5th fl.
Baltimore, Maryland 21202

RE: Marian House – Cash Match Letter
TAMAR 2 Permanent Housing Project – MD0060
Fiscal Year 2017

Dear Mr. Hickey,

I am writing to you regarding Marian House's renewal application for its' Continuum of Care Program grant for TAMAR 2 Permanent Housing Project.

Please let this letter serve as our commitment to provide cash match in the amount of **$24,616** for supportive services. This cash match will be available for the grant period 3/1/18-2/28/19.

This cash match will be used to provide salary and benefits totaling $24,616:
LaShondia Griffin, Bookkeeper ($11,125); Phyllis Ham, Director of Permanent Housing ($5,111); Domenika Ringgold, Case Manager ($8,380).

Thank you for your continued support of this project.

Sincerely,

Katie Allston

Katie Allston, LCSW-C
Executive Director

949 Gorsuch Avenue / Baltimore, Maryland 21218-3602 / TEL 410-467-4121 / FAX 410-467-6709 / marianhouse.org

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0061
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant:	C. City or Township Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Project BELIEVE PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$117,546.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project BELIEVE PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $113,720

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status		$113,720

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-0597056

	*** d. Organizational DUNS:**	074929530	**PLUS 4**	

e. Physical Address

Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $113,720

j. Contact Person

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Kurlanski

Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Confirm E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MD0061

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Project BELIEVE PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Project Believe is a permanent supportive housing program that serves 60 single adults (men and women) and eight families who are chronically homeless and have one or more disabilities. Project Believe is a Housing First, no barrier program that accepts clients directly through the Baltimore City Coordinated Access system. By providing housing immediately, coupled with a supportive services model that focuses on relationship building and assertive engagement in services, Project Believe reduces the amount of time individuals are homeless, helps them maintain their housing long term, and improve their health and well-being. Clients access mental health, substance abuse and health services; however, use of these services are not a condition for receiving or maintaining housing. Our intensive case management approach includes an Intake and Engagement Case Manager is responsible for engaging clients on housing through an intake, and a administering a structured assessment, working with clients to remove housing barriers and linking clients to permanent housing.

Project Believe Case Managers meet with clients to develop an Independent Service Plan (ISP) that helps them identify resources, coordinate services, and support efforts to increase income and maximize independent living. Project Believe clients experience mental health, substance abuse, and/or health challenges, and are supported with access to providers of their choosing across Baltimore City. Project Believe partners with Health Care for the Homeless (HCH) Interdisciplinary Care Team to encourage and ensure that all participants in need of mental health, substance abuse services and/or health have received these services. The partnership between Project Believe and HCH, ensures that all clients who need and want evaluation and treatment for their challenges have coordinated care and seamless access to services, in home and in the community. Project Believe has established relations with more than 25 landlords who offer scattered site housing in stable communities that meet HUD standards for rental assistance. Project Believe ensures that the apartments to be leased by clients are located in stable neighborhoods that contain a mix of community amenities. Project Believe also works with clients to identify community resources for food, clothing, and utility assistance, and offers ongoing guidance and support for community integration before, during, and after client placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	

Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

4A. Supportive Services for Participants

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		Non-Partner	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Non-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? No

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

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

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: 68

Total Beds: 112

Total Dedicated CH Beds: 112

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	68	112

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: 68

b. Beds: 112

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 112

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: 400 S. Bond Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21231

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

240066 Baltimore

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	21	47	0	68

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	20	47		67
Adults ages 18-24	8	0		8
Accompanied Children under age 18	37		0	37
Unaccompanied Children under age 18			0	0
Total Persons	65	47	0	112

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	1	0	0	20	3	20	3	2	0	0
Adults ages 18-24		0		8	3	5		2	0	0
Children under age 18	0				0	0	0	0	0	37
Total Persons	1	0	0	28	6	25	3	4	0	37

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	11	2	0	47	7	47	2	10	2	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	11	2	0	47	7	47	2	10	2	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	0

Describe the unlisted subpopulations referred to above:

The "Persons not represented by listed subpopulations" include non-disabled children in households with at least one adult.

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

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:	$23,757
Total Value of In-Kind Commitments:	$5,630
Total Value of All Commitments:	$29,387

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Cash	Private	Saint Vincent de ...	02/01/2019	$14,292
Yes	In-Kind	Private	Saint Vincent de ...	02/01/2019	$5,630
Yes	Cash	Government	MOHS - General Funds	02/01/2019	$9,465

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: (Be as specific as possible and include the office or grant program as applicable)	Saint Vincent de Paul
5. Date of Written Commitment:	02/01/2019
6. Value of Written Commitment:	$14,292

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: (Be as specific as possible and include the office or grant program as applicable)	Saint Vincent de Paul
5. Date of Written Commitment:	02/01/2019
6. Value of Written Commitment:	$5,630

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:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	MOHS - General Funds
5. Date of Written Commitment:	02/01/2019
6. Value of Written Commitment:	$9,465

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$109,893
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$109,893
7. Admin (Up to 10%)	$7,653
8. Total Assistance plus Admin Requested	$117,546
9. Cash Match	$23,757
10. In-Kind Match	$5,630
11. Total Match	$29,387
12. Total Budget	$146,933

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	09/04/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

• Changed the Subrecipient organization.
• Revised the Project Description.
• Updated Housing Services and Type.
• Changed project to 100% Dedicated.
• Revised supportive services.
• Outreach Participant percentage updated to reflect the CoC Coordinated Assessment data.
• Per the approved amended agreement, removed Operating Costs and added Supportive Services.
• Updated Match source(s).
• Updated Summary Budget, as amended.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

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

DEPARTMENT OF THE TREASURY

Date: SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0064
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Marian House TAMAR S+C

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$647,559.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Marian House TAMAR S+C 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/05/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $647,559

Organization	Type	Type	Sub-Award Amount
Marian House, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$647,559

2A. Project Subrecipients Detail

a. Organization Name: Marian House, Inc.

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

c. Employer or Tax Identification Number: 52-1243849

	*** d. Organizational DUNS:**	621494517	**PLUS 4**	

e. Physical Address

Street 1: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

g. Is the subrecipient a Faith-Based Organization? Yes

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: $647,559

j. Contact Person

Prefix: Ms.

First Name: Katie

Middle Name:

Last Name: Allston

Suffix:	
Title:	Executive Director
E-mail Address:	kallston@marianhouse.org
Confirm E-mail Address:	kallston@marianhouse.org
Phone Number:	410-467-4121
Extension:	229
Fax Number:	410-467-6709

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: MD0064

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Marian House TAMAR S+C

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The TAMAR PROJECT (Trauma, Addictions, Mental Health and Recovery) was designed to provide housing and supportive services primarily to assist female ex-offenders who are homeless and traumatized by physical or sexual abuse and/or women who gave birth while incarcerated. The MH TAMAR project currently serves female ex-offenders who have serious mental illness, co-occuring substance use disorders, and histories of trauma.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	Weekly
Employment Assistance and Job Training		Non-Partner	Weekly
Food		Non-Partner	As needed
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Monthly
Mental Health Services		Partner	Monthly
Outpatient Health Services		Partner	Monthly
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	Monthly
Transportation		Non-Partner	As needed
Utility Deposits		Non-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: 30

Total Beds: 90

Total Dedicated CH Beds: 90

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	30	90

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: 30

b. Beds: 90

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 90

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: 949 Gorsuch Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	28	0	0	28

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	28	0		28
Adults ages 18-24	2	0		2
Accompanied Children under age 18	60		0	60
Unaccompanied Children under age 18			0	0
Total Persons	90	0	0	90

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	18	2	19	10	1	0	0
Adults ages 18-24		0						1	0	1
Children under age 18	0			0	0	0	0	0	0	60
Total Persons	0	0	0	18	2	19	10	2	0	61

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										
Adults 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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation refer to non-disabled children

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

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:	$591,840
Total Units:	30

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	30	$591,840

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

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	$677	$638	x		=	$0
0 Bedroom		x	$903	$851	x		=	$0
1 Bedroom		x	$1,097	$1,033	x		=	$0
2 Bedrooms	10	x	$1,376	$1,308	x		=	$156,960
3 Bedrooms	10	x	$1,769	$1,765	x		=	$211,800
4 Bedrooms	10	x	$2,072	$1,859	x		=	$223,080
5 Bedrooms		x	$2,383	$2,224	x		=	$0
6 Bedrooms		x	$2,694	$2,514	x		=	$0
7 Bedrooms		x	$3,004	$2,804	x		=	$0
8 Bedrooms		x	$3,315	$3,094	x		=	$0
9 Bedrooms		x	$3,626	$3,385	x		=	$0
Total Units and Annual Assistance Requested	30							$591,840
Grant Term								1 Year
Total Request for Grant Term								$591,840

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:	$186,315
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$186,315

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The program generates income through the client portion of the monthly rent subsidy for the S+C programs.

1b. Estimate the amount of program income that will be used as Match for this project: $32,469

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Marian House	07/31/2018	$186,315

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: (Be as specific as possible and include the office or grant program as applicable)	Marian House
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$186,315

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$591,840
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$591,840
7. Admin (Up to 10%)	$55,719
8. Total Assistance plus Admin Requested	$647,559
9. Cash Match	$186,315
10. In-Kind Match	$0
11. Total Match	$186,315
12. Total Budget	$833,874

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Marian House 501c3	11/09/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Marian House 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6C. Updated rental assistance amount to match current FMR.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/05/2018
1E. SF-424 Compliance	09/05/2018
1F. SF-424 Declaration	09/05/2018
1G. HUD-2880	09/05/2018
1H. HUD-50070	09/05/2018
1I. Cert. Lobbying	09/05/2018
1J. SF-LLL	09/05/2018
Recipient Performance	09/05/2018
Renewal Grant Consolidation	09/05/2018
2A. Subrecipients	09/05/2018
3A. Project Detail	09/05/2018
3B. Description	09/05/2018
3C. Dedicated Plus	09/05/2018
4A. Services	09/05/2018
4B. Housing Type	09/05/2018
5A. Households	09/05/2018
5B. Subpopulations	09/05/2018
5C. Outreach	09/05/2018
6A. Funding Request	09/05/2018
6C. Rental Assistance	09/05/2018
6D. Match	09/05/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018
7B. Certification	09/05/2018
Submission Without Changes	09/05/2018

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 29, 2015

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2015, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2015*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2015* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

The Official Catholic Directory

for the Year of Our Lord

2015

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2015

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

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To place an order call: 1-800-473-7020

St. Joseph, Midland Cemetery Continuing Care Trust, 44 E. Main St., 21532. Tel: 301-689-6767; Fax: 301-689-6411. Rev. Edward S. Hendricks.

GLEN BURNIE. *The Church of the Good Shepherd Parish Endowment Trust*, 1451 Furnace Ave., 21060. Tel: 410-766-5070; Fax: 410-760-6738. Parish Center: 126 Dorsey Rd., 21061. Revs. C. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowment Trust*, 8028 Bradshaw Rd., 21087-1807. Tel: 410-592-7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health System, Inc.*, 1505 Marriottsville Rd., 21104. Tel: 410-442-3505; Fax: 410-442-3256. Web: www.bshsi.org. Donald G. Seitz, M.D., Chair & Bd. of Directors; Richard J. Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd., 21104. Tel: 410-442-3506; Fax: 410-442-3256. Web: www.bshsi.org.

PASADENA. *St. Jane Frances Educational Endowment Trust*, 8499 Virginia Ave., 21122. Tel: 410-255-4646; Fax: 410-437-5191. Email: postmaster@stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic Community Endowment Trust*, 915 Liberty Rd., 21784. Tel: 443-920-9191; Fax: 443-920-9192. Email: parishoffice@saintjoseph.cc. Web: www.stjosepheldersburg.org. Revs. Paul A. Reich, S.M., Assoc. Pastor; Neville O'Donohue, S.M., Pastor; David McGuigan, S.M., Assoc. Pastor; Deacons Karl Bayhi; Michael Dvorak; Vito Piazza Sr.

TOWSON. *The Immaculate Conception Elementary School Endowment Trust*, 200 Ware Ave., 21204. Tel: 410-427-4700; Fax: 410-427-4795. Email: info@theimmaculate.org. Web: www.theimmaculate.org. Rev. Joseph F. Barr.

Maryland Province of the Society of Jesus Aged and Infirm Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Formation Trust, 8600 LaSalle Rd., Ste. 620, 21286. Tel: 443-921-1319; Fax: 443-921-1313. Rev. Timothy J. Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport, School Endowment Trust*, 127 Church St., 21562. Tel: 301-359-3055; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Clergy & Religious in the United States, Inc.*, c/o NBCC, 320 Cathedral St., 21201. Tel: 770-251-5353, Ext. 202. Web: www.acccrus.org. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., 900 Caton Ave., SAHC Box 123, 21229. Tel: 410-368-3155; Fax: 410-368-3533. Web: www.stagnes.org/foundation-main.htm. Ms. Malinda B. Small, Pres.

Alhambra, International Order of (1904) Supreme Headquarters, 4200 Leeds Ave., 21229. Tel: 410-242-0660; Fax: 410-536-5729. Email: salaam@orderofalhambra.org. Web: www.OrderAlhambra.org. Roger J. Reid, Exec. Dir. Nonprofit organization dedicated to assisting the developmentally disabled.

Basilica of the Assumption Historic Trust, Inc., 409 Cathedral St., 21201. Tel: 410-727-3565; Fax: 410-539-0407. Web: www.baltimorebasilica.org. Bob Brown, Devel. Dir.; Kathy Wandishin, Devel. Exec.Asst.

Bon Secours Baltimore Development, Inc., 26 N. Fulton Ave., 21223. Tel: 410-362-3199; Fax: 410-362-3443. Email: george_kleb@bshsi.org.

Bon Secours Baltimore Health System Foundation, 2000 W Baltimore St, 21223. Tel: 410-362-3090; Fax: 410-362-3578. Julie Mercer, Vice Pres. Philanthropy & Fund Devel.

**Cardijn Associates, Inc.* (1994) 4513 Bayonne Ave., 21206. Tel: 410-488-7936. Ms. Nancy Lee Conrad, Sec.

Caroline Center (1996) 900 Somerset St., 21202. Tel: 410-563-1303; Fax: 410-563-1302. Email: carolinecenter@caroline-center.org. Web: Caroline-Center.org. Sr. Patricia McLaughlin, S.S.N.D., Exec. Dir.

The Caroline Freiss Center, Inc., Employment training education for low income women. Total Assisted Annually 180; Total Staff 20.

Cathedral Library, 5200 N. Charles St., 21210. Tel: 410-464-4041. Laura M. Perry, Dir. Staffed by the Catholic Evidence League.; Maintain a lending library open to anyone in the archdiocese on Monday from 10:00 AM-2:00 PM & Sunday from 9:30 AM-1:00 PM. Total Staff 7.

Catholic Alumni Club of Baltimore (1961) 4132 E. Joppa Rd., Ste. 11, P.O. Box 837, Perry Hall, 21236. Tel: 410-698-3889. Email: info@cacbaltimore.org. Web: www.cacbaltimore.org.

Catholic Evidence League of Baltimore (1922) c/o Cathedral of Mary Our Queen, 5200 N. Charles St., 21210. Tel: 410-464-4000. Ms. Donna R. Wilson, Pres. The object of this association is to increase in its members' knowledge of the history, teaching, and laws of the Catholic Church, and to make more effective an application of these teachings to their lives and to the general life of the community. Meeting on First Fridays from October through May at the Cathedral of Mary Our Queen for Rosary, Mass, Luncheon, and Speaker.

Catholic Relief Services - United States Conference of Catholic Bishops, 228 W. Lexington St., 21201. Tel: 410-625-2220; Fax: 410-234-2986. Web: www.crs.org. Dr. Carolyn Y. Woo, Pres. For a more detailed explanation of this organization, please consult the A-pages located in the front of the Directory.

Catholic Relief Services Foundation, Inc., 228 W. Lexington St., 21201. Tel: 410-951-7546; Fax: 443-825-3886. Rev. Robert Twele Esq., O.F.M.Conv., Sec.

Catholic War Veterans USA, Inc., 9511-P Kingscroft Ter., Perry Hall, 21128. Tel: 410-299-7283. Email: cwvmd@yahoo.com. Web: www.cwvmd.org. Gilbert T. Barker, Dept. Commander; Rev. Coman Timoney, Post Chap.

Christ Child Society of Baltimore, Inc., P.O. Box 584, Riderwood, 21139. Tel: 410-812-0620; Fax: 410-339-3477. Cathleen White, Pres.

Christian Life Community Regional Information Center (1967) 615 Rest Ave., Catonsville, 21228. Tel: 410-465-1312; Fax: 410-646-6541. Email: cazieba@yahoo.com. Web: www.clc-usa.org. Carol A. Zieba, Regional Chm.; Al Yarzebinsky, Treas. CLC is a lay organization that forms and sustains men and women, adults and youth, who commit themselves to the church and its mission in the world and feel the urgent need to unite their human life in all its dimensions with the fullness of their Christian faith and to work for social justice. Members come together in community to share their experience of Ignatian spirituality and mission.

Cristo Rey Corporate Internship Program, Inc., 420 S. Chester St., 21231. Tel: 410-727-3255; Fax: 443-573-9898. Rev. John W. Swope, S.J., Pres.; Janet Shock, Dir.; Leigh Profit, Dir. Finance. Priests 1; Staff 5.

Esperanza Center Health Services Inc., 320 Cathedral St., 21201. Tel: 443-825-3450; Fax: 443-573-6100. Mr. William J. McCarthy Jr., Dir.

Food for Thought, Inc., 1625 E. Baltimore, 21231. Tel: 410-563-0081; Fax: 410-327-1345. Email: srmaryannh@aol.com. Sr. Mary Ann Hartnett, S.S.N.D., Dir. Tutorial program for children & adult literacy.

Friends of Ijebu-Ode Diocese, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: nelsonssj@hotmail.com. Very Rev. Nelson A. Moreira, S.S.J., Sec.-Treas.

**G S Properties, Inc.*, 5601 Loch Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998. Web: www.medstarhealth.org.

Holy Name Society (Union) (1911) 212 Elinor Ave., 21236. Tel: 410-661-3170. Rev. Michael W. Carrion, Spritual Dir., 8501 Lock Raven Blvd., Towson, 21286-2313. Tel: 410-668-7935, Ext. 203; Carroll W. Pupa, Pres., 212 Elinor Ave., 21236. Tel: 410-262-7955. Purpose: Support Right to Life, Anti-Pornography, High School Scholarship Grants, Canonization of Blessed John of Vercelli, Support the Archbishop's discernment supper fund and works of charity.

Ignatian Volunteer Corps, 801 St. Paul St., 21202. Tel: 410-752-4686; Fax: 410-752-8480. Email: info@ivcusa.org. Web: www.ivcusa.org. Ms. Mary C. McGinnity, Exec. Dir.; Rev. James R. Conroy, S.J., Founder; Thomas Ulrich, Dir., Prog. Operations & Regl. Devel.

Inter Parish Loan Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233. William J. Baird III, Sec.

Legion of Mary, 313 Streett Cir., Forest Hill, 21050. Tel: 703-408-5779. Dianne Van Pelt, Pres. Baltimore Comitium, governing body for the Legion of Mary in the Baltimore Archdiocese.

Marian House, Inc., 949 Gorsuch Ave., 21218. Tel: 410-467-4121; Fax: 410-467-6709. Web: www.marianhouse.org. Katie Allston, LCSW-C, Exec. Dir.

Mission Helper Productions, Inc., 1001 W. Joppa Rd., 21204-3787. Tel: 410-823-8585, Ext. 241; Fax: 410-296-4050. Email: aguinan@missionhelpers.org. Web: missionhelperproductions.org. Sisters Anne Guinan, M.H.S.H., Dir.; Caritas Kennedy, R.S.M., Assoc. Dir. A video production studio which provides full service professional work at nonprofit rates for independent producers and nonprofit socially concerned groups or individuals.

Mother Seton House on Paca Street, Inc., 600 N. Paca St., 21201. Tel: 410-728-6464; Fax: 410-669-8140. Web: www.stmaryspacast.org. Rev. John C. Kemper, S.S., M.Div., M.A., D.Min., Dir. The Mother Seton House on Paca Street is part of the St. Mary's Spiritual Center and Historic Site. The federal style house served as home (1808) and school for St. Elizabeth Ann Seton, America's first native-born canonized saint. Also on the site is the Historic Seminary Chapel that served the needs of our nation's first Roman Catholic Seminary (1791). The Historic Site is owned and operated by the Society of St. Sulpice, Province of the US. The site is open Monday-Friday from 12 noon to 3:30 pm and Saturday-Sunday from 1-3 pm. Entrance to the site is free, with off street parking.

The Mount Saint Agnes Theological Center for Women, Inc., 909 Poplar Hill Rd., 21210. Tel: 410-435-7500; Fax: 410-435-9522. Email: wisdom@mountsaintagnes.org. Web: www.mountsaintagnes.org. Sr. Mary Aquin O'Neill, R.S.M., Ph.D., Dir.; Sarah Holby, Administrative Asst. Total Staff 2.

**Murphy Initiative for Justice and Peace*, 1001 W. Joppa Rd., 21204. Tel: 410-823-8585, Ext. 244. Rosemary Thompson, Exec. Dir.

My Sister's Place Women's Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Nigeria-Igbo Catholic Community, P.O. Box 66027, 21239. Tel: 443-910-3647. Email: office@nicecchurch.org. Web: www.nicecchurch.org. Dr. Clement Anyadike, Chm. Tel: 443-910-3647; Iyke Okwesili, Vice Chm. Tel: 202-250-0889; Felix Opara, Sec.; Rev. Anthony Abiamiri. Purpose: to provide an environment for all Igbos in the Baltimore Metropolitan area to worship in their native language.

Our Daily Bread Employment Center Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Pallottine Charitable, Educational and Apostolic Ministry Trust, 512 W. Saratoga St., 21201. Tel: 410-685-8064.

Radio Mass of Baltimore, Inc., St. Ignatius Church, 740 N. Calvert St., 21202. Tel: 410-539-7812; Fax: 410-837-8883. Rev. James A. Casciotti, S.J., Dir.; Mrs. Carolyn Dunne, Admin. Mass is broadcast every Sunday morning from St. Ignatius Church at 9:00 A.M., WBAL, 1090 AM Radio Dial.

Reparation Society of the Immaculate Heart of Mary, Inc. (1946) Fatima House, 7920 Beverly Ave., 21234. Tel: 410-665-1199. Rev. Casimir M. Peterson, S.T.L., J.C.D., Pres. & Spiritual Dir. (Retired). Purpose: To promote prayer and penance in reparation to the Immaculate Heart of Mary in accordance with the message of Fatima. Volunteers 2; Total in Residence 1.

Sarah's House Fund, Inc., 320 Cathedral St., 21201. Tel: 410-547-5469. Email: bmccarth@cc-md.org. Mr. William J. McCarthy Jr., Exec. Dir.

Serra Foundation, 320 Cathedral St., 21201. Tel: 410-547-5426; Fax: 410-234-2953. Web: www.becomeapriest.org. Rev. Michael DeAscanis, Vocations Dir.; John Jordan, Treas. Tel: 410-561-7572.

Society of St. Sulpice Foundation US, Inc., 5408 Roland Ave., 21210. Tel: 410-323-5070; Fax: 410-433-6524. Very Rev. Thomas R. Ulshafer, S.S., S.T.L., Ph.D., Pres. & Contact Person.

Stella Maris Seafarers' Center, 320 Cathedral St., 21201. Tel: 443-845-7227; Fax: 410-288-5504. Email: aosbalt@gmail.com. Web: www.aosbalt.org. Rev. Msgr. John L. FitzGerald, Dir.; Andrew Middleton, Dir. Opers. Christian hospitality services in the Catholic tradition with spiritual, temporal, and emotional support for seafarers and their families. Also, transportation to and from ships for their crew members to the local Stella Maris Seafarers' Center and the city.

St. Thomas More Society of Maryland Inc., 31 E. Lee St., Bel Air, 21014. Tel: 443-602-3939. Wilson K. Barnes III, Pres. The local branch of the St. Thomas More Society.

**The Thomas O'Neill Catholic Health Care Fund, Inc.*, 5601 Lock Raven Blvd., 21239. Tel: 410-772-6719; Fax: 410-772-6998.

Union of Catholic Apostolate USA, Inc., 512 W. Saratoga St., 21201. Tel: 302-956-0039; Fax: 410-244-5728. Email: usncc@sacapostles.org. Robert H. Gay, Pres.

ANNAPOLIS. *Christ Child Society of Annapolis*, P.O. Box 1801, 21404. Tel: 410-271-3392. Patricia Margerum, Pres.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0065
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Project PLASE Rental Assistance Program

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,725,140.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project PLASE Rental Assistance Program 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured due to grant being funded at the full FMR and the total units leased did not exceed the awarded amount.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $1,725,140

Organization	Type	Type	Sub-Award Amount
Project PLASE, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$1,725,140

2A. Project Subrecipients Detail

a. Organization Name: Project PLASE, Inc.

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

c. Employer or Tax Identification Number: 23-7367331

	*** d. Organizational DUNS:**	082610916	**PLUS 4**	

e. Physical Address

Street 1: 3549-3601 Old Frederick Road

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21229

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,725,140

j. Contact Person

Prefix: Ms.

First Name: Mary

Middle Name: C.

Last Name: Slicher

Suffix:	
Title:	Executive Director
E-mail Address:	mslicher@projectplase.org
Confirm E-mail Address:	mslicher@projectplase.org
Phone Number:	410-837-1400
Extension:	111
Fax Number:	410-837-6130

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: MD0065

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Project PLASE Rental Assistance 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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

This program makes market rate housing available to homeless citizens whose income is extremely low at entry. We currently are administering 112 scattered site units—both one bedroom and family units of varying sizes. In the previous year (last APR), we housed and supported 112 households, totaling 213 persons.

The Rental Assistance Program is coupled with PLASE's Permanent Housing Support Services. Case Managers reach out to persons in their homes and serve residents by addressing issues of stability in housing and functioning. Case management plans are created and focused on any issue potentially effecting housing stability and functioning. These represent priority issues and guide the collaborative work with and for the residents.

Individual residents and heads of households all have histories affected by chronic mental illness (CMI), chronic substance abuse (CSA) and are persons living with HIV/AIDS. Many have other physical or other health issues as well.

Over 73% have come to PLASE from temporary housing services and/or abandoned houses, parks, cars, etc. Over 90% of the HOHs also have dual, triple, or quadruple diagnoses of disability, and various levels of drug use. Our experience, both in providing emergency, transitional, long-term and permanent housing in our 42 year history, has confirmed the need for a supportive environment encouraging opportunities for connections, affiliation and care, the ability to realize skills and gifts, to rebuild self-esteem and lives that leads to and maintain permanent housing and community participation. As stated above, our Rental Assistance Program participants are actively involved in efforts to achieve self-sufficiency including addressing individualized goals. Some of these include: being a good parent, finding stability in health and relationships, and being a good tenant, following health regimes, adding to "clean time" for substance use, etc. and more.
This request is made on behalf of homeless individuals and families for the renewal of these rental and utility subsidies.

As of March 2016, PLASEs CoC Rental Assistance housing program assisted 112 households. There are 63 persons aged 17 or younger, 47 persons ages 18-34, 63 persons ages 35-54 and 40 persons aged 55 years or older. Many of our residents successfully re-established themselves with their families, after entering this housing program, representing one key measure of success.

These housing units are at scattered site locations in neighborhoods throughout Baltimore City. Housing stability continues to be very high (97%) in this supportive affordable rental program, as it normally is year after year.

PLASE continues to work very actively with community resources and partners to serves these residents.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
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		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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

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: 103

Total Beds: 195

Total Dedicated CH Beds: 53

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	103	195

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: 103

b. Beds: 195

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 53

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: 3549 - 3601 Old Frederick Road

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21229

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

240066 Baltimore

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	32	71	0	103

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	34	85		119
Adults ages 18-24	17	21		38
Accompanied Children under age 18	65		0	65
Unaccompanied Children under age 18			0	0
Total Persons	116	106	0	222

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	12	0	2	25	8	21	4	12		
Adults ages 18-24		0							0	17
Children under age 18	0				0	0	0		0	65
Total Persons	12	0	2	25	8	21	4	12	0	82

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	25	3	3	54	29	49	1	23	1	
Adults ages 18-24		0	0			0	0	0	0	21
Total Persons	25	3	3	54	29	49	1	23	1	21

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	0

Describe the unlisted subpopulations referred to above:

Those reflected in "Persons not represented by listed subpopulations" represent non-disabled adult children and/or spouses in "Persons in Households with at Least One Adult and One Child"

Those reflected in "Persons not represented by listed subpopulations" represent non-disabled spouses/significant others in "Persons in Households without Children"

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

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:	$1,624,056
Total Units:	103

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	103	$1,624,056

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	59	x	$1,097	$1,097	x		=	$776,676
2 Bedrooms	23	x	$1,376	$1,376	x		=	$379,776
3 Bedrooms	15	x	$1,769	$1,769	x		=	$318,420
4 Bedrooms	6	x	$2,072	$2,072	x		=	$149,184
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	103							$1,624,056
Grant Term								1 Year
Total Request for Grant Term								$1,624,056

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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 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:	$0
Total Value of In-Kind Commitments:	$431,285
Total Value of All Commitments:	$431,285

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Project PLASE, In...	09/18/2018	$431,285

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: (Be as specific as possible and include the office or grant program as applicable)	Project PLASE, Inc. - Support Services for Veteran Families
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$431,285

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$1,624,056
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,624,056
7. Admin (Up to 10%)	$101,084
8. Total Assistance plus Admin Requested	$1,725,140
9. Cash Match	$0
10. In-Kind Match	$431,285
11. Total Match	$431,285
12. Total Budget	$2,156,425

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Project PLASE 501...	11/16/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Project PLASE 501(c)(3)

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	☐
6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes due to updates for the coming project year.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: September 17, 2002

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
23-7367331

Project Plase, Inc.
1814 Maryland Avenue
Baltimore, MD 21201-5806

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1974 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Project Plase, Inc.
23-7367331

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

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

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0068
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Project PLASE - Scattered Site PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$241,106.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project PLASE - Scattered Site PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $241,106

Organization	Type	Type	Sub-Award Amount
Project PLASE, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$241,106

2A. Project Subrecipients Detail

a. Organization Name: Project PLASE, Inc.

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

c. Employer or Tax Identification Number: 23-7367331

	*** d. Organizational DUNS:**	082610916	**PLUS 4**	

e. Physical Address

Street 1: 3549-3601 Old Frederick Road

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21229

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $241,106

j. Contact Person

Prefix: Ms.

First Name: Mary

Middle Name: Clare

Last Name: Slicher

Suffix:	
Title:	Executive Director
E-mail Address:	mslicher@projectplase.org
Confirm E-mail Address:	mslicher@projectplase.org
Phone Number:	410-837-1400
Extension:	111
Fax Number:	410-837-6130

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: MD0068

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Project PLASE - Scattered Site PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

PLASE's Permanent Housing Program supports previously homeless individuals and families to maintain permanent housing. The goal of this program is the retention of housing for these families and individuals with disabilities. Case managers are able to provide flexible support and assistance, linkages to services, mentoring, care, daily living skills and more. The housing where persons are living includes apartments, single room occupancies and houses in diverse Baltimore city neighborhood-based locations. These also include subsidized (i.e. CoC Rental subsidies/S+C, Section 8, public housing and HOPWA) and non-subsidized apartments/houses, supervised and supportive housing, family settings, etc.

The population served includes previously homeless persons all with HIV+/AIDS, mental health, chemical dependencies and/or multi-level diagnoses, and serious physical health needs. Some come with very serious physical health needs. Last year 65%, were previously chronically homeless. PLASE uses the Housing First approach in this program, bringing case management and other services to the resident(s) after occupancy has occurred.

The support provided addresses the needs identified from client interviews and assessments. With the client, individually-determined treatment and case-management plan is developed:
• Supporting persons in achieving/maintaining housing stability;
• Accessing all appropriate community resources and services;
• Increasing community connections to meet social, emotional, and psychological needs;
• Providing assistance in accessing benefits and income;
• Providing daily living skills training and support;
• Access to key treatment as necessary;
• Providing training, education, employment and vocational rehabilitation, as appropriate;
• PLASE's various socialization programs and activities.

The frequency of counseling and contacts varies from individual to individual, but is typically weekly or bi-weekly. Supportive services will be provided primarily in the homes of the residents. Residents will also visit their counselors at the PLASE offices. On some occasions, counselors will meet with their clients in the offices of other key providers (e.g. mental-health services

providers, health clinics, etc.). We provide bus tokens so that clients can reach appointments, and help with disability and mobility passes.

PLASE provides a comprehensive continuum of housing to homeless citizens, confronting many issues, requiring a well-coordinated plan to maximum self-sufficiency and stability in maintaining permanent housing. Clients' self-sufficiency is fostered by PLASE's Case Managers who both educate and advocate with clients re: their concerns and rights. Awareness and educating residents on their rights, help access needed resources, vocational resources, employment, managing a household, budgeting, socialization, hygiene, mental health, being a good parent, and more --etc.—all crucial priority areas to our clients.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X

None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-monthly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-monthly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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

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: 91

Total Beds: 200

Total Dedicated CH Beds: 58

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	91	200

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: 91

b. Beds: 200

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 58

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: 3549-3601 Old Frederick Road

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21229

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

240066 Baltimore

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	26	65		91

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	26	73		99
Adults ages 18-24	12	12		24
Accompanied Children under age 18	55		0	55
Unaccompanied Children under age 18			0	0
Total Persons	93	85	0	178

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	1	19	1	18	2	7	2	0
Adults ages 18-24		0		4		1		1		8
Children under age 18	0				0	0	0	0	0	55
Total Persons	0	0	1	23	1	19	2	8	2	63

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	46	5	10	50	3	56	3	21	3	9
Adults ages 18-24		0	0	1	0	0	0	0	0	11
Total Persons	46	5	10	51	3	56	3	21	3	20

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	0

Describe the unlisted subpopulations referred to above:

The persons listed under "Persons not represented by listed subpopulations" represent adults and children without disabilities in households without without children.

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

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 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:	$0
Total Value of In-Kind Commitments:	$60,277
Total Value of All Commitments:	$60,277

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	UWCM - United Way...	09/18/2018	$60,277

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: (Be as specific as possible and include the office or grant program as applicable)	UWCM - United Way Family Stability Shelter Diversion Prog
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$60,277

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$219,399
4. Operating	$5,982
5. HMIS	$0
6. Sub-total Costs Requested	$225,381
7. Admin (Up to 10%)	$15,725
8. Total Assistance plus Admin Requested	$241,106
9. Cash Match	$0
10. In-Kind Match	$60,277
11. Total Match	$60,277
12. Total Budget	$301,383

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Project PLASE 501...	11/13/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Project PLASE 501(c)(3)

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	☐

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes to budget and corrections.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: September 17, 2002

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
23-7367331

Project Plase, Inc.
1814 Maryland Avenue
Baltimore, MD 21201-5806

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1974 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Project Plase, Inc.
23-7367331

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

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

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0069
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Project PLASE - Medically Fragile SRO

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$70,478.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project PLASE - Medically Fragile SRO 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $70,478

Organization	Type	Type	Sub-Award Amount
Project PLASE, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$70,478

2A. Project Subrecipients Detail

a. Organization Name: Project PLASE, Inc.

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

c. Employer or Tax Identification Number: 23-7367331

	*** d. Organizational DUNS:**	082610916	**PLUS 4**	

e. Physical Address

Street 1: 3549 - 3601 Old Frederick Road

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21229

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $70,478

j. Contact Person

Prefix: Ms.

First Name: Mary

Middle Name: Clare

Last Name: Slicher

Suffix:	
Title:	Executive Director
E-mail Address:	mslicher@projectplase.org
Confirm E-mail Address:	mslicher@projectplase.org
Phone Number:	410-837-1400
Extension:	111
Fax Number:	410-837-6130

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: MD0069

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Project PLASE - Medically Fragile SRO

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

This Permanent Housing program includes Single Room Occupancy Units for 10 homeless men and women who are living with HIV+ or AIDS, as well as mental health issues, chemical dependencies and additional somatic and serious physical health issues.

Project PLASE provides this housing and full supportive service to 10 individuals at any point in time. Services are provided on-site at the housing. This facility also is completely handicapped accessible. It accommodates 5 men and 5 women. Persons in these private and secure units have their own bedrooms, with communal kitchens and living areas, and two bathrooms on each floor but can choose to join together for meals. Each resident has their own security pass and separate entrance.

100% remained permanent housing at this or other community-based housing at the end of the year. 80% of the persons maintained or increased income during the year. 100% maintained or accessed mainstream benefits.

Funding requested will cover salaries of Permanent Case Managers/Outreach Case counselors, % of supervisor and counselor assistant. Their services are for the current residents, previous residents, as well as residents getting prepared for occupancy.

Supportive services to meet projected needs:
- Coordination of services that will help the resident maintain his or her residential stability.
Active case management onsite. Linkages with and support with use of resources, monitoring of appointments for medical, vocational, benefits, psychiatric and addiction treatment care, etc.
Assistance with benefits, insurance, income, any legal issues, etc;
-Development of an individualized case management plan with each resident.
--Regular review and assessment of the case management plan by resident and
Counselor;
--Assistance in finding employment and/or training;
Help with family reunification, as appropriate or possible;
Teaching, support and reinforcement of daily living skills, home management and community living;
-Behavior management where necessary;

-24-hour staff availability in case of crisis or emergency;
-Social and recreational events, trips, volunteer opportunities within the Community;
-Integration of volunteers and support services from the community, on site as well.

The goal is to maintain permanent housing, address needs around HIV and health and maintain stability, grow in skills and reach personal goals through utilization of appropriate community resources and our case management support. It is projected that at least 80% will reach these measures, each year. However, as stated above, we and our residents have met and exceeded these goals last year.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X

None of the above	☐

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	☐

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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

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: 10

Total Beds: 10

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	10	10

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 10

b. Beds: 10

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: 1814 Maryland Avenue

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21201

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

240066 Baltimore

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		10		10

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	10		10
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

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										
Adults 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	2		0	7	9	4	0	2	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	2	0	0	7	9	4	0	2	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
3%	**Directly from transitional housing.**
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

6D. Sources of Match

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 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:	$17,620
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$17,620

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	Project PLASE, Inc.	08/28/2018	$17,620

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: (Be as specific as possible and include the office or grant program as applicable)	Project PLASE, Inc.
5. Date of Written Commitment:	08/28/2018
6. Value of Written Commitment:	$17,620

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$70,478
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$70,478
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	$70,478
9. Cash Match	$17,620
10. In-Kind Match	$0
11. Total Match	$17,620
12. Total Budget	$88,098

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Project PLASE 501...	11/13/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Project PLASE 501(c)(3) letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	☐

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates for current year or changes to errors.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018

1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: September 17, 2002

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
23-7367331

Project Plase, Inc.
1814 Maryland Avenue
Baltimore, MD 21201-5806

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1974 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Project Plase, Inc.
23-7367331

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

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

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0077
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: SVdP Home Connections PHP

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 01/01/2020

b. End Date: 12/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$485,338.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SVdP Home Connections PHP 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The expired term grant incurred a remaining unspent balance of $38,796.58 in the Rental Assistance line item. After careful analysis of the expenditures for the grant, SVdP recognized that the fair market value of rental units were greater than the actual rentals less the client contributions. The average assistance per client was $9,537, where the grant allowed up to $10,752. Recognizing this difference, SVdP increased the number of clients served. Taking into consideration the additional clients, less those that exited the program during the year, the average census was only 28 clients a month. The grant can support 30-31 clients with the rental assistance dollars available. Although the project served more families than the budget required the project still came in under budget. With lessons learned during analysis of this project, future projections indicate the ability to expend all the grant funding by increasing the number of the clients served.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $464,263

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$464,263

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-0597056

	*** d. Organizational DUNS:**	074929530	**PLUS 4**	

e. Physical Address

Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $464,263

j. Contact Person

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Kurlanski

Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Confirm E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

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: MD0077

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: SVdP Home Connections PHP

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Home Connections is a permanent supportive housing program that serves 60 single adults (men and women) who are chronically homeless and have one or more disabilities, supported by three HUD CoC grants. Home Connections I (the subject of this application) serves 28 clients; Home Connections II serves 32 clients; and Home Connections III serves all clients enrolled in the program, the total of 60. Home Connections is a Housing First, no barrier program that accepts clients directly through the Baltimore City Coordinated Access system. By providing housing immediately, coupled with a supportive services model that focuses on relationship building and assertive engagement in services, Home Connections reduces the amount of time individuals are homeless, helps them maintain their housing long term, and improve their health and well-being. Clients access mental health, substance abuse and health services; however, use of these services are not a condition for receiving or maintaining housing. Our intensive case management approach includes an Intake and Engagement Case Manager is responsible for engaging clients on housing through an intake, and a administering a structured assessment, working with clients to remove housing barriers and linking clients to permanent housing. Home Connections Case Managers meet with clients to develop an Independent Service Plan (ISP) that helps them identify resources, coordinate services, and support efforts to increase income and maximize independent living. Home Connections' clients experience mental health, substance abuse, and/or health challenges, and are supported with access to providers of their choosing across Baltimore City. Home Connections partners with Health Care for the Homeless (HCH) Interdisciplinary Care Team to encourage and ensure that all participants in need of mental health, substance abuse services and/or health have receive these services. The partnership between Home Connections and HCH, ensures that all clients who need and want evaluation and treatment for their challenges have coordinated care and seamless access to services, in home and in the community. Home Connections has established relations with more than 25 landlords who offer scattered site housing in stable communities that meet HUD standards for rental assistance. Home Connections ensures that the apartments to be leased by clients are located in stable neighborhoods that contain a mix of community amenities. Home Connections also works with clients to identify community resources for food, clothing, and utility assistance, and offers ongoing guidance and support for community integration before, during, and after client placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation			
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: 28

Total Beds: 28

Total Dedicated CH Beds: 28

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	28	28

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: 28

b. Beds: 28

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 28

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: 400 S. Bond Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21231

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

240066 Baltimore

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	0	28	0	28

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	28		28
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	28	0	28

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										
Adults 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	24	4	0	22	3	22	0	10	2	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	24	4	0	22	3	22	0	10	2	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$368,592
Total Units:	28

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	28	$368,592

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	28	x	$1,097	$1,097	x		=	$368,592
2 Bedrooms		x	$1,376	$1,376	x		=	$0
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	28							$368,592
Grant Term								1 Year
Total Request for Grant Term								$368,592

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:	$63,980
Total Value of In-Kind Commitments:	$57,355
Total Value of All Commitments:	$121,335

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	St. Vincent de Paul	01/01/2020	$57,355
Yes	Cash	Private	St. Vincent de Paul	01/01/2020	$63,980

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	01/01/2020
6. Value of Written Commitment:	$57,355

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	01/01/2020
6. Value of Written Commitment:	$63,980

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$368,592
3. Supportive Services	$74,596
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$443,188
7. Admin (Up to 10%)	$42,150
8. Total Assistance plus Admin Requested	$485,338
9. Cash Match	$63,980
10. In-Kind Match	$57,355
11. Total Match	$121,335
12. Total Budget	$606,673

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	11/13/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

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

DEPARTMENT OF THE TREASURY

Date SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0085
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: WHC Scattered Site Housing S+C

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$926,423.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: WHC Scattered Site Housing S+C 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $898,065

Organization	Type	Type	Sub-Award Amount
Women's Housing Coalition, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$898,065

2A. Project Subrecipients Detail

a. Organization Name: Women's Housing Coalition, Inc.

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

c. Employer or Tax Identification Number: 52-1189812

	* d. Organizational DUNS:	940281512	PLUS 4	

e. Physical Address

Street 1: 119 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $898,065

j. Contact Person

Prefix: Ms.

First Name: Beth

Middle Name:

Last Name: Benner

Suffix:	
Title:	Executive Director
E-mail Address:	BBenner@WomensHousing.org
Confirm E-mail Address:	BBenner@WomensHousing.org
Phone Number:	410-235-5782
Extension:	102
Fax Number:	410-235-5782

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: MD0085

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: WHC Scattered Site Housing S+C

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Women's Housing Coalition is a permanent housing program that provides comprehensive support services through a combination of four buildings owned and managed by WHC and apartments scattered throughout Baltimore City. Both single women and women with children will be served by Women's Housing Coalition, in which all head of households have a diagnosed disability such as a chronic health condition, mental illness or addiction, and little to no income upon entry to our program. Supportive housing services include, but are not limited to, case management, life skills training, child care and transportation assistance, drug testing, financial literacy, well-being and nutrition, job readiness, computer skills training, and referrals are provided to a host of health, mental health, substance abuse counseling, education and employment resources existing in the Baltimore community.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Semi-annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Subrecipient	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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: 54

Total Beds: 61

Total Dedicated CH Beds: 61

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	22	22
Scattered-site apartments (...	---	32	39

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 22

b. Beds: 22

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22

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: 119 E. 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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: 32

b. Beds: 39

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 39

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: 119 East 25th Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	27	68	0	95

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	27	68		95
Adults ages 18-24	7	2		9
Accompanied Children under age 18	27		0	27
Unaccompanied Children under age 18			0	0
Total Persons	61	70	0	131

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	13	1	27	2	2	1	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	7
Children under age 18	0			0	0	3	0	2	21	1
Total Persons	0	0	0	13	1	30	2	4	22	8

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	3	0	0	26	5	55	10	8	2	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	2
Total Persons	3	0	0	26	5	55	10	8	2	2

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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation represents children under age 18 and adults ages 18-24 persons in households with at least one adult and one child and households without children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$623,412
Total Units:	54

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	MD - Baltimore-Columbia-Towson, MD MS...	54	$623,412

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	22	x	$677	$677	x		=	$178,728
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	25	x	$1,097	$1,097	x		=	$329,100
2 Bedrooms	7	x	$1,376	$1,376	x		=	$115,584
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	54							$623,412
Grant Term								1 Year
Total Request for Grant Term								$623,412

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:	$231,606
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$231,606

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

The project generates program income from the portion of the rent paid by the tenants.

1b. Estimate the amount of program income that will be used as Match for this project: $18,900

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Women's Housing C...	05/01/2019	$231,606

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: (Be as specific as possible and include the office or grant program as applicable)	Women's Housing Coalition
5. Date of Written Commitment:	05/01/2019
6. Value of Written Commitment:	$231,606

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$623,412
3. Supportive Services	$246,294
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$869,706
7. Admin (Up to 10%)	$56,717
8. Total Assistance plus Admin Requested	$926,423
9. Cash Match	$231,606
10. In-Kind Match	$0
11. Total Match	$231,606
12. Total Budget	$1,158,029

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WHC Nonprofit Doc...	11/11/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: WHC Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/13/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- Changed project to 100% Dedicated.
- Updated Total Dedicated CH Beds.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/13/2018
1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/05/2018
3C. Dedicated Plus	09/05/2018
4A. Services	09/04/2018
4B. Housing Type	09/05/2018
5A. Households	09/04/2018
5B. Subpopulations	09/04/2018
5C. Outreach	09/05/2018
6A. Funding Request	09/04/2018
6C. Rental Assistance	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7B. Certification	09/13/2018
Submission Without Changes	09/05/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248162362
Nov. 30, 2012 LTR 4168C E0
52-1189812 000000 00
00021002
BODC: TE

THE WOMENS HOUSING COALITION INC
119 EAST 25TH STREET
BALTIMORE MD 21218-5232

008101

Employer Identification Number: 52-1189812
Person to Contact: Mr. McQueen
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 20, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1980.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0249
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: SVdP Home Connections II - Samaritan Project

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$525,562.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SVdP Home Connections II - Samaritan Project 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $502,790

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$502,790

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore, Inc.

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

c. Employer or Tax Identification Number: 52-0597056

	*** d. Organizational DUNS:**	074929530	**PLUS 4**	

e. Physical Address

Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $502,790

j. Contact Person

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Kurlanski

Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	Matthew.kurlanski@vincentbaltimore.org
Confirm E-mail Address:	Matthew.kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

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: MD0249

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: SVdP Home Connections II - Samaritan Project

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Home Connections is a permanent supportive housing program that serves 60 single adults (men and women) who are chronically homeless and have one or more disabilities, supported by three HUD CoC grants. Home Connections II (the subject of this application) serves 32 clients; Home Connections I serves 28 clients; and Home Connections III serves all clients enrolled in the program, the total of 60. Home Connections is a Housing First, no barrier program that accepts clients directly through the Baltimore City Coordinated Access system. By providing housing immediately, coupled with a supportive services model that focuses on relationship building and assertive engagement in services, Home Connections reduces the amount of time individuals are homeless, helps them maintain their housing long term, and improve their health and well-being. Clients access mental health, substance abuse and health services; however, use of these services are not a condition for receiving or maintaining housing. Our intensive case management approach includes an Intake and Engagement Case Manager is responsible for engaging clients on housing through an intake, and a administering a structured assessment, working with clients to remove housing barriers and linking clients to permanent housing. Home Connections Case Managers meet with clients to develop an Independent Service Plan (ISP) that helps them identify resources, coordinate services, and support efforts to increase income and maximize independent living. Home Connections' clients experience mental health, substance abuse, and/or health challenges, and are supported with access to providers of their choosing across Baltimore City. Home Connections partners with Health Care for the Homeless (HCH) Interdisciplinary Care Team to encourage and ensure that all participants in need of mental health, substance abuse services and/or health have receive these services. The partnership between Home Connections and HCH, ensures that all clients who need and want evaluation and treatment for their challenges have coordinated care and seamless access to services, in home and in the community. Home Connections has established relations with more than 25 landlords who offer scattered site housing in stable communities that meet HUD standards for rental assistance. Home Connections ensures that the apartments to be leased by clients are located in stable neighborhoods that contain a mix of community amenities. Home Connections also works with clients to identify community resources for food, clothing, and utility assistance, and offers ongoing guidance and support for community integration before, during, and after client placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation			
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: 32

Total Beds: 32

Total Dedicated CH Beds: 32

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

b. Beds: 32

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 32

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: 400 S. Bond Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21231

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

240066 Baltimore

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	0	32	0	32

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	32		32
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	32	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	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										
Adults 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	31	1	0	24	1	29	1	16	5	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	31	1	0	24	1	29	1	16	5	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
3%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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?	Yes
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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$421,248
Total Units:	32

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	32	$421,248

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	32	x	$1,097	$1,097	x		=	$421,248
2 Bedrooms		x	$1,376	$1,376	x		=	$0
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	32							$421,248
Grant Term								1 Year
Total Request for Grant Term								$421,248

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:	$69,282
Total Value of In-Kind Commitments:	$62,109
Total Value of All Commitments:	$131,391

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Cash	Private	St. Vincent de Paul	10/01/2019	$69,282
Yes	In-Kind	Private	St. Vincent de Paul	10/01/2019	$62,109

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	10/01/2019
6. Value of Written Commitment:	$69,282

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	10/01/2019
6. Value of Written Commitment:	$62,109

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$421,248
3. Supportive Services	$58,770
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$480,018
7. Admin (Up to 10%)	$45,544
8. Total Assistance plus Admin Requested	$525,562
9. Cash Match	$69,282
10. In-Kind Match	$62,109
11. Total Match	$131,391
12. Total Budget	$656,953

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	11/16/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

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

DEPARTMENT OF THE TREASURY

Date SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0329
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Coordinated Access SSO

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-004, MD-003, MD-002, MD-001

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$341,470.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Coordinated Access SSO 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $325,949

Organization	Type	Type	Sub-Award Amount
Mercy Medical Center, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$325,949

2A. Project Subrecipients Detail

a. Organization Name: Mercy Medical Center, Inc.

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

c. Employer or Tax Identification Number: 52-0591658

	*** d. Organizational DUNS:**	074943556	**PLUS 4**	

e. Physical Address

Street 1: 301 St. Paul Place

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21202

f. Congressional District(s): (for multiple selections hold CTRL key) MI-007, MI-004, MI-003, MI-002, MI-001

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: $325,949

j. Contact Person

Prefix: Ms.

First Name: Sally

Middle Name:

Last Name: Ratcliffe

Suffix:	
Title:	Director of Social Work
E-mail Address:	sratcliffe@mdmercy.com
Confirm E-mail Address:	sratcliffe@mdmercy.com
Phone Number:	410-332-9076
Extension:	
Fax Number:	410-244-0807

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: MD0329

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Coordinated Access SSO

4. Project Status: Standard

5. Component Type: SSO

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Mercy's Coordinated Access SSO project serves as an entry point into the coordinated access system and connects persons experiencing homelessness with diversion, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs. This project targets homeless families to eliminate access barriers to the Coordinated Access System, but offers the same level of assistance to homeless individuals as well.

This SSO program meets the need for a central location where families experiencing homelessness can go to be assessed for homeless services programs through Coordinated Access. If non-targeted populations (youth, single adults, persons fleeing domestic violence) walk in for services, program staff will assist these clients with a shelter bed reservation and/or transportation to a shelter or other service provider.

Upon entering the program, all clients are assessed for diversion, to determine if any type of resource such as legal services, mediation with family, housing search assistance, or case management can prevent their entry to homelessness, If diversion is not feasible, staff will utilize the Coordinated Access system to connect the family to an emergency shelter placement and rapid rehousing, or permanent housing assistance. As demand for housing often exceeds availability, staff will also assist households with accessing mainstream services that may resolve the household's homelessness, i.e. shared housing, employment access, obtaining benefits.

For those connected to an emergency shelter, or program that does not provide case management, MSHP staff will provide short-term case management starting with a Housing Assessment, which is the component of the Coordinated Access workflow that determines a client's chronic homeless status, priority level, and eligibility for permanent supportive, transitional, or rapid re-housing.

For those connected to an emergency shelter, or program that does not provide navigator services, MSHP staff will assist clients through all phases of assembling documentation, intake, landlord search, and lease-up.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	☐	**Domestic Violence**	☐
Veterans	☐	**Substance Abuse**	☐

Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire Yes

geographic area?

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Entry points for this system include 211, Mercy Supportive Housing, domestic violence hotlines, Drop-in centers, Shelters, Outreach Teams, and other registered health and behavioral health providers (over 50 providers in total). Information on this system is shared with CoC and ESG providers, the Continuum of Care community e-mail list, providers with Baltimore City's lead behavioral healthy entity, emergency departments, police, and school staff. The system's Housing Assessment prioritizes chronic and vulnerable homeless persons for permanent supportive, transitional, and rapid re-housing programs.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Referrals for services through this project are accepted from any provider within the CoC for Baltimore City, and from external service providers as well. Persons experiencing homeless can also self refer. Information for program services are listed with 2-1-1 and included on the website for the Baltimore City Network of Care.

This project utilizes the coordinated entry process to ensure participants are directed to appropriate services by completing an initial assessment and the standardized coordinated access assessment which is based on indicators that predict mortality and prolonged homelessness captures the homeless history, identifies any disabilities, issues with alcohol or substance abuse, and any history of domestic violence. This information is entered into HMIS and submitted to the Mayor’s Office of Human Services Homeless Services Programs for a possible match to a housing program.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

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 Structures	
Supportive Services	X
HMIS	

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:	$44,970
Total Value of In-Kind Commitments:	$155,900
Total Value of All Commitments:	$200,870

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Cash	Government	Mercy Medical Center	02/01/2019	$44,970
Yes	In-Kind	Private	Center for Urban ...	02/01/2019	$117,500
Yes	In-Kind	Private	Humanim, Inc.	02/01/2019	$38,400

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: (Be as specific as possible and include the office or grant program as applicable)	Mercy Medical Center
5. Date of Written Commitment:	02/01/2019
6. Value of Written Commitment:	$44,970

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: (Be as specific as possible and include the office or grant program as applicable)	Center for Urban Families
5. Date of Written Commitment:	02/01/2019
6. Value of Written Commitment:	$117,500

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:	In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Humanim, Inc.

5. Date of Written Commitment: 02/01/2019

6. Value of Written Commitment: $38,400

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$310,428
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$310,428
7. Admin (Up to 10%)	$31,042
8. Total Assistance plus Admin Requested	$341,470
9. Cash Match	$44,970
10. In-Kind Match	$155,900
11. Total Match	$200,870
12. Total Budget	$542,340

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Mercy NonProfit	09/01/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Mercy NonProfit

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/13/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated Subrecipient information already listed.

- Updated the Project Description information already listed.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/31/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/06/2018
1E. SF-424 Compliance	08/31/2018
1F. SF-424 Declaration	08/31/2018
1G. HUD-2880	08/31/2018
1H. HUD-50070	08/31/2018

1I. Cert. Lobbying	08/31/2018
1J. SF-LLL	08/31/2018
Recipient Performance	08/31/2018
Renewal Grant Consolidation	08/31/2018
2A. Subrecipients	08/31/2018
3A. Project Detail	08/31/2018
3B. Description	09/06/2018
6A. Funding Request	08/31/2018
6D. Match	08/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/13/2018
Submission Without Changes	08/31/2018

Note from the USCCB Office of General Counsel: The EIN below belongs to the USCCB and is to be used only to confirm that the USCCB as group ruling holder is recognized by the IRS as a 501(c)(3) organization. It is not to be used by any other organization in the group ruling for any purpose. Every subordinate organization in the group ruling has its own EIN that must be used for all official purposes.

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 27, 2016

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Employer Identification Number:
53-0196617

For use by the USCCB only.

Group Exemption Number:
0928

Dear Sir/Madam:

This responds to your May 23, 2016, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2016*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2016* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

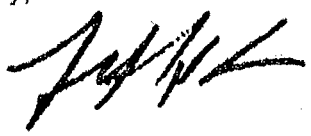
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

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The Official Catholic Directory

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Ursula Roman Catholic Elementary School, 8900 arford Rd., 21234-4193. Tel: 410-665-3533; Fax 0-661-1620. Email: susoffice@stursula.org. eborah Glinowiecki, Prin.; Mrs. Julia mmerman, Librarian. Lay Teachers 37.

St. Augustine School, Inc., (Grades PreK- 5990 Old Washington Rd., 21075. Tel: 410- 6-3040; Fax 410-579-1165. Web: www.staug- .org. Patricia Schratz, Prin.; Clare Miller, brarian. Lay Teachers 14.

CITY. Resurrection St. Paul School, Inc., rades PreK-8), 3155 Paulskirk Dr., 21042. Tel: 0-461-9111; Fax: 410-461-8621. Web: w.resstpaul.org. Karen Murphy, Prin.

Our Lady of Mount Carmel Catholic School, rades PreK-12), 1706 Old Eastern Ave., 21221. 410-686-1023 (6-12); 410-686-0859 (Lower hool); 410-687-8513 (Infant Care/Pre-School); x 410-686-2361 (6-12); 410-686-4916 (Lower hool). Email: olmchsch@archbalt.org. Web: w.olmcmd.org. Rev. Msgr. Robert L. Hartnett, s.; Christopher Ashby, Prin., Upper School; ristine Olszewski, Prin., Lower School. Sisters Lay Teachers 39.

UCK. St. John Regional Catholic School, ades PreK-8), 8414 Opossumtown Pike, 702. Tel: 301-662-6722; Fax: 301-695-7505. ail: ksmith@SJRCS.org. Web: www.sjrcs.org. . Karen Smith, Prin.; Mr. Will Knotek, Asst. ., Karen Gawinske, Librarian. Lay Teachers Students 550.

ILS, ANNE ARUNDEL. School of the Incarnation, (1999) (Grades PreK-8), 2601 Symphony Ln., 54. Tel: 410-519-2285; Fax: 410-519-2286. ail: lshipley@schooloftheincarnation.org. Web: w.schooloftheincarnation.org. Mrs. Lisa pley, Prin.; Laura Minakowski, Asst. Prin.; a Rich, Librarian. An interparish school of the hdiocese of Baltimore established 1999. ishes: Our Lady of the Fields, Millersville; St. eph, Odenton; Our Lady of Perpetual Help, ewater; Holy Family, Davidsonville and St. abeth Ann Seton, Crofton. Lay Staff 70; Lay chers 38; Students 812.

URNIE. Monsignor Slade Catholic School (1954) ades PreK-8), 120 Dorsey Rd., 21061. Tel: 410- 7130; Fax: 410-787-0594. Email: mscs@ adeschool.com. Web: www.msladeschool.com. n A. Cox, Prin.; Laura Lodowski, Librarian. ving Glen Burnie, Pasadena, Hanover and ern Parishes. Lay Teachers 36; Students 651.

St. John the Evangelist School (Long Green ey), (Grades PreK-8), 13311 Long Green Pike, 82. Tel: 410-592-9585, Ext. 120; Fax: 410-817- 8. Email: school@stjohnhydes.org. Web: w.stjohnhydes.org. Mrs. Christine Blake, Prin.; ith Gardner, Technology & Media Specialist. Teachers 22; Total Staff 29; Students 185.

LLE. St. Stephen School (1863) (Grades PreK- 8028 Bradshaw Rd., 21087-1807. Tel: 410-592- 7; Fax: 410-592-7330. Email: sssch@ balt.org. Web: www.ssschool.org. Mrs. Mary Patrick, Prin.; Mrs. Linda Boschert, Librarian lusic. Lay Teachers 20; Instructional Aides 4.

UM HEIGHTS. St. Philip Neri School, Inc., ides PreK-8), 6401 S. Orchard Rd., 21090. 410-859-1212; Fax: 410-859-5480. Email: st.philip-neri.org. Web: www.st.philip- org. Catherine Daley, Prin.; Ms. Rebecca ch, Advancement Dir.; Mrs. Susan Spitzer, arian. Lay Teachers 29; Aides 4.

Our Lady of Grace Roman Catholic ientary School, (Grades PreK-8), 18310 ldletown Rd., 21120. Tel: 410-329-6956, Ext. Fax: 410-357-5793. Mr. John D'Adamo, Prin. hers 9.

ISTER. St. John School (Westminster) Roman olic Elementary School, 45 Monroe St., 7. Tel: 410-848-7455; Fax: 410-848-2822. il: hwalker@sjwestschool.org. Mrs. Harriann ker, Prin.; Peggy Rager, Media Center; Amy g, Media Center. Lay Teachers 15.

[I] SPECIAL EDUCATION

RE. St. Elizabeth School, Inc., 801 Argonne 21218-1998. Tel: 410-889-5054; Fax: 410-889- . Email: jmalin@stelizabeth-school.org. Web: stelizabeth-school.org. Christine Manlove, ., Exec. Dir.; Mr. Andy Parsley, Prin.; Ed onulla, Librarian. Sisters of St. Francis of i 1; Lay Teachers 23; Aides 82; Other Lay 21; Children 103.

l. Villa Maria School at Dulaney Valley onium Campus), 2300 Dulaney Valley Rd., 3. Tel: 410-252-6343; Fax: 410-560-1347 da Hines, Prin.; Jack Pumphrey, Admin. & Education. Non-public (Level V and VI) al education for children with emotional/ iple disabilities, ages 11-15. Lay Teachers 17; ner Aides 11; Children 75.

Villa Maria School of Harford County, 1370 Brass Mill Rd., Belcamp, 21017. Tel: 410-297-4100; Fax: 410-273-9555. Gary Vozburg, Prin. Non-public level V special education for children with emotional/multiple disabilities ages 5-15. Lay Teachers 9; Teacher Aides 5; Children 38.

[J] CHILD CARE CENTERS

BALTIMORE. *Bon Secours Family Support Center*, 26 N. Fulton Ave., 21223. Tel: 410-362-3629; Fax: 410-362-3649. Web: www.bonsecours.org/bshsi. Brenda K. Jones, Svc. Coord.; Lori H. Fagan, Dir. *Bon Secour of Maryland Foundation, Inc.* Total Staff 21; Total Assisted Annually 360.

St. Frances Outreach Center, 1026 Brentwood Ave., 21202-4203. Tel: 410-685-1975; Fax: 410-464-8523. Sr. Brenda Motte, O.S.P., Dir. Total Assisted 20; Total Staff 1.

Good Shepherd Services, 4100 Maple Ave., 21227. Tel: 410-247-2770; Fax: 410-247-3242. Email: info@goodshepherdcenter.org. Web: www.gssmaryland.org. Michele Wyman, R.N., M.S.N., Pres. & CEO; Michelle Pajardo, Education Dir.; Sr. Mary Carol McClenon, Mission Integration Coord.; Susan Hirschman, Librarian. *House of the Good Shepherd of the City of Baltimore*, Residential psychiatric treatment for adolescent girls and boys with emotional and behavioral problems. Sisters 10; Lay Teachers 17; Capacity 105; Students 91; Total Assisted 184; Total Staff 274.

Mount Providence Child Development Center, 701 Gun Rd., 21227. Tel: 410-247-0449; Fax: 410-247-1150. Web: www.mpcdc.com. Sr. Brenda Cherry, O.S.P., Dir. Oblate Sisters of Providence. Sisters 3; Lay Teachers 14; Students 80; Total Staff 18.

TIMONIUM. *Francis X. Gallagher Services*, 2520 Pot Spring Rd., 21093. Tel: 410-252-4005; Fax: 410-560-3495. Web: www.cc-md.org/gallagher. Kathy Clemente, Admin. Residential, day habilitation, supported employment, respite care and medical day programs for the people with intellectual disabilities. Residential Capacity 264; Day Capacity 230; Total Assisted 445; Total Staff 520.

[K] GENERAL HOSPITALS

BALTIMORE. *St. Agnes HealthCare, Inc.*, 900 Caton Ave., 21229-5299. Tel: 410-368-6000; Fax: 410-368-2109. Email: info@stagnes.org. Web: www.stagnes.org. Ms. Bonnie Phipps, Pres. & CEO; Rev. Pius Nnorumka Akajiofor, M.A., C.P.E. Ascension Health. Priests 1; Sisters 4; Bed Capacity 287; Patients Assisted Annually 116,500; Total Staff 2,555.

St. Agnes Foundation, Inc. Tel: 410-368-3155; Fax: 410-368-3533. (Subsidiary of St. Agnes Health-Care, Inc.)

Bon Secours Baltimore Health Corporation, Inc. (1919) 2000 W. Baltimore St., 21223. Tel: 410-362-3000; Fax: 410-362-3126. Email: inforequest@bshsi.org. Web: www.bonsecoursbaltimore.org. Samuel L. Ross, M.D., M.S., CEO; Sr. Anne Lutz, Bd. Pres.; Ackneil M. Muldrow, Bd. Chair; Sr. Mary Skopal, S.S.J., Dir. of Pastoral Care. Bon Secours Ministry. Sisters of Bon Secours 5; Bed Capacity 141; Patients Assisted Annually 250,880; Total Staff 974.

The following are tax exempt subsidiaries of the Bon Secours Baltimore Health Corporation, Inc.

Bon Secours Hospital Baltimore, Inc. (1920)

Bon Secours Community Health Works, Inc. (1994) Email: ghughes@mail.mchr.state.md.us.

Bon Secours of Maryland Foundation, Inc. (1991)

Good Samaritan Hospital, 5601 Loch Raven Blvd., 21239. Tel: 443-444-8000; Fax: 443-444-4599. Web: www.goodsam-md.org. Bradley Chambers, Pres.; Sharon Bottcher, Vice Pres. Nursing; Rev. Guy Kagere, Dir. Pastoral Care; Deborah Bena, R.N., Health Min. Coord.; Allan Noonan, M.D., Board Chm. Adult acute care teaching hospital with a strong tradition of community care and home to more than 200 hospital based physicians. Bed Capacity 316.

Mercy Health Services Inc., 301 St. Paul Pl., 21202. Tel: 410-332-9000; Fax: 410-962-1303. Email: rrice@mdmercy.com. Web: www.mdmercy.com. Thomas Mullen, Pres. & CEO; Rev. Thomas R. Malia, Chap. & Asst. to Mission Pres.; Sr. Carole Rybicki, S.S.F., Chap.; Rev. Augustine Etemma Inwang, M.S.P. (Nigeria); Kathy Ault, Dir. Pastoral Care & Chap.; Donna Dougherty, Chap. Institute of the Sisters of Mercy of the Americas.Sisters of Mercy, South Central Community, Subsidiaries: Mercy Medical Center Inc., St. Paul Place Specialists, Inc.; Healthcare for the Homeless; Maryland Family Care; Mercy Transitional Care; Stella Maris, Inc., Cardinal Shehan Center, Inc.; Mercy Health Foundation, Inc.; Mercy Ridge. Sisters 11; Employees 4,936; Patients Assisted Annually 386,646; Bed Capacity 184; Total Staff 4,458.

TOWSON. *University of Maryland St. Joseph Medical Center* (1864) 7601 Osler Dr., 21204. Tel: 410-337-1000; Fax: 410-337-1024. Email: susannedecrane@umm.edu. Web: www.stjosephtowson.com. Dr. Mohan Suntha, M.D., M.B.A., Pres. & CEO; Susanne DeCrane, M.Div., Ph.D., Vice Pres., Mission & Dir. Spiritual Care. Uni. of Maryland Medical System/Archdiocese of Baltimore. Nurses 725; Beds 238; Patients Assisted Annually 144,299; Total Staff 2,324.

Chaplains: Revs. Domenic L. Cieri; Robert Phillips, S.J.; Mrs. Judith Ann Hvisc, Chap.; Maureen O'Brien, Chap.; Kathy Edelmann, Chap.

[L] NURSING HOMES (SKILLED) AND REHABILITATION CENTERS

BALTIMORE. *Belvedere Green at Medstar Good Samaritan*, 1651 E. Belvedere Ave., 21239. Tel: 410-433-7255; Fax: 443-444-4599. Bradley Chambers, Pres.

Good Samaritan Nursing Center, 1601 E. Belvedere Ave., 21239. Tel: 443-451-5700. Jeffrey A. Matton, Pres.; Cesare A. Tapino, Admin.

The Neighborhoods at St. Elizabeth, 3320 Benson Ave., 21227-1035. Tel: 410-644-7100; Fax: 410-646-6589. Email: info@catholiccharities-md.org. Web: www.catholiccharities-md.org. Rev. Godswill Agbagwa, Chap.

St. Elizabeth Rehabilitation and Nursing Center., Sponsored by Associated Catholic Charities. Sisters 1; Bed Capacity 162; Total Staff 220.

EMMITSBURG. *St. Joseph's Ministries, Inc.*, 331 S. Seton Ave., 21727. Tel: 301-447-7000; Fax: 301-447-7015. John B. Henry, Admin. & CEO. Sponsored by Ascension Health. Bed Capacity 113; Total Assisted 60; Total Staff 207.

[M] HOMES FOR AGED

BALTIMORE. *St. Charles Villa*, 603 Maiden Choice Ln., 21228-3697. Tel: 410-747-1211; Fax: 410-747-2460. Revs. Cale J. Crowley, P.S.S., M.Div., Ph.D., Dir.; Joseph J. Bonadio, P.S.S., M.Rel.Ed., D.Min., S.T.L. (Retired); Gerald L. Brown, P.S.S., M.Div., Ph.D., M.Com. (Retired); Daniel J. Doherty, P.S.S., B.A., M.Div., S.T.L.; Claude H. Dukehart, P.S.S., M.A., S.T.D. (Retired); John F. Mattingly, P.S.S., M.A., M.S.L.S., S.S.L. (Retired); John E. McMurry, P.S.S., S.T.L., Ph.D. (Retired); Vincent deP. McMurry, P.S.S., M.A., S.T.L. (Retired). Priests 8; Total in Residence 8; Total Staff 6; Bed Capacity 22; Bed Capacity 22.

St. Joseph's Nursing Home (1934) 1222 Tugwell Dr., 21228. Tel: 410-747-0026; Fax: 410-747-0386. Email: st.josephs@stjosephs.net. Sr. Krystyna Mroczek, Admin.

Sisters Servants of Mary Immaculate, Inc. Sisters 11; Residents 44; Total Assisted 80; Total Staff 60; Bed Capacity 44.

St. Martin's Home for Aged, Little Sisters of the Poor, Baltimore Inc., 601 Maiden Choice Ln., 21228. Tel: 410-744-9367; Fax: 410-747-6380. Email: msbaltimore@littlesistersofthepoor.org. Web: www.littlesistersofthepoorbaltimore.org. Sisters 19; Intermediate Care Beds 38; Assisted Living 18; Apartments 16; Aged Residents 72; Total Staff 95; Total Assisted 72.

TIMONIUM. *Stella Maris* (1953) 2300 Dulaney Valley Rd., 21093. Tel: 410-252-4500 (office); Fax: 410-560-9675. Email: ljohnso2@stellamaris.org. Web: www.stellamaris.org. Sr. Karen McNally, R.S.M., Chief Admin. Officer; Rev. Lawrence M. Johnson, Dir. of Pastoral Care. The management corporation for all programs of Stella Maris. Long-term care; sub-acute care; home health; rehabilitative services; in-patient and home hospice; skilled home care; personal care; independent living; counseling/bereavement services for adults and children; and Senior day care. All applications for the facilities of the Center are processed directly through the Admissions Office at Stella Maris. Priests 1; Lay Personnel 794; Sisters 7; Staff 802; Residents 384; Bed Capacity 412; Total Assisted 139,752.

[N] SOCIAL SERVICES

BALTIMORE. *Franciscan Center, Inc.* (1968) 101 W. 23rd St., 21218. Tel: 410-467-5340; Fax: 410-467-4569. Email: info@fcbmore.org. Web: www.fcbmore.org. Christian J. Metzger, Exec. Dir. Sisters of St. Francis of Assisi. Total Assisted 100,000; Total Staff 21.

Mount Providence Reading Center, 701 Gun Rd., 21227. Tel: 410-247-0448; Fax: 410-242-4963. Email: sisterconstance@oblatesisters.com. Web: www.oblatesisters.com. Sr. M. Constance Fenwick, O.S.P., Dir. Oblate Sisters of Providence. Students 76; Total Assisted 76; Total Staff 3.

Trinitarian Counseling Services, Inc., 8400 Park Heights Ave., P.O. Box 5719, 21282. Tel: 410-486-5764; Fax: 410-486-0614. Email: treasurer@

Morgan State University St. Matthew Church, 5401 Loch Raven Blvd., 21239. Tel: 410-433-2300. Email: joemuth@verizon.net.

Stevenson University Sacred Heart Church, 65 Sacred Heart Ln., P.O. Box 3672, Glyndon, 21071-3672. Tel: 410-833-1696. Email: srjude@shgparish.org.

Towson University Newman Center, 7909 York Rd., Towson, 21204. Tel: 410-828-0622. Email: tryan@archbalt.org.

University of Maryland, Baltimore County (UMBC) Our Lady of Perpetual Help, Ellicott City, 4795 Ilchester Rd., Ellicott City, 21043. Tel: 410-747-4334. Email: frjohn@umbc.edu.

Goucher College / Hood College / UMAB Catholic Universities in the Archdiocese:

Loyola University 4501 N. Charles St., 21210. Tel: 410-617-2444; Fax: 410-617-2052.

Mount St. Mary's University Emmitsburg, 21727. Tel: 301-447-5223; Fax: 301-447-5868. Email: nolan@msmary.edu. Rev. Brian P. Nolan, Chap. & Dir. Campus Ministry.

Notre Dame of Maryland University 4701 N. Charles St., 21210. Tel: 410-532-5565; Fax: 410-532-5796. Email: mlees@ndm.edu. Melissa Lees, Dir. Campus Ministry.

[T] FOUNDATIONS, FUNDS AND TRUSTS

BALTIMORE. *Archbishop Curley High School Endowment Trust*, 3701 Sinclair Ln., 21213. Tel: 410-485-5000; Fax: 410-485-1090. Rev. Donald Grzymski, O.F.M.Conv., M.Th.

Bon Secours of Maryland Foundation, Inc. aka Bon Secours Community Works (1919) 26 N. Fulton Ave., 21223. Tel: 410-362-3518; Fax: 410-362-3443. Email: anita_crockett@bshsi.org. Total Staff 37; Total Assisted 9,657.

The following are tax exempt subsidiaries of the Bon Secours of Maryland Foundation, Inc.

Bon Secours Housing, Inc. aka Hollins Terrace (1983)

Bon Secours Housing II, Inc. aka Benet House (1987)

Unity Properties, Inc. (1993)

Bon Secours Baltimore Development, Inc. (2005)

The Catholic Community Foundation of the Archdiocese of Baltimore, Inc., 320 Cathedral St., 21201. Tel: 410-547-5356; Fax: 410-625-8485. Email: catholiccommunityfoundation@archbalt.org. Web: www.ccfmd.org. Patrick Madden, Exec. Dir.

Chancery Office, 320 Cathedral St., 21201. Tel: 410-547-5446; Fax: 410-727-8234. Email: chancery@archbalt.org. Web: www.archbalt.org. Dr. Dinne L. Barr, J.D., J.C.D., Ph.D., Chancellor. Tel: 410-547-5446.

Archbishop of Baltimore Annual Appeal Trust / Cardinal's Lenten Appeal Tel: 410-547-5439; Fax: 410-727-8234.

Archdiocesan Health Plan Trust Fund Agreement Tel: 410-547-5317; Fax: 410-783-5993.

Archdiocesan General Insurance Program Trust Tel: 410-547-5317; Fax: 410-783-5993.

Archdiocesan Priests Post-Retirement Benefits Plan Trust Fund, 320 Cathedral St., 21201. Tel: 410-547-5317; Fax: 410-783-5993. Email: pphelps@archbalt.org. Petra R. Phelps, Contact Person.

Cemetery Continuing Care Trust St. Patrick's Havre de Grace, Cemetery Continuing Care Trust; Holy Cross Cemetery Continuing Care Trust; St. Joseph, Fullerton, Cemetery-Continuing Care Trust Agreement; St. Mary of the Assumption, Govans, Cemetery Continuing Care Trust; St. Mary's, Pylesville Cemetery, Continuing Care Trust

Christian Brothers Community Support Charitable Trust Tel: 732-380-7926.

Corpus Christi Jenkins Memorial Trust, Inc. Tel: 410-523-4161; Fax: 410-523-5745.

Dart, Inc.

The Dr. Charles J. Foley Sr. and Mildred H. Foley Memorial Endowment Trust Tel: 410-547-5322; Fax: 410-332-8233. Provides annual support for over 300 programs and agencies of the Archdiocese.

Franciscan Sisters of Baltimore, Inc., Trust Tel: 410-235-2496; Fax: 410-243-2569.

The Gallagher Family Fund, 320 Cathedral St., 21201. Tel: 410-547-5322; Fax: 410-332-8233.

G S Housing, Inc.

John Paul II Regional School, Inc. (Grades PreK-8) Tel: 410-944-0367; Fax: 410-265-5316.

The Marion Burk Knott Scholarship Fund, Educational Trust Tel: 301-603-9601.

Marianist Charitable Trust Tel: 410-366-1300; Fax: 410-889-5743.

Maryvale Educational Fund, Inc. Tel: 410-252-3366; Fax: 410-561-1826.

Mercy Primary Care Group, Inc. Tel: 410-332-9000; Fax: 410-962-1303.

The National Black Catholic Congress, Inc. Tel: 410-547-5496; Fax: 410-752-4958. Email: nbcc@nbccongress.org. Web: www.nbccongress.org.

Neumann Early Childhood Center, Inc. Tel: 410-547-5495.

Our Lady of Good Counsel Historic Trust, Inc. Tel: 410-752-0205; Fax: 410-576-0929.

Plan of Self-Insurance Trust Tel: 410-547-5317; Fax: 410-783-5993.

The Priests Continuing Education and Formation Endowment Trust Tel: 410-547-5317; Fax: 410-783-5993.

St. Gregory the Great Housing Committee, Inc. Tel: 410-523-0061; Fax: 410-669-1385.

St. Jane Frances Educational Endowment Trust Tel: 410-255-4750; Fax: 410-350-6720.

St. John Neumann Regional School, Inc. Tel: 301-724-4055; Fax: 301-724-4827.

St. John the Evangelist School Endowment Trust, 689 Ritchie Hwy., Severna Park, 21146. Tel: 410-647-2283.

St. Jude Shrine Corporation Tel: 410-685-6026; Fax: 410-244-5728.

St. Mark's Parish School Endowment Trust Tel: 410-747-6613; Fax: 410-747-3188.

St. Peter's Cemetery Restoration Fund, Inc. Tel: 410-547-5300; Fax: 410-332-8233.

St. Pius V Housing Committee, Inc. Tel: 410-523-1930; Fax: 410-523-8164.

St. Vincent De Paul Historic Trust, Inc. Tel: 410-547-5377; Fax: 410-625-8483.

Sacred Heart Community Health Services, Inc. Tel: 301-723-5222.

Sacred Heart Foundation, Inc. Tel: 301-723-5222.

Sacred Heart Hospital of the Sisters of Charity, Inc. Tel: 410-723-5222.

School Sisters of Notre Dame in the City of Baltimore Charitable Trust, Inc. Tel: 410-377-7774; Fax: 410-377-5363.

Sisters of Notre Dame de Namur Charitable Trusts Tel: 410-255-1577.

Sisters of Notre Dame de Namur, Maryland Province, Charitable Trust Tel: 410-486-5382; Fax: 410-486-5466.

Women's Auxiliary Board Tel: 410-547-5356. Funds provide partial tuition for thousands of low income students in designated Baltimore City Catholic Schools.

St. Elizabeth School Foundation, Inc., 801 Argonne Dr., 21218-1998. Tel: 410-889-5054; Fax: 410-889-2356. Gregory E. Paranzino, Pres., Bd. of Directors.

The Immaculate Heart of Mary School Endowment Trust, 8501 Loch Raven Blvd., 21286. Tel: 410-668-7935; Fax: 410-661-6560. Rev. Michael W. Carrion.

St. Joseph Manor Foundation, Inc., 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: josephite1@aol.com. Web: www.josephite.com. Very Rev. Michael L. Thompson, S.S.J., Contact Person.

The Josephite Retirement and Disability Benefits Trusts (2003) 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: josephite1@aol.com. Web: www.josephite.com. Very Rev. Michael L. Thompson, S.S.J., Supr. Gen.

The Josephite Seminarian Education Trust (2003) 1130 N. Calvert St., 21202. Tel: 410-727-3386; Fax: 410-727-1006. Email: josephite1@aol.com. Web: www.josephite.com. Very Rev. Michael L. Thompson, S.S.J., Supr. Gen.

St. Luke Parish Education Endowment Trust, 7517 N. Point Rd., 21219. Tel: 410-477-5200; Fax: 410-477-5996. Email: stlukedgemere@yahoo.com. Purpose: to support the youth of the parish who attend catholic schools. Total Assisted 40; Total Staff 1.

St. Matthew's Parish Endowment Trust, 5401 Loch Raven Blvd., 21239. Tel: 410-433-2300. Email: stmattrc@gmail.comFax: 410-433-5263. Rev. Joseph L. Muth Jr., Contact Person.

Mercy Health Foundation, Inc., 301 St. Paul Pl., 21202. Tel: 410-332-9874; Fax: 410-685-7464. Email: nkoas@mdmercy.com. Web: mdmercy.com. Thomas R. Mullen, Pres. & CEO.

Partners in Excellence Scholarship Program, 320 Cathedral St., 21201. Tel: 410-625-8452. This Program provides partial tuition assistance to low income families wishing to send their children to a Catholic School in Baltimore City.

The Paul Van Gerwin Religious & Charitable Trust, 4409 Frederick Ave., 21229. Tel: 941-484-9641 Email: pcampbell@xaverianbrothers.org. Bro. Peter Campbell, C.F.X., J.D., Contact Person.

The Sacred Heart of Mary Cemetery Continuing Care Trust, 6736 Youngstown Ave., 21222. Tel: 410-633-2828; Fax: 410-633-0349. Rev. George Cannon.

The Seton Keough High School Endowment Trust, 1201 Caton Ave., 21227. Tel: 410-646-4444; Fax: 443-573-0107. Web: www.setonkeough.com.

St. Thomas Aquinas School Foundation Trust, 3710 Roland Ave., 21211. Tel: 410-389-4613; Fax: 410-389-1956. Email: starch@archbalt.org. Glose, Contact Person.

BEL AIR. *John Carroll Foundation of the Catholic Archdiocese of Baltimore, Archdi Baltimore*, 320 Cathedral St., 21201.

ANNAPOLIS. *St. Andrew by the Bay Endowmen* 701 College Pkwy., 21409. Tel: 410-974-43 410-974-4339. Email: snbbanna@arch Web: standrewbythebay.org. Rev. Jed Dauses.

COCKEYSVILLE. *St. Joseph, Texas Endowmen* 101 Church Ln., 21030. Tel: 410-683-06 410-628-2956. Email: rhilgartner@arch Rev. Msgr. Richard B. Hilgartner, Contact Rev. Carlos Osorio.

CUMBERLAND. *The SS. Peter & Paul Endowment Trust, c/o Our Lady of the M* 300 E. Oldtown Rd., Ste. 2, 21502. Tel: 1750; Fax: 301-777-2669. Email: olmcumt archbalt.org.

ELKRIDGE. *St. Augustine School, Inc.*, 5 Washington Rd., 21075. Tel: 410-796-304 410-579-1165. Web: www.staug-md.org. Schratz, Prin.

ELLICOTT CITY. *The St. Paul's Parish En Trust*, 3755 St. Paul St., 21043. Tel: 410-4 Fax: 410-313-8551. Email: office@stpa Rev. Matthew T. Buening.

FROSTBURG. *St. Michael School Endowment* E. Main St., 21532. Tel: 301-689-6767; F 689-6411. Email: smfrostb@archbalt.o Edward S. Hendricks.

St. Joseph Midland Parish Endowment Tru Main St., 21532. Tel: 301-689-6767; Fax: 6411. Rev. Edward S. Hendricks.

St. Joseph, Midland Cemetery Continui Trust, 44 E. Main St., 21532. Tel: 301-6 Fax: 301-689-6411. Rev. Edward S. Hendr

GLEN BURNIE. *The Church of the Good Parish Endowment Trust*, 1451 Furne 21060. Tel: 410-766-5070; Fax: 410- Parish Center: 126 Dorsey Rd., 21061. Lou Martin; Angel A. Marrero.

KINGSVILLE. *St. Stephen School Endowme* 8028 Bradshaw Rd., 21087-1807. Tel: 7617; Fax: 410-592-7330.

MARRIOTTSVILLE. *Bon Secours Health Syst* 1505 Marriottsville Rd., 21104. Tel: 410- Fax: 410-442-3256. Web: www.bshsi.org Brown III, Chair & Bd. of Directors; R Statuto, CEO & Pres.

Bon Secours, Inc., 1505 Marriottsville Rd Tel: 410-442-3505; Fax: 410-442-325 www.bshsi.org.

PASADENA. *St. Jane Frances Educational En Trust*, 8499 Virginia Ave., 21122. Tel: 4646; Fax: 410-437-5191. Email: pos stjane.org. Web: stjane.org.

SYKESVILLE. *St. Joseph Catholic C Endowment Trust*, 915 Liberty Rd., 21 443-920-9191; Fax: 443-920-9192. parishoffice@saintjoseph.cc. www.saintjoseph.cc. Revs. Neville O S.M., Pastor; David McGuigan, S.M Pastor; Deacons Michael Dvorak; Vito F M.A.Th., M.A.Ch.Min.

TOWSON. *The Immaculate Conception E School Endowment Trust*, 200 Ware Av Tel: 410-427-4700; Fax: 410-427-479 info@theimmaculate.org. www.theimmaculate.org. Rev. Joseph F. *Maryland Province of the Society of Jesus Infirm Trust*, 8600 LaSalle Rd., Ste. 6 Tel: 443-921-1319; Fax: 443-921-13 Timothy J. Stephens, S.J.

Maryland Province of the Society of Jesus Trust, 8600 LaSalle Rd., Ste. 620, 21286 921-1319; Fax: 443-921-1313. Rev. T Stephens, S.J.

WESTERNPORT. *St. Peter's, Westernport Endowment Trust*, 127 Church St., 2 301-359-3065; Fax: 301-359-0657.

[U] MISCELLANEOUS

BALTIMORE. *African Conference of Catholic Religious in the United States, Inc.*, 320 Cathedral St., 21201. Tel: 770-251-202; Fax: 770-251-2053. Web: www. Rev. Henry Atem, Pres.

Saint Agnes Hospital Foundation, Inc., Ave., SAHC Box 123, 21229. Tel: 410 Fax: 410-368-3533. Web: www.s foundation-main.htm. Ms. Malinda Pres.

Alhambra, International Order of (1904 Headquarters, 4200 Leeds Ave., 21229 242-0660; Fax: 410-536-6729 Email: orderofalhambra.org. www.OrderAlhambra.org. Roger J. R Dir. Nonprofit organization dedicated t

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0330
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	Health Care for the Homeless - Homewood Bound Bonus
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
b. Project: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
17. Proposed Project	
a. Start Date:	10/01/2019
b. End Date:	09/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,127,045.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Health Care for the Homeless - Homewood Bound Bonus 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/05/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Heatlh Care for the Homeless - Homewood Bound Bonus Project is a new project, which started providing services FY17. The project APR is due the end of the year 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $1,127,045

Organization	Type	Type	Sub-Award Amount
Health Care for the Homeless	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$1,127,045

2A. Project Subrecipients Detail

a. Organization Name: Health Care for the Homeless

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

c. Employer or Tax Identification Number: 52-1576404

	*** d. Organizational DUNS:**	795862815	**PLUS 4**	

e. Physical Address

Street 1: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21202

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,127,045

j. Contact Person

Prefix: Ms.

First Name: Margaret

Middle Name:

Last Name: Flanagan

Suffix:	
Title:	Director of Grants Management
E-mail Address:	mflanagan@hchmd.org
Confirm E-mail Address:	mflanagan@hchmd.org
Phone Number:	443-703-1347
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: MD0330

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Health Care for the Homeless - Homewood Bound Bonus

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

"Health Care for the Homeless (HCH) works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. The new Bonus Housing project supports 55 units of chronically homeless individuals and families serving 65 individuals. Our PSH program is similar in structure to an assertive community treatment (ACT) program. Our team-based model includes mental health care, medical care, case management, peer support and transportation to-and-from appointments. Services are provided in client homes or in our offices on a flexible schedule. These services, while voluntary, are promoted to improve health outcomes, promote housing retention, and assist with integration into community. Our existing supportive housing team includes an multidisciplinary team working to ensure housing stability.

The Supportive Housing team operates using a housing first and harm reduction approach to rapidly house individuals. Often individuals who have been “chronically” homeless and living on the street or in shelter have adapted to life on the streets. Assisting such individuals in the transition to housing takes a substantial amount of time and support. Pervasive anxiety, paranoia, and high expectations for independent living in an apartment of their own makes it extremely difficult for newly housed clients to adjust to the change in situation. Our Supportive Housing Team works to ensure individuals are able to maintain housing with the appropriate level of support. All clients are assigned a TCM and peer advocate who assist with housing location and placement. Depending on the level of severity of conditions, individuals receive weekly, monthly or quarterly home visits. Additional services are provided in the clinic when needed.

Our team cultivates landlord partnerships in order to find appropriate housing options for individuals guided by client choice. TCMs complete a treatment plan that asks the client to identify goals and outlines steps to completion, including the provider’s role. Clients are connected with additional wraparound services (as requested by the individual). While participation in services is not a requirement, through building a trusting relationship, we work to connect clients to a full complement of health services offered by HCH. Primary care, addictions, dental, vision, groups, and occupational therapy are all available for the client if desired. The providers work in accord with the treatment team to improve health outcomes and maintain housing stability. Having all services under one roof is useful for coordinating and providing whole-person care.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

approach?

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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	Annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Monthly
Mental Health Services		Subrecipient	Monthly
Outpatient Health Services		Subrecipient	Bi-monthly
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	Weekly
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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: 55

Total Beds: 70

Total Dedicated CH Beds: 55

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	55	70

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: 55

b. Beds: 70

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 55

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: 421 Fallsway

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21202

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

240066 Baltimore

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	10	45	0	55

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	10	40		50
Adults ages 18-24		5		5
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	20	45	0	65

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	10			5		5	3	5		
Adults ages 18-24										
Children under age 18										10
Total Persons	10	0	0	5	0	5	3	5	0	10

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	40			35	5	40		25		
Adults ages 18-24										5
Total Persons	40	0	0	35	5	40	0	25	0	5

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	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation are children and adult children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

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?	Yes
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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$781,080
Total Units:	55

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	55	$781,080

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	45	x	$1,097	$1,097	x		=	$592,380
2 Bedrooms	5	x	$1,376	$1,376	x		=	$82,560
3 Bedrooms	5	x	$1,769	$1,769	x		=	$106,140
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	55							$781,080
Grant Term								1 Year
Total Request for Grant Term								$781,080

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:	$376,159
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$376,159

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	Health Care for t...	09/18/2018	$376,159

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: (Be as specific as possible and include the office or grant program as applicable)	Health Care for the Homeless
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$376,159

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$781,080
3. Supportive Services	$247,655
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,028,735
7. Admin (Up to 10%)	$98,310
8. Total Assistance plus Admin Requested	$1,127,045
9. Cash Match	$376,159
10. In-Kind Match	$0
11. Total Match	$376,159
12. Total Budget	$1,503,204

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Health Care for t...	09/12/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Health Care for the Homeless 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. Updated response 3c to ensure participants are not terminated for reasons named in the application.
3C. Updated response to indicate that 100% of the beds are dedicated to chronically homeless.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. Updated percentages for outreach outcomes.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/05/2018
1E. SF-424 Compliance	09/05/2018
1F. SF-424 Declaration	09/05/2018
1G. HUD-2880	09/05/2018
1H. HUD-50070	09/05/2018
1I. Cert. Lobbying	09/05/2018
1J. SF-LLL	09/05/2018
Recipient Performance	09/05/2018
Renewal Grant Consolidation	09/05/2018
2A. Subrecipients	09/05/2018
3A. Project Detail	09/05/2018
3B. Description	09/05/2018
3C. Dedicated Plus	09/05/2018
4A. Services	09/05/2018
4B. Housing Type	09/05/2018
5A. Households	09/05/2018
5B. Subpopulations	09/05/2018
5C. Outreach	09/05/2018
6A. Funding Request	09/05/2018
6C. Rental Assistance	09/05/2018
6D. Match	09/05/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018
7B. Certification	09/05/2018
Submission Without Changes	09/05/2018

Internal Revenue Service
District Director

31 HOPKINS PLAZA
BALTIMORE, MD 21201

Date: Oct. 26, 1988

HEALTH CARE FOR THE HOMELESS INC
232 N LIBERTY STREET
BALTIMORE, MD 21201

Employer Identification Number:
Applied For 52-1576404
Contact Person:
R RENWICKS
Contact Telephone Number:
(301) 962-9429

Accounting Period Ending:
December 31
Form 990 Required:
Yes
Caveat Applies:
Yes

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.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day

HEALTH CARE FOR THE HOMELESS INC

Evidence submitted with your application indicates that you may engage in lobbying activities. Section 501(c)(3) of the Code specifically prohibits lobbying as a substantial part of your activities. If you do not wish to be subject to the test of substantiality under section 501(c)(3), you may elect to be covered under the provisions of section 501(h) of the Code by filing Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation. Section 501(h) establishes ceiling amounts for lobbying expenditures.

of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Phil Brand

District Director

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0331
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Project PLASE Veteran PSH Project

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,267,062.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project PLASE Veteran PSH Project 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete.	X

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Not applicable. The first operating year for this project has not yet begun.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

Not applicable. The first operating year for this project has not yet begun.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $1,267,062

Organization	Type	Type	Sub-Award Amount
Project PLASE	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$1,267,062

2A. Project Subrecipients Detail

a. Organization Name: Project PLASE

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

c. Employer or Tax Identification Number: 23-7367331

	*** d. Organizational DUNS:**	08-261-0916	**PLUS 4**	

e. Physical Address

Street 1: 3549-3601 Old Frederick Rd.

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21229

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,267,062

j. Contact Person

Prefix: Mr.

First Name: Chris

Middle Name:

Last Name: Rafferty

Suffix:	
Title:	Deputy Director
E-mail Address:	chris.rafferty@baltimorecity.gov
Confirm E-mail Address:	chris.rafferty@baltimorecity.gov
Phone Number:	410-396-4885
Extension:	
Fax Number:	410-539-1041

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: MD0331

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Project PLASE Veteran PSH Project

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. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

Through this project, Project PLASE will provide rental assistance and comprehensive support services to 60 veteran households in scattered-site private market rental units (10 veteran family households and 50 adult-only veteran households). Examples of these supportive services include; Case management, Housing counseling services, Veteran and other benefit entitlements, Health care, Personal financial planning services, Transportation, Employment, Income support services, Legal, Child care and Daily living services. For the purposes of this project, a Veteran is defined as any individual with a record of military service, and is not based on the length of service, type of discharge from the military, or any other service-connected factors. Project PLASE will provide specific outreach and prioritization of services to veterans that are ineligible for housing through the HUD-VASH program.
Project PLASE's approach includes the Housing First model with intensive one-on-one, MSW-level case management coupled with the services of a Veteran Peer Advocate. Case managers will work with each Veteran and/or family to determine their needs and work actively to stabilize the household. This model enables the focus to be on housing to be maintained and supports accessed, individually tailored to assure flexibility, effectiveness, and stability. Also, our approach with monitoring and follow-up increases the probability that Veterans strengthen their confidence and abilities to maintain community-based housing, address and diminish individual barriers and establish supports in the community as needed--for the long run.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X

Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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 lll.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 lll.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 lll.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 lll.A.3.b. Beds are identified on Screen 4B.

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

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		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care		Subrecipient	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Subrecipient	As needed
Life Skills Training		Subrecipient	Bi-weekly
Mental Health Services		Subrecipient	Bi-weekly
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	Daily
Substance Abuse Treatment Services		Subrecipient	Bi-weekly
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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

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: 60

Total Beds: 80

Total Dedicated CH Beds: 80

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	60	80

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: 60

b. Beds: 80

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 80

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: 3549-3601 Old Frederick Rd.

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21219

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

240066 Baltimore

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	10	50	0	60

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	10	45		55
Adults ages 18-24	0	5		5
Accompanied Children under age 18	15			15
Unaccompanied Children under age 18				0
Total Persons	25	50	0	75

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	10	0	5	0	6	0	2	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	15			0	0	0	0	0	3	0
Total Persons	15	10	0	5	0	6	0	2	3	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	0	45	0	30	0	30	0	10	1	0
Adults ages 18-24	0	5	0	3	0	3	0	2	0	0
Total Persons	0	50	0	33	0	33	0	12	1	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	0

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
3%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

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	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

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:	$858,888
Total Units:	60

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	60	$858,888

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	50	x	$1,097	$1,097	x		=	$658,200
2 Bedrooms	4	x	$1,376	$1,376	x		=	$66,048
3 Bedrooms	4	x	$1,769	$1,769	x		=	$84,912
4 Bedrooms	2	x	$2,072	$2,072	x		=	$49,728
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	60							$858,888
Grant Term								1 Year
Total Request for Grant Term								$858,888

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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 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:	$0
Total Value of In-Kind Commitments:	$316,766
Total Value of All Commitments:	$316,766

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Project PLASE - S...	09/18/2018	$316,766

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: (Be as specific as possible and include the office or grant program as applicable)	Project PLASE - Supportive Services for Veteran Families
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$316,766

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$858,888
3. Supportive Services	$297,624
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,156,512
7. Admin (Up to 10%)	$110,550
8. Total Assistance plus Admin Requested	$1,267,062
9. Cash Match	$0
10. In-Kind Match	$316,766
11. Total Match	$316,766
12. Total Budget	$1,583,828

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Project PLASE Non...	09/08/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Project PLASE Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/14/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	☐
6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates to reflect for the upcoming year.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441669846
Dec. 27, 2010 LTR 4168C E0
23-7367331 000000 00
00031553
BODC: TE

PROJECT PLASE INC
1814 MARYLAND AVE
BALTIMORE MD 21201-5806

017092

Employer Identification Number: 23-7367331
Person to Contact: K Ostarcevic
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 15, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1974.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0441669846
Dec. 27, 2010 LTR 4168C E0
23-7367331 000000 00
00031554

PROJECT PLASE INC
1814 MARYLAND AVE
BALTIMORE MD 21201-5806

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

Sincerely yours,

Rita A. Leete

Rita A. Leete
Accounts Management II

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0356
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	SVDP Front Door Rapid Re-Housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
b. Project: (for multiple selections hold CTRL key)	MD-007, MD-003, MD-002
17. Proposed Project	
a. Start Date:	09/01/2019
b. End Date:	08/31/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,081,752.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SVDP Front Door Rapid Re-Housing 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/04/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The initial grant term expired 8/31/18 with the APR due November 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $1,045,271

Organization	Type	Type	Sub-Award Amount
St. Vincent de Paul of Baltimore	M. Nonprofit with 501C3 IRS Status		$1,045,271

2A. Project Subrecipients Detail

a. Organization Name: St. Vincent de Paul of Baltimore

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

c. Employer or Tax Identification Number: 52-0597056

	*** d. Organizational DUNS:**	074929530	**PLUS 4**	

e. Physical Address

Street 1: 2305 N. Charles Street
Street 2: Suite 300
City: Baltimore
State: Maryland
Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $1,045,271

j. Contact Person

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Kurlanski

Suffix:	
Title:	Director, Foundation Relations & Grants
E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Confirm E-mail Address:	matthew.kurlanski@vincentbaltimore.org
Phone Number:	410-662-0500
Extension:	214
Fax Number:	410-662-0508

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MD0356

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: SVDP Front Door Rapid Re-Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The Front Door Program (FDP) serves 110 households annually comprised of 80 non-DV families, and 30 families and individuals fleeing or attempting to flee intimate partner violence (IPV) through a partnership with House of Ruth Maryland's (HRM). HRM is a leading provider of domestic violence services that has operated rapid re-housing services for the past six years for families who are fleeing or attempting to flee IPV. The target population admitted to FDP are households assessed to be homeless, either literally or chronically, as defined by the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) regulations. FDP employs a scattered-site approach to housing, in which households are placed in regular, market-rate housing in communities where they feel comfortable living, have positive community connections and, with support from program staff, are encouraged to engage with the local community and rely on local resources to meet their daily needs—all of which contributes to their stability and housing retention. Households admitted to FDP work with the Housing Coordinator/Case Manager to locate market-rate rental units in communities where their children are in school and the household has existing support systems. Households are provided with three housing referrals and the Housing Coordinator works with the household to choose the housing that best meets their unique needs. The FDP Housing Coordinator advocates, mediates and negotiates on behalf of households, often directly with landlords, to ensure housing stability and retention, and educates households on how to resolve problems and avoid future episodes of homelessness. FDP currently works with numerous landlords who represent a broad, diverse spectrum of Baltimore City neighborhoods.

In order to ensure sustainable housing placements, households admitted to FDP are provided ongoing intensive case management that addresses all of a household's circumstances and assesses and intervenes to remove all barriers to maintaining their housing including referral to health, mental health, and substance abuse services, mediation with landlords, families, and friends to repair fractured relationships, connection and referral to workforce development agencies, and provides direct service and referral to financial literacy supports. FDP employs a three-tier progressive engagement case management system, ranging from weekly to monthly in-home case management visits, depending on the needs of each household.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X

Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 37

Total Beds: 86

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	37	86

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: 37

b. Beds: 86

3. 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: 3445 Park Heights Ave

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21215

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

240066 Baltimore

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	40	5	0	45

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	30	5		35
Adults ages 18-24	10	0		10
Accompanied Children under age 18	80		0	80
Unaccompanied Children under age 18			0	0
Total Persons	120	5	0	125

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	4	0	4	8	0	0	15
Adults ages 18-24	0	0	0	1	0	1	2	0	0	6
Children under age 18	0			0	0	0	20	0	10	50
Total Persons	0	0	0	5	0	5	30	0	10	71

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	0	0	0	0	0	0	5	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	0	0	5	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	0

Describe the unlisted subpopulations referred to above:

Persons that are underemployed, lack education or work skills, or have other economic/family/social barriers to housing.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
48%	**Directly from emergency shelters.**
1%	**Directly from safe havens.**
1%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
0%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

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? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Department of Health and Human Services	10%	1.3024568E7

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$670,848
Total Units:	37

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	37	$670,848

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	$677	$677	x		=	$0
0 Bedroom	0	x	$903	$903	x		=	$0
1 Bedroom	4	x	$1,097	$1,097	x		=	$52,656
2 Bedrooms	19	x	$1,376	$1,376	x		=	$313,728
3 Bedrooms	12	x	$1,769	$1,769	x		=	$254,736
4 Bedrooms	2	x	$2,072	$2,072	x		=	$49,728
5 Bedrooms	0	x	$2,383	$2,383	x		=	$0
6 Bedrooms	0	x	$2,694	$2,694	x		=	$0
7 Bedrooms	0	x	$3,004	$3,004	x		=	$0
8 Bedrooms	0	x	$3,315	$3,315	x		=	$0
9 Bedrooms	0	x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	37							$670,848
Grant Term								1 Year
Total Request for Grant Term								$670,848

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:	$225,934
Total Value of In-Kind Commitments:	$44,504
Total Value of All Commitments:	$270,438

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	House of Ruth and...	09/01/2019	$9,000
Yes	In-Kind	Private	House of Ruth and...	09/01/2019	$35,504
Yes	Cash	Private	St. Vincent de Paul	09/01/2019	$216,633
Yes	Cash	Private	House of Ruth	09/01/2019	$9,301

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: (Be as specific as possible and include the office or grant program as applicable)	House of Ruth and St. Ambrose
5. Date of Written Commitment:	09/01/2019
6. Value of Written Commitment:	$9,000

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:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	House of Ruth and Johns Hopkins University School of Nursing
5. Date of Written Commitment:	09/01/2019
6. Value of Written Commitment:	$35,504

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: (Be as specific as possible and include the office or grant program as applicable)	St. Vincent de Paul
5. Date of Written Commitment:	09/01/2019
6. Value of Written Commitment:	$216,633

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: (Be as specific as possible and include the office or grant program as applicable)	House of Ruth
5. Date of Written Commitment:	09/01/2019
6. Value of Written Commitment:	$9,301

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$670,848
3. Supportive Services	$337,941
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,008,789
7. Admin (Up to 10%)	$72,963
8. Total Assistance plus Admin Requested	$1,081,752
9. Cash Match	$225,934
10. In-Kind Match	$44,504
11. Total Match	$270,438
12. Total Budget	$1,352,190

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	SVdP Nonprofit Do...	09/25/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: SVdP Nonprofit Documentation

Attachment Details

Document Description: SVdP RRH Cash Match - MD0356

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/13/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated the Subrecipient information already listed.
- Updated the Project Description information already listed.
- The Outreach Participant percentage was updated to reflect the CoC Coordinated Assessment data.
- Updated Match source.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/04/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/04/2018
1E. SF-424 Compliance	09/04/2018
1F. SF-424 Declaration	09/04/2018
1G. HUD-2880	09/04/2018
1H. HUD-50070	09/04/2018
1I. Cert. Lobbying	09/04/2018
1J. SF-LLL	09/04/2018
Recipient Performance	09/04/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	09/04/2018
3A. Project Detail	09/04/2018
3B. Description	09/13/2018
4A. Services	09/04/2018
4B. Housing Type	09/04/2018
5A. Households	09/04/2018
5B. Subpopulations	09/04/2018
5C. Outreach	09/04/2018
6A. Funding Request	09/04/2018
6C. Rental Assistance	09/04/2018
6D. Match	09/04/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/04/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/13/2018
Submission Without Changes	09/04/2018

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

DEPARTMENT OF THE TREASURY

Date SEP 2 0 2010

ST VINCENT DE PAUL OF BALTIMORE INC
C/O JOHN SCHIAVONE
2305 N CHARLES ST STE 300
BALTIMORE, MD 21218

Employer Identification Number:
52-0597056
DLN:
200162011
Contact Person:
MARC KENNEDY ID# 52413
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 11, 1867
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/12/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0357
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Youth Empowered Society Rapid Re-Housing

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$314,634.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Youth Empowered Society Rapid Re-Housing 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/05/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and	X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/12/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $314,634

Organization	Type	Type	Sub-Award Amount
Strong City Baltimore (fiscal sponsor for Youth...	M. Nonprofit with 501C3 IRS Status		$314,634

2A. Project Subrecipients Detail

a. Organization Name: Strong City Baltimore (fiscal sponsor for Youth Empowered Society)

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

c. Employer or Tax Identification Number: 52-0897806

	*** d. Organizational DUNS:**	890006613	**PLUS 4**	

e. Physical Address

Street 1: 3503 N. Charles Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21218

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003, MD-002

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: $314,634

j. Contact Person

Prefix: Ms.

First Name: Karen

Middle Name:

Last Name: Stokes

Suffix:	
Title:	CEO
E-mail Address:	kstokes@strongcitybaltimore.org
Confirm E-mail Address:	kstokes@strongcitybaltimore.org
Phone Number:	410-261-3500
Extension:	
Fax Number:	

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MD0357

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: Youth Empowered Society Rapid Re-Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The YES rapid re-housing program will provide medium-term rental assistance,case management and supportive services, as well as housing location and support to 10 unaccompanied youth, ages 18 to 24. Youth who participate in this program will be supported by a RRH Program Coordinator and two dedicated Case Managers. The Program Coordinator will source housing, maintain relationships with landlords, and coordinate the finance, data collection
and evaluation components of the program; the Case Managers will help youth choose and connect with the most appropriate housing for them and provide them flexible, responsive case management support that is relationship-based,trauma-informed, and uses a positive youth development framework. Importantly, this will be a Housing First program, without additional requirements for participation. Case Managers will meet with youth at least weekly. This contact will be made outside of the drop-in center (at the youth's room/apartment, grocery store, bank, etc.) and at the drop-in center. Finally, a paid advisory board of youth participants will ensure that the program is youth directed, youth-led, and meets the diverse needs of youth. Each RRH Program participant will have a dedicated case manager with a small case load (10) who can provide them individually tailored support and services.
This rapid re-housing program will likely be the first experience in independent living for youth. YES will work with all youth to develop and improve skills related to getting their first apartment, including life skill such as cooking,shopping, being a good tenant, and cleaning. Budgeting and personal finance
skills are critical to move youth to independence and out of homelessness. Working with youth oftentimes needs to focus on values and goals. Case managers will work with youth to identify their most important values and goals and will review their budget and evaluate how it has met the youth's goals and needs. Case managers will assist youth with opening savings and checking accounts. Participants also will receive the full array of case management support that YES offers, which includes help accessing benefits, connecting to health and mental health care services, navigating access to education, connecting to paid training and employment, etc. YES is welcoming and affirming to unaccompanied homeless youth, particularly those who identify as LGBTQ. Staff support youth to identify and present as they choose. To ensure staff competently serves LGBTQ youth, staff participate in yearly cultural competency training. Additionally, YES is committed to consistently seeking feedback from the youth about how we can make our space and services more culturally competent through anonymous surveys,one-on-one check-ins, and group discussions.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

approach?

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	Monthly
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Non-Partner	Annually
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	Bi-weekly
Food		Subrecipient	Monthly
Housing Search and Counseling Services		Subrecipient	Monthly
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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: 10

Total Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	13

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: 10

b. Beds: 13

3. 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: 2307 N. Charles Street

Street 2:

City: Baltimore

State: Maryland

ZIP Code: 21218

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

240066 Baltimore

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	3	7	0	10

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
Adults ages 18-24	3	7		10
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
Total Persons	6	7	0	13

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										
Adults ages 18-24						1				2
Children under age 18										3
Total Persons	0	0	0	0	0	1	0	0	0	5

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										
Adults ages 18-24	1			1		1			1	3
Total Persons	1	0	0	1	0	1	0	0	1	3

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	0

Describe the unlisted subpopulations referred to above:

Unaccompanied homeless youth that do not have chronic health conditions/disabilities but are highly vulnerable due to lack of support networks, underemployment, or lack of education.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

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:

Rental Assistance	X
Supportive Services	X
HMIS	X

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:	$141,684
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	10	$141,684

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	7	x	$1,097	$1,097	x		=	$92,148
2 Bedrooms	3	x	$1,376	$1,376	x		=	$49,536
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	10							$141,684
Grant Term								1 Year
Total Request for Grant Term								$141,684

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:	$78,659
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$78,659

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	Youth Empowerment	09/28/2018	$78,659

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: (Be as specific as possible and include the office or grant program as applicable)	Youth Empowerment
5. Date of Written Commitment:	09/28/2018
6. Value of Written Commitment:	$78,659

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$141,684
3. Supportive Services	$150,000
4. Operating	$0
5. HMIS	$1,500
6. Sub-total Costs Requested	$293,184
7. Admin (Up to 10%)	$21,450
8. Total Assistance plus Admin Requested	$314,634
9. Cash Match	$78,659
10. In-Kind Match	$0
11. Total Match	$78,659
12. Total Budget	$393,293

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Tax Exempt Letter	09/27/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Tax Exempt Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey

Date: 09/12/2018

Title: Director, Mayor's Office of Human Services

Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Update expected award amount to match GIW.
3B. NO changes were made to this question.
3C. NO changes were made to this question.
4B. Updated response to indicate the number of beds dedicated to chronically homeless.
5C. NO changes were made to this question.
6D. Updated match information.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2018

1E. SF-424 Compliance	09/05/2018
1F. SF-424 Declaration	09/05/2018
1G. HUD-2880	09/05/2018
1H. HUD-50070	09/05/2018
1I. Cert. Lobbying	09/05/2018
1J. SF-LLL	09/05/2018
Recipient Performance	09/05/2018
Renewal Grant Consolidation	09/05/2018
2A. Subrecipients	09/05/2018
3A. Project Detail	09/05/2018
3B. Description	09/05/2018
4A. Services	09/05/2018
4B. Housing Type	09/05/2018
5A. Households	09/05/2018
5B. Subpopulations	09/05/2018
5C. Outreach	09/05/2018
6A. Funding Request	09/05/2018
6C. Rental Assistance	09/05/2018
6D. Match	09/07/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018
7B. Certification	09/05/2018
Submission Without Changes	09/05/2018

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077591934
Aug. 04, 2015 LTR 4168C 0
52-0897806 000000 00
00024083
BODC: TE

STRONG CITY BALTIMORE
3503 NORTH CHARLES ST
BALTIMORE MD 21218-2405

007285

Employer Identification Number: 52-0897806
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 14, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1970.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077591934
Aug. 04, 2015 LTR 4168C 0
52-0897806 000000 00
00024084

STRONG CITY BALTIMORE
3503 NORTH CHARLES ST
BALTIMORE MD 21218-2405

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

Sincerely yours,

Jeffrey I. Cooper
Director, EO Rulings & Agreement

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0358
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Baltimore - Mayor's Office

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000769

	c. Organizational DUNS:	052340973	PLUS 4	

d. Address

Street 1: 7 E. Redwood Street
Street 2: 5th Floor
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21202

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Homeless Services Program

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Chris
Middle Name:
Last Name: Rafferty
Suffix:
Title: Deputy Director - Homeless Services Program
Organizational Affiliation: City of Baltimore - Mayor's Office
Telephone Number: (410) 396-4885

Extension:
Fax Number: (410) 539-1091
Email: chris.rafferty@baltimorecity.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: HCAM Rapid Re-Housing

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

b. Project:
(for multiple selections hold CTRL key) MD-007, MD-003, MD-002

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Baltimore - Mayor's Office
Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Organizational Affiliation:	City of Baltimore - Mayor's Office
Telephone Number:	(410) 396-7543
Extension:	
Email:	terry.hickey@baltimorecity.gov
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip/Postal Code:	21202

2. Employer ID Number (EIN):	52-6000769
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$635,600.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HCAM Rapid Re-Housing 7 E. Redwood Street Baltimore Maryland

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Formula	$1,719,500.00	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	Emergency Solutions Grant - Supplemental	2061204.0	Shelter, RRH, HMIS, Outreach, Prevention
City of Baltimore - Mayor's Office of Human Services	HOPWA	$8,331,845.00	TBRA, supportive services
NA			
NA			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Terry Hickey, Director, Mayor's Office of Human Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Baltimore - Mayor's Office

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Baltimore - Mayor's Office
Name / Title of Authorized Official:	Terry Hickey, Director, Mayor's Office of Human Services
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Baltimore - Mayor's Office
Street 1:	7 E. Redwood Street
Street 2:	5th Floor
City:	Baltimore
County:	Baltimore City
State:	Maryland
Country:	United States
Zip / Postal Code:	21202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. [X]

Authorized Representative

Prefix:	Mr.
First Name:	Terry
Middle Name:	
Last Name:	Hickey
Suffix:	
Title:	Director, Mayor's Office of Human Services
Telephone Number: (Format: 123-456-7890)	(410) 396-7543
Fax Number: (Format: 123-456-7890)	(410) 539-1091
Email:	terry.hickey@baltimorecity.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The APR for the current grant is not due at this time.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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.

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: $635,600

Organization	Type	Type	Sub-Award Amount
Healthcare Access Maryland, Inc.	M. Nonprofit with 501C3 IRS Status		$635,600

2A. Project Subrecipients Detail

a. Organization Name: Healthcare Access Maryland, Inc.

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

c. Employer or Tax Identification Number: 52-2017095

	*** d. Organizational DUNS:**	052340973	**PLUS 4**	

e. Physical Address

Street 1: 201 E. Baltimore Street

Street 2:

City: Baltimore

State: Maryland

Zip Code: 21202

f. Congressional District(s): (for multiple selections hold CTRL key) MD-007, MD-003

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: $635,600

j. Contact Person

Prefix: Ms.

First Name: Traci

Middle Name:

Last Name: Kodeck

Suffix:	
Title:	CEO
E-mail Address:	tkodeck@hcamaryland.org
Confirm E-mail Address:	tkodeck@hcamaryland.org
Phone Number:	410-649-0500
Extension:	3,057
Fax Number:	

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MD0358

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-501 - Baltimore CoC

2b. CoC Collaborative Applicant Name: City of Baltimore - Mayor's Office

3. Project Name: HCAM Rapid Re-Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

This rapid re-housing project will serve at least 50 adult households (both single adults and adult couples) during the program's operating year. This project will provide short and medium-term rental assistance, intensive case management and connection to supportive services, and housing locator and counseling services. The project's goal is to have clients placed into housing within 30 days of intake, working with each client to develop a “housing stability blueprint” and forecasting a three- to six- month financial assistance package. The staffing model for the project will be one (1) full time Housing Coordinator, two (2) fulltime Stability Coordinators and one Peer Specialist. The Housing Coordinator
(HC) will be responsible for all needs related to landlord recruitment, education and retention. The HC will complete all activities related to housing location and lease up for the clients, including any needed HUD Housing Quality Standards (HQS) inspections. The Stability Coordinators (SC) will serve in a role very similar to a case manager, but work more as an ally, coach and teacher than a manager. The SC will complete initial assessments and Stability Blueprints (more traditionally called Individual Service Plans), conduct home visits and client contacts, facilitate groups and work with partners to facilitate workshops. The Peer Specialist (PS) will be an additional support to any client in crisis or needing hand-on tenant or life skill training. This PS will be someone with lived experience that will offer insight to our staff about the population and have a heightened relatability to the clients.
HCAM developed its core competencies in alignment with the Public Health Foundation, the National Association of Social Work and the Case Management Society of America’s practice guidelines. In alignment with their core competency curriculum, HCAM advocates and Case Managers are trained in Motivational Interviewing (MI), Stages of Change, Trauma Informed Care (TIC), Critical Time Intervention (CTI), as well as Mental Health First Aid (MHFA). HCAM will also implement the use of the evidence-based Integrative Screener instrument that incorporates the Stages of Change model with validated screening tools to assess for mental health, substance use, physical health/primary care and sexual health.

2. Does your project have a specific population focus? No

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

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: 25

Total Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	25	30

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: 30

3. 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: 201 E. Baltimore Street

Street 2: Suite 1200

City: Baltimore

State: Maryland

ZIP Code: 21202

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

240066 Baltimore

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		25		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		25		25
Adults ages 18-24		5		5
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	30	0	30

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										
Adults 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				5		5				15
Adults ages 18-24						1			1	3
Total Persons	0	0	0	5	0	6	0	0	1	18

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	0

Describe the unlisted subpopulations referred to above:

Persons who are homeless due to being underemployed, lack of education or work experience, or other housing barriers.

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
48%	Directly from emergency shelters.
1%	Directly from safe havens.
1%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

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?	Yes
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:

Rental Assistance	X
Supportive Services	X
HMIS	X

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:	$329,100
Total Units:	25

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	25	$329,100

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$677	$677	x		=	$0
0 Bedroom		x	$903	$903	x		=	$0
1 Bedroom	25	x	$1,097	$1,097	x		=	$329,100
2 Bedrooms		x	$1,376	$1,376	x		=	$0
3 Bedrooms		x	$1,769	$1,769	x		=	$0
4 Bedrooms		x	$2,072	$2,072	x		=	$0
5 Bedrooms		x	$2,383	$2,383	x		=	$0
6 Bedrooms		x	$2,694	$2,694	x		=	$0
7 Bedrooms		x	$3,004	$3,004	x		=	$0
8 Bedrooms		x	$3,315	$3,315	x		=	$0
9 Bedrooms		x	$3,626	$3,626	x		=	$0
Total Units and Annual Assistance Requested	25							$329,100
Grant Term								1 Year
Total Request for Grant Term								$329,100

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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 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:	$0
Total Value of In-Kind Commitments:	$160,795
Total Value of All Commitments:	$160,795

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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	Unlimited Bound	09/18/2018	$160,795

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: (Be as specific as possible and include the office or grant program as applicable)	Unlimited Bound
5. Date of Written Commitment:	09/18/2018
6. Value of Written Commitment:	$160,795

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.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	$329,100
3. Supportive Services	$245,665
4. Operating	$0
5. HMIS	$4,800
6. Sub-total Costs Requested	$579,565
7. Admin (Up to 10%)	$56,035
8. Total Assistance plus Admin Requested	$635,600
9. Cash Match	$0
10. In-Kind Match	$160,795
11. Total Match	$160,795
12. Total Budget	$796,395

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Terry Hickey
Date: 09/14/2018
Title: Director, Mayor's Office of Human Services
Applicant Organization: City of Baltimore - Mayor's Office

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	☒
3B. Description	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐
6D. Match	☐

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	☐
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes to reflect program updates and corrections.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	09/14/2018
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6C. Rental Assistance	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018