

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2023 CoC Program Competition NOFO.

Ensure below states New Project Application - based on project set-up

| | | |
|--------------------------------|--------|------------|
| New Project Application FY2023 | Page 1 | 10/05/2023 |
|--------------------------------|--------|------------|

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: 09/21/2023
- 4.Applicant Identifier:
 - a.Federal Entity Identifier:
- 5.Federal Award Identifier:
- 6.Date Received by State:
- 7.State Application Identifier:

This is auto-filled
based on project set
up.

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: CT Department of Mental Health and Addiction Services

b. Employer/Taxpayer Identification Number 06-6000798
(EIN/TIN):

c. Unique Entity Identifier: R2J2V5BZNGY2

Auto-filled based on Applicant profile and project set-up

d. Address

Street 1: 410 Main Street

Street 2:

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip / Postal Code: 06134

e. Organizational Unit (optional)

Department Name: DMHAS

Division Name: Statewide Services

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

Prefix: Ms.

First Name: Alice

Middle Name:

Last Name: Minervino

Suffix:

Title: Program Manager

Organizational Affiliation: CT Department of Mental Health and Addiction Services

Applicant: Input Applicant Name
Project: XYZ PSH Bonus 2024

103626086
206270

Telephone Number: (860) 418-6942

Extension:

Fax Number: (860) 418-6696

Email: Alice.Minervino@ct.gov

1C. SF-424 Application Details

9.Type of Applicant: A. State 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-6700-N-25

Title: Continuum of Care Homeless Assistance
Competition

13.Competition Identification Number:

Title: **Auto-filled based on project set-up**

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key)
15. Descriptive Title of Applicant's Project:
16. Congressional District(s):
- 16a. Applicant: CT-005, CT-001, CT-002, CT-003, CT-004
- 16b. Project: CT-005
(for multiple selections hold CTRL key)
17. Proposed Project
- a. Start Date: 07/01/2025
- b. End Date: 06/30/2026
18. Estimated Funding (\$)
- a. Federal:
- b. Applicant:
- c. State:
- d. Local:
- e. Other:
- f. Program Income:
- g. Total:
- State in which project operates and serves participants. Project name (below) will auto-fill based on project set-up. Populates with name entered in "projects" screen. To change, applicant must exit the application, go back to "projects" on the left menu, open the Correct project and edit the name. Once the application is reopened from the "submissions" screen the Updated project name will appear.**
- Choose Congressional Districts in which the project will perform activities.**
- Input start date no earlier than 7/1/2025, and end date 1 year later as demonstrated here.**

1E. SF-424 Compliance

APPLICANTS IN MOST STATES, INCLUDING NY, CT, VA, RI, TX. WILL SELECT B. A list of states that have chosen to review applications, along with State Points of Contact (SPOC) is available here: <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>

19. Is the Application Subject to Review By State? Program is subject to E.O. 12372 but has not Executive Order 12372 Process? 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 No debt? If yes, CoC should discuss with applicant and HUD Field Office to ensure applicant eligibility.

If "YES," provide an explanation:

If a project has an outstanding federal debt it is ineligible to receive HUD funds, unless one of the following applies:

-a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or

-other arrangements satisfactory to HUD are made prior to HUD awarding funds.

The explanation of any debt owed, and the repayment arrangements must be provided on Screen 1E. If arrangements satisfactory to HUD cannot be completed within 90 days of notification of the conditional award, HUD will rescind the conditional award.

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: Check box.

21. Authorized Representative

Prefix: Ms.

First Name: Nancy

Middle Name:

Last Name: Navarretta

Suffix:

Title: Commissioner

Telephone Number: (860)418-6952
(Format: 123-456-7890)

Fax Number: (860)418-6696
(Format: 123-456-7890)

Email: nancy.navarretta@ct.gov

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

Date Signed: 09/21/2023

Auto-filled from Applicant Profile

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1.Applicant/Recipient Name, Address, and Phone

Agency Legal Name: CT Department of Mental Health and Addiction Services

Prefix: Ms.

First Name: Nancy

Auto-filled from Applicant Profile

Middle Name:

Last Name: Navarretta

Suffix:

Title: Commissioner

Organizational Affiliation:CT Department of Mental Health and Addiction Services

Telephone Number: (860) 418-6952

Extension:

Email: nancy.navarretta@ct.gov

City: Hartford

County: Hartford

State: Connecticut

Country: United States

Zip/Postal Code: 06134

2.Employer ID Number (EIN): 06-6000798

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$646,314.00

This fills in after the budget is completed.

(Requested amounts will be automatically entered within applications)

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

No action required

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).

No action required - auto populates 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.

Enter Yes for DOH or DMHAS projects

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 |
|---|--------------------|-----------------------------|----------------------------|
| Connecticut Department of Mental Health and Addiction Services 410 Capitol Avenue Hartford CT 06134 | State Funding | \$7,382,622.00 | Supportive Services |
| <p>This table is auto-populated from the HUD 2880 in the applicant profile. For instructions for this table (part II), and next table (part III)- click the link & refer to pp. 2-3. You must report any other government and non-government assistance involved in the project or activity for which assistance is sought (Part II), and you must report:</p> <ul style="list-style-type: none"> all developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity, and any person who has a financial interest in the project or activity. | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this Yes
 grant according to the criteria below?

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.

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | UNIQUE Entity ID | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|--|------------------|-----------------------|---|--|
| Agency A | QZ2FRQXXXXX1 | Planning | \$250,000.00 | 1% |
| Agency E | GXXXXXXEXL33 | Supportive services | \$273,639.00 | 1% |
| Agency B | EKXXXXXJA5H5 | Supportive services | \$102,607.00 | 1% |
| Agency C | JU4PK5XXXXX | Supportive services | \$680,716.00 | 2% |
| Agency D | RZM3NXXXXXX | Supportive services | \$775,348.00 | 2% |

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) | City of Residence | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|--|-------------------|-----------------------|---|--|
| n/a | n/a | n/a | \$0.00 | 0% |
| | | | | |
| | | | | |
| | | | | |

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

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

Check box.

Name / Title of Authorized Official: Nancy Navarretta, Commissioner

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

Date Signed: 09/21/2023

1H. HUD 50070

Auto-populates from Applicant Profile

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: CT Department of Mental Health and Addiction Services

Program/Activity Receiving Federal Grant CoC Program

Funding:

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. | <p>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.</p> |
| b. | <p>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.</p> |
| c. | <p>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.;</p> |
| d. | <p>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;</p> |
| e. | <p>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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| f. | <p>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;</p> |
| g. | <p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Check box.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Nancy

Auto-filled based on Applicant Profile

Middle Name

Last Name: Navarretta

Suffix:

Title: Commissioner

Telephone Number: (860)418-6952

(Format: 123-456-7890)

Fax Number: (860)418-6696

(Format: 123-456-7890)

Email: nancy.navarretta@ct.gov

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

Date Signed: 09/21/2023

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:

Check box.
Below is auto-filled based on
Applicant Profile

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: CT Department of Mental Health and Addiction Services

Name / Title of Authorized Official: Nancy Navarretta, Commissioner

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

Date Signed: 09/21/2023

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 **Must state "no"**

Legal Name: CT Department of Mental Health and Addiction Services

Street 1: 410 Capitol Ave.

Street 2: MS# 14 HOU P.O. Box 341431

City: Hartford

County: Hartford

State: Connecticut

Auto-filled based on Applicant Profile.

Country: United States

Zip / Postal Code: 06134

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.

Authorized Representative

Prefix: Ms.

First Name: Nancy

Middle Name:

Auto-filled based on applicant
profile.

Last Name: Navarretta

Suffix:

Title: Commissioner

Telephone Number: (860)418-6952
(Format: 123-456-7890)

Fax Number: (860)418-6696
(Format: 123-456-7890)

Email: nancy.navarretta@ct.gov

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

Date Signed: 09/21/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS
OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Must check box here and text below is auto-filled based on applicant profile.

Authorized Representative for: CT Department of Mental Health and Addiction Services

Prefix: Ms.

First Name: Nancy

Middle Name:

Last Name: Navarretta

Suffix:

Title: Commissioner

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



Date Signed: 09/21/2023

1L. SF-424D

Are you requesting CoC Program funds for No **Complete - yes or no**
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

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.

Input sub-recipient if not already complete. Note: most applicants will be subrecipients here. Indicate the amount of sub-award. DMHAS subrecipients receive all supportive services \$\$ and 50% of the Admin \$\$.

DOH subrecipients receive all of the Admin \$\$, ACT receives the Rental Assistance \$\$ and ACT receives 50% of the Admin ****

Total Expected Sub-Awards: \$255,141

| Organization | Type | Sub-Award Amount |
|--------------|-----------------------------------|------------------|
| XYZ, Inc. | M.Nonprofit with 501C3 IRS Status | \$255,141 |

Type must be non-profit, state/local government, instrumentality of state/local government, tribe, or tribally designated housing entity. If non-profit proof of non-profit status must be attached to application -do so on the Attachments screen .

Select add icon (page w/ a + on it) to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary 'Subrecipient' screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after you complete and save this screen. Select 'Save & Back to List' to save the information and return to the primary screen. Select 'Save & Add Another' to add information for another subrecipient. To view and edit, select view icon (magnifying glass w/ +). To delete, select delete icon (red circle w/ x in it). Identify information requested for each subrecipient.

Note: the Contact Person for ACT is XXXX

2A. Project Subrecipients Detail

a. Organization Name:

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

c. Employer or Tax Identification Number:

These will auto-fill based on responses in the sub-recipient form above.

d. Unique Entity Identifier:

e. Physical Address

Street 1:

Street 2:

City:

State: Connecticut

Zip Code:

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

Input Congressional District of subrecipient

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:

j. Contact Person

Prefix: Ms.

First Name:
Middle Name:
Last Name:
Suffix:
Title:

Confirm E-mail Address:
Phone Number:
Extension:
Fax Number:

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

Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

- (a) working with and addressing the target population(s) identified housing and supportive service needs,
- (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,
- (c) identifying and securing matching funds from a variety of sources, and
- (d) managing basic organization operations including financial accounting systems.

Insert DMHAS or DOH experience utilizing Fed funds here as appropriate. After recipient info, add subrecipient response. Keep in mind character limits. As much as possible, use concrete data (\$\$) and/or examples of using fed funds & performing activities.

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

DMHAS has a long history of effectively utilizing federal funds, DMHAS currently manages 41 CoC grants w/more than 1760 PSH rental assistance units. DMHAS has received over \$200M in CoC funds. DMHAS provides the match for projects using state funding of over \$7.5M in case management for HUD programs as well as other federal grants such as SAMHSA (PATH, CABHI, and Transformational grants) and state (CT Housing Finance Agency) and private (Melville Charitable Trust, CSH) & many more to fund services. DMHAS' Finance Director reports to the Chief Operating Officer and agency follows standard accounting procedures w/several layers of internal & external controls to ensure all financial transactions are accurate & compliant with standard accounting protocols/ HUD requirements. Through a competitive process, XXXX has been identified as the project subrecipient. For more than 11 years, XXXX has effectively utilized federal funds to best serve those affected by homelessness and poverty including those from HUD and SAMHSA. XXXX use of federal funds has consisted of timely startups, an ability to achieve desired outcomes, and the submittal of accurate and timely reports. Behind these accomplishments are effective and collaborative internal systems between our program, QA, and finance teams. XXXX program leaders are actively involved in CTBOS meetings and trainings. XXXX has more than 10 years of experience managing HUD CoC contracts. XXXX is currently a subrecipient/subcontractor on nine HUD funded RRH and PSH projects. SAMHSA awarded XXXX a five-year, \$1 million-dollar grant in 2018 that has also successfully managed programmatically and fiscally. The QA department oversees compliance with federal contract requirements and works closely with program managers to ensure that programs are carried out according to funder standards. XXXX successfully went through 2 HUD audits in 2021. Further, none of XXXX's federally funded projects have ever been in corrective action.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Include experience of recipient and all subrecipients with leveraging all federal, state, local and private sector funds.

As above, insert DMHAS or DOH response first followed by subrecipient. Provide dollar figures of amounts of Fed, state, local and private sector funds for a recent period of time.

DMHAS has received over \$200M in CoC funds & has used that investment to leverage many times that amount in other federal, state, local and private sources. DMHAS provides over \$7,900,000 in funding for services to provide housing based case management in a housing first model. Many of these services are provided by various DMHAS CoC sub-recipients or through the Local Mental Health Authorities (LMHA's). These supportive services funding resources have leveraged millions in federal funding for additional services, housing subsidies and capital development. DMHAS and its subrecipients have been able to leverage \$3.6 million in SAMHSA CABHI funds, \$600,000 in SAMHSA PATH funds, and \$3M in SAMHSA Transformation grant funds to provide PSH, peer and employment supports. DMHAS has leveraged over 150 Housing Choice vouchers for PSH, worth over \$1.5 M. DMHAS collaborates with sub-recipients, the Corporation for Supportive Housing (CSH), 10 state agencies, and private foundations to leverage resources for housing projects for homeless people statewide. DMHAS supplements HUD funds through tax credits, collaborations with the Connecticut Housing Finance Authority (CHFA) and Department of Housing to leverage development dollars. DMHAS has also leveraged approximately \$17.5 million to provide housing based case management using a housing first model and over \$150 million in state general obligation or 501c3 bonds through CHFA to provide capital funding for the production of over 500 units of single site PSH. As the project's subrecipient, XXXX has extensive experience in leveraging federal, state, local, and private funds to ensure that programs are funded well enough to produce successful outcomes. XXXX currently has an \$18M annual operating budget comprised of federal HUD and SAMHSA funds, State of CT Department of Housing and Department of Mental Health and Addiction Services, City of Hartford and City of New Haven, as well as several private grants. These funds are often braided together within our programs so that we can maximize direct service dollars and administrative funds.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Include how your organization (recipient and all subrecipients) has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

As above, input DMHAS or DOH info first as appropriate, followed by subrecipient information. If possible, use same or similar language to what is highlighted to the right. State financial mngt. software used. State process of checks and balances used (internal & external controls) to ensure financial transactions are accurate and compliant.

DMHAS has been managing federal funds & overseeing subrecipients' financial management for 20+ years & subrecipient agencies have been managing operations & accounting systems for over 20 years. DMHAS has robust organization & management structures & has used internal/external coordination strategies to successfully manage over \$165M in CoC funds and will use those structures to manage the proposed project. DMHAS Commissioner oversees all agency operations. DMHAS' Fiscal Unit manages accounting/contracting/payment functions & a stand-alone auditing unit monitors contracts/payments to ensure funds are expended according to requirements. The Finance Director is responsible for fiscal management of the CoC projects, including timely rent payment/LOCCS draw downs and subrecipient contracting. Finance Director reports to the Chief Operating Officer. DMHAS follows generally accepted accounting principles & has several layers of internal and external controls to ensure all financial transactions are accurate & compliant w/2 CFR part 200. DMHAS has achieved: cost savings resulting in 12% more households served in PSH than units funded, timely draw downs in LOCCS/submission of APRs, limited monitoring findings, timely resolution of findings & a consistent track record of timely rent payments. Additionally, XXXX sustains high standards of financial accounting and reporting via internal practices and policies which are approved by CARF. Using financial management software, the Finance department, led by XXXX's CFO, ensures program expenses are charged to the appropriate class code. Indirect cost standards are calculated using CT's Uniform Cost standards. Per annual Board-approved policy and independent audits, the calculation and allocation of costs and administrative indirect rates are consistently applied to all contracts and grants. XXXX had no material weaknesses or significant management recommendations on annual financial audits since its inception.

4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?

Complete. If yes, need detailed explanation.

3A. Project Detail

1 and 2 should be same for all. #1 is chosen from a dropdown list.

1.CoC Number and Name: CT-505 - Connecticut Balance of State CoC

2.CoC Collaborative Applicant Name: Connecticut Department of Mental Health and Addiction Services

Complete all fields.

3.Project Name: PSH Bonus 2023 - populates from "project" screen and is read only

4.Project Status: Standard - defaults to this.

5.Component Type: PH Select approp. component type for project. All BOS non-DV Bonus projects will be PH component

5a. Select the type of PH project: PSH Select sub-type if applicable. Permanent supportive housing will be PSH and Rapid Rehousing RRH

6.Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Victim service provider (VSP) means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence VSPs must use a comparable database in lieu of transitional housing programs, and other programs.

7.Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) Input No

8.Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Input No

9.Will this project include replacement reserves in the Operating budget? Input No

10.Is this project applying for Rural costs on screen 6A? Input No

3B. Project Description

For all project types: #1 should include: target population, project plan for addressing identified housing & supportive service needs, anticipated project outcomes, coordination with other organizations, reason CoC funding is needed and must not conflict with other parts of the application. For TH/RRH: if not requesting CoC Program funds for both TH and RRH units in this application, must include the number of TH and RRH units that will be used by your project from other funding source(s) and provide details of how TH and RRH assistance will be provided for all clients under this component. For example, if TH units are requested in this application and RRH units will be funded from other sources, the description must include information as to where the funds for the RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units, including the number of units supported.

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

Input project description. If received feedback from Zengine app, please make adjustments accordingly. Include highlighted text as appropriate for your program. Include that referrals will be obtained from the CAN.

XXXX will provide permanent supportive housing (PSH) services to 26 individuals who meet the Dedicated Plus definition; all participants will receive CoC rental assistance. Using a **Housing First** model, PSH Case Workers (CWs) start by assisting clients in the housing search/find process. Once housing is secured, services will focus on stabilizing the household. The CW will provide services in clients' homes to get a more thorough assessment of household needs. The CW and client will jointly create an individualized action plan, using a person-centered approach, to identify and prioritize the goals the client will work on during their time in the program. Action plans will center on issues related to the client's ability to maintain stable housing and may include increasing employment/income, finding stable physical and behavioral healthcare, and budgeting. The CW will assist clients in obtaining and maintaining any cash and/or non-cash benefits they maybe eligible for. The CW will also ensure all documentation is collected to ensure compliance with HUD requirements. The CW will also provide support in maintaining a positive relationship between the tenant and their landlord. This includes acting as an advocate for the client while also providing guidance to the client on how to be a good tenant (i.e., paying rent on time, adhering to lease agreements, keeping the rental unit in a safe/healthy condition). For this project, we will also employ a part-time peer recovery specialist who will work primarily with clients who have mental health and/or substance use challenges. Helping clients access mainstream benefits and services: Successful case management involves making linkages, not simply referrals, between clients and community resources. The intake/assessment and action plan processes help identify the needs of the entire household. Creating linkages will help ensure that the client has long-term supports in the community. PSH staff will work with clients to obtain and maintain income - stabilizing housing and strengthening their ability to live independently. SOAR trained staff will assist clients in assessing their eligibility and completing applications that includes the gathering of critical documents. Through effective outreach, established and effective coordination, households will gain the proper assistance to establish a stable income that consists of earned pay, benefits, or both. The following are the anticipated client outcomes for this project: At least 90% will maintain permanent housing or exit to permanent housing, 85% will be housed within 90 days, 100% will be linked with community resources, 100% will have access to peer support and SOAR eligibility assessment.

Note: All PSH projects must be Dedicated Plus. DV Bonus projects must indicate funds will be dedicated to survivors of domestic violence, dating violence, sexual assault or stalking as defined by HUD homeless category 4.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 6 | 30 | All must complete column A. Additional columns only needed if project includes multiple structures - meaning buildings that are being constructed/rehabilitated, etc. with project funds. Scattered site projects need only complete column A. | |
| Begin program participant enrollment | | 60 | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | Generally within 90 days | 90 | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | Generally within 180 days, but may take longer in current rental climate. | 180 | | |
| Closing on purchase of land, structure(s), or execution of structure lease | Only complete these fields ("Closing . . . and below) if they are applicable to your project. | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds. **Not applicable**

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

Must select at least one. Ensure consistency with other parts of this application. Should match section 5 (Select ALL that apply)

| | | | |
|---|--------------------------|---|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| | | Must select if DV Bonus | |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| | | Select as appropriate for DMHAS-disability | |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |
| | | Select as appropriate for DMHAS-disability | |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input checked="" type="checkbox"/> |
| | | Must select if has Dedicated CH beds | |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

Must select yes

Answers will impact CoC Application Score. CT BOS requires all projects to be Housing First, therefore, all projects must answer yes

5. Housing First

5a. Will the project quickly move participants into permanent housing?
 Select Yes

Sample responses below assumes the project is using the Housing First model, which is required in BOS

5b. Will the project enroll program participants who have the following barriers?
 Select all that apply.

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

5d. Will the project follow a "Housing First" approach?
 (Click 'Save' to update)

Will populate as yes if responses above correctly indicate alignment with Housing First. If this says no, applicant should correct responses above.

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?

Select: Yes, if any portion of the project will be site-based or require program participants to live in a specific locality, city, or specific area. Otherwise, select No. RRH responses will all be "no"
 If yes, additional Qs will pop up. See New Application instructions if necessary for detailed description on responses.

7. Will more than 16 persons live in a single structure? **Respond Yes or No. If yes, additional follow up questions must be answered.**

100% Dedicated or DedicatedPLUS

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

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

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

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

8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?

All CT BOS PSH projects must respond DedPlus. This field will not appear for RRH projects.

3C. Project Expansion Information

Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click 'Save' or 'Save & Next' to move to the next screen.

1. Is this a "Project Expansion" of an eligible renewal project? No

If you answered 'Yes' to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with 'Yes' or 'No' and for each 'Yes' response you must complete the additional questions.

2. Will this expansion project increase the number of program participants? Required. Select:

Yes, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

No, if this project will not increase the number of program participants.

2a. Currently Approved Renewal Numbers (from 'Stand-alone Renewal' project application). The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.

- Number of persons (From renewal application Screen 5A)
- Number of units (From renewal application Screen 4B)
- Number of beds (From renewal application Screen 4B)

2b. New effort: New Requested Numbers to Add (from this 'Stand-alone New' project application). Enter the proposed point-in-time numbers that will be added to the renewal project.

- Number of additional persons (From this new application Screen 5A)
- Number of additional units (From this new application Screen 4B)
- Number of additional beds (From this new application Screen 4B)

3. Will this expansion project provide additional supportive services to program participants? Required. Select:

Yes, if this expansion project will provide additional supportive services.

No, if this expansion project will not provide additional supportive services.

3a. Indicate how the project will provide additional supportive services to program participants. Required if 'Yes' to question 3. Check one or both boxes to indicate the expanded supportive services.

- Increase the number of or expand supportive services provided.
- Increase frequency or intensity of supportive services.

4. Will this expansion project bring existing facilities up to government health or safety standards?

Required. Select:

Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

No, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. Required if 'Yes' to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

All Qs in 4A must be completed.

4A. Supportive Services for Participants

Acceptable responses acknowledge needs of target population & include a plan that addresses types of assistance that will be provided by the project applicant, or other partners, to ensure program participants will move into appropriate permanent housing (PH) & either remain in or move to other PH once assistance is no longer needed. Also, if coordinating with other partners, include their role in meeting this criterion. The description should include: how you will determine the right type of housing that fits the needs of participants (this should match the information entered on screen '4B. Housing Type'); if you will use rental/leasing assistance, how you will work with landlords to address possible issues & challenges; type of assistance & support will provide to participants to overcome challenges to PH (e.g. case management, housing counseling, employment resources); and how you will work with participants to set goals towards successful retention of PH.

Ensure that any feedback from the Zengine application is taken into account and response is adjusted accordingly.

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

Client engagement starts with the CAN referral. At CAN meetings, individuals and families on the BNL are prioritized for housing and providers indicate the availability of slots. Upon identification, the PSH Program Manager will make assignments to the project CWs. The CW will conduct a comprehensive intake that captures a client's housing preferences like location, unit size, features, accessibility, etc. The CW will support the client in searching for available units, contacting landlords, negotiating affordable rents, and understanding/signing leases. Staff will conduct apartment inspections using the HQS and Visual Lead Assessments prior to a lease signing and annually; units must pass inspection requirements prior to financial assistance allocation. Inspections identify safety risks/hazards that include chipping and peeling paint, improperly working smoke detectors, insufficient locks, torn/damaged window screens, and/or inadequate lighting. If clients identify concerns, HQS may be conducted more frequently. CWs will educate clients on tenant rights and lead safety. If problems are not addressed via standards, staff will request assistance from the Livable Cities Initiative. Staff will focus on swiftly solidifying housing using a Housing First approach and conducting a comprehensive assessment and action plan to address clients' needs. Plans will detail the provision of services directly or through linkages/referrals. Clients will participate in the initial plan, periodic review, and reassessment. Staff will connect households to identified and accessible community services, like health care, behavioral health, education, employment, life skills, and childcare services. Staff will further help clients to develop life skills like creating and adhering to a household budget; being a considerate neighbor; understanding lease agreements and tenant rights; and resolving utility arrears. Clients with MH/SA challenges will be linked with the project's peer staff to address issues related to recovery. PSH staff employ CTI-informed practices including active community outreach, psycho-social skills building, motivational coaching, and manageable case loads based on the intensity of needs. Clients will be linked to educational and/or employment resources like the Job Center/Workforce Alliance; attaining healthcare; referring to mainstream community resources and supports. PSH staff will assist clients in identifying units that meet stated needs, goals, and affordability. Affordability is a high priority to ensure that rental assistance is expended prudently and requires locating three comparison units and determining rent reasonableness for the household's chosen apartment. Cost comparisons validate alignment with HUD-prescribed fair market rents for the region and consider the proper utility allowance. PSH staff identify units with rents inclusive of utility expenses and often negotiates lower rents with landlords.

See add'l notes related to RRH below.

For RRH in #1: As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends. If project serves exclusively survivors of DV, description must include safety planning addressing needs of this population towards meeting goal of obtaining & maintaining PH, and includes trauma-informed and victim-centered approaches.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

See instructions below.

As above, ensure to take into account any feedback from the Zengine application and to adjust response accordingly.

PSH staff will work with clients to attain and maintain income - stabilizing housing and strengthening their ability to live independently. Staff will help clients make solid connections to employment, mainstream benefits, and needed providers in alignment with their action plan's stated goals, objectives, and timeframe. Through the Jobs initiative, staff have established accessibility to the Hartford Jobs Center that simplifies entry and navigation to an array of employment resources, job readiness, trainings, and certification programs. Transportation issues will be addressed via community partnerships and resources. Clients will learn about the Workforce Innovation and Opportunity Act (WIOA) for job aptitude testing, tuition assistance, resume writing and job searches. Staff will link clients to workshops (e.g., interviewing skills), and assistance that addresses medical, mental health, and social development needs impairing their ability to work/live independently. XXXX has also established connections with safe, accessible, and affordable childcare and will help clients understand varied enrollment criteria and application expediting. With an intent to empower, staff will offer to accompany clients at initial meetings with childcare/other needed providers. For those with mental health or substance abuse issues, connections with a Peer Recovery Specialist may occur, whose lived experiences will further empower clients. Staff follow-up responsibilities on a client's next steps is highly critical for success. Staff also help clients learn life skills like budgeting, paying bills on time, learning how to talk to an employer/landlord and advocating for oneself (e.g., unit needs maintenance/ improperly working utilities), and understanding lease agreements and tenant rights so that clients become more self-sufficient while maintaining stable housing. The action plan process will identify household economic barriers and detail client goals like increasing earned and/or unearned income and building specific skills (e.g., budgeting). To increase earned income, staff might connect clients with local employment services, job training programs, employment mentors/job coaches, childcare, and/or transportation. To help clients increase their unearned income, staff will connect them to benefits to which they are eligible, such as TANF, SNAP, WIC, or other resources. Providing households with technical assistance like how to gather required documentation and complete applications for childcare assistance and/or other benefits is another staff responsibility. Staff will be well-trained in person-centered and trauma-informed care, Motivational Interviewing techniques, and DEI that will help clients attain goals. Prioritizing goals will be important to increase the chances of success (e.g., attaining recovery-focused services and/or benefits prior to seeking employment).

Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities),
- the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI, SSDI, Food Stamps, Veterans benefits),
- the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education), and
- access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

For the table below, if responding partner, it must be an entity with which recipient/subrecipient has an MOU. Otherwise, response would be non-partner.

3. For all supportive services available to program 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 As |
| Assistance with Moving Costs | | Non-Partner | needed |
| Case Management | If project is indicates a cost accrued in one of these areas on the Supportive Services budget page, then they must indicate recipient, partner or sub-recipient is providing the service here. | 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 | | Non-Partner | As needed |
| Life Skills Training | | Subrecipient | Weekly |
| 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 | | Non-Partner | As needed |
| Utility Deposits | | Non-Partner | As needed |

Identify whether the project will include the following activities:

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

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

Responses should be Yes for each.

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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.

To add a detail screen, select add icon (paper with + sign) and complete the mandatory fields. Select 'Save & Back to List' to save the information and return to the primary screen. Select 'Save & Add Another' to add another detail screen. To view and edit, select view icon (magnifying glass). To delete, select icon (red circle with x in middle)

Total Units:

Total Beds:

Total Dedicated CH Beds: 0 This should be 0 because all PSH beds are DedPlus

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|------------------------------|----------------------|-------|------|-------------------|
| . TRA must be scattered site | --- | | | 0 |

The numbers reported must reflect the units and beds at full capacity on a single night that will be supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program rental assistance funds.

A 0 bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units & beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, part 6. Total units & beds must be consistent with the number of households (units) and persons (beds) as listed on 5A and 5B & indicate max capacity at a point in time. Numbers reported must reflect units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds. **This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds.**

Since RRH projects use tenant-based rental assistance (TRA) and the address for scattered-site or single-family homes cannot be identified at the time of application, enter the address for the project's administration office. **Important Note:** Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

For **Joint TH/RRH:** This screen captures the numbers of units & beds for both the TH and PH-RRH portions of this project application.

You must enter information for both the TH & RRH portions on the 'Housing Type and Location and Detail' screen of this project, even if one of the housing types will be funded through other source(s) rather than through the CoC Program. You will have a minimum of 2 entries, one for TH & one for RRH. Additionally, you must ensure your project has sufficient units & beds for both housing types to allow program participants the choice of housing they prefer as you cannot direct a program participant to one type of housing over the other.

CoC Program required rule for TH/RRH is that RRH units must be 2x the amount of those provided through TH. The total numbers reported must reflect the total units & total beds at full capacity on a single night for both the TH & RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds

| | | |
|--|--|--|
| | | |
|--|--|--|

4B. Housing Type and Location Detail

1. Housing Type: **Select housing type**

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

a. Units:

b. Beds:

3. How many beds in “2b. Beds” are dedicated to 0 persons experiencing chronic homelessness?

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:

Street 2:

City:

State: CT

ZIP Code:

*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)

Select the geographic area(s) associated with the address entered for this project. If you need to select multiple areas due to units located in more than one city or county, hold down the ‘Ctrl’ key to make multiple selections.

5A. Project Participants - Households

Must indicate number of households and persons served at a single point in time.

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 |
| Persons over age 24 | | | | |
| Persons ages 18-24 | | | | |
| Accompanied Children under age 18 | | | | |
| Unaccompanied Children under age 18 | | | | |
| Total Persons | | | | |

Click Save to automatically calculate totals

For all sections below, numbers indicated must reflect people served at a single point in time when project is at full capacity.

5B. Project Participants - Subpopulations

For all sections below, total number of people shown must equal at least the total number of people in applicable households category in 5A.

Persons in Households with at Least One Adult and One Child

Family info goes in this chart.

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

PSH only: All PSH projects are DedicatedPLUS. As such a head of household must be entered under the Chronic Homeless (CH) column and have a qualifying disability for each household At least one adult (head of household) must be indicated as having at least one disability

Persons in Households without Children

Singles/Adult only household info in this chart.

| Characteristics | CH (Not Veterans) | DV Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|---|---------------------|--------------------------|---|
| Persons over age 24 | 24 | | | | | | | | | |
| Persons ages 18-24 | 2 | | | | | | | | | |
| Total Persons | 26 | 0 | 0 | | 0 | | 0 | | | 0 |

Click Save to automatically calculate totals

PSH only: must indicate at least one CH (head of household) adult for each adult only household, and that adult must have at least one disabling condition.

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

If a # is indicated in the column, "Persons not represented by a listed subpopulation", a description of program participants falling into this category must be entered at the bottom of this screen.

For all sections: total aggregate number of CH non-vets, CH Vets, and non-CH Vets may not exceed the total # of people listed in the relevant category in 5A.

DV Bonus projects must list all people in each household type table above as DV.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? **Must indicate Yes**

2. What type of CoC funding is this project applying for in this CoC Program Competition? **CoC Bonus**

Must select CoC Bonus unless DV Bonus.

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

All DMHAS and DOH grants will indicate "No" given new guidance provided.

4. Select a grant term: **1 Year**

All should be 1 year

*5. Select the costs for which funding is requested:

| | |
|---|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/> |
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input type="checkbox"/> |

Must check each box next to budget line item project intends to apply for

VAWA was automatically checked in 2023 for all, but did not necessitate a request for funding if not desired.

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? **No**
(13 to 18 months)

All select no.

Regarding indirect costs. We received new guidance in a HUD FAQ essentially saying that if an agency is a subrecipient on a grant, they must use the recipient organizations negotiated cost rate or the de minimis 10% rate, even if the subrecipient org has a different negotiated rate. Subs may not use their own negotiated rate. Both DMHAS and DOH do not qualify for using indirect costs because they are "a state or local government receiving more than \$35 million in Federal funding."

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.

Grey chart fills in based on data entered in table below.

| | |
|----------------------------------|-----------|
| Total Annual Assistance Request: | \$370,032 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$370,032 |
| Total Units: | 26 |

The number of beds for which funding has been requested in the Rental Assistance budget is 26.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|----------|-----------------------|---------------|
| TRA | CT | 26 | \$370,032 |

RRH projects must be TRA.

Table must be completed if applying for Rental Assistance.

Ensure # of units and Total \$\$ match units and budget provided.

Select add icon to access a new 'Rental Assistance Detail' screen. All grey fields will calculate after you complete and save this screen. Select 'Save & Back to List' or select 'Save & Add Another'. To view and edit, select view icon (magnifying glass). To delete, select. delete icon (red circle with x).

Rental Assistance Budget Detail

This screen populates based on information saved in the table on the previous page.

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: Choose the are in which units will be located and FMR rates below populate based on this.

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|---------------|------------------------|----------------------|-----------|---------------------------|
| SRO | x | \$786 x | 1 | \$0 |
| 0 Bedroom | x | \$1,048 x | 2 | \$0 |
| 1 Bedroom | 26 x | \$1,186 x | 1 | \$370,032 |

| | | | | | | | |
|---|----|---|---------|---|---|---|-----------|
| 2 Bedrooms | | x | \$1,447 | x | 1 | = | \$0 |
| 3 Bedrooms | | x | \$1,789 | x | 2 | = | \$0 |
| 4 Bedrooms | | x | \$1,995 | x | 1 | = | \$0 |
| 5 Bedrooms | | x | \$2,294 | x | 2 | = | \$0 |
| 6 Bedrooms | | x | \$2,594 | x | 1 | = | \$0 |
| 7 Bedrooms | | x | \$2,893 | x | 2 | = | \$0 |
| 8 Bedrooms | | x | \$3,192 | x | 1 | = | \$0 |
| 9 Bedrooms | | x | \$3,491 | x | 2 | = | \$0 |
| Total Units and Annual Assistance Requested | 26 | | | | 1 | | \$370,032 |
| Grant Term | | | | | 2 | | 1 Year |
| Total Request for Grant Term | | | | | 1 | | \$370,032 |

Click the 'Save' button to automatically calculate totals.

2
 1
 2
 1
 2

6F. Supportive Services Budget

See 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to individual budget items (e.g., if funds will be used to pay for cell phone for case manager, the monthly cost of cell phone, will be included on the Case Management line, if funds will be used to pay for staff time to drive participants to appointments, staff pro-rated salary, benefits, etc., will be included in Transportation line). For this reason, you must provide detailed info on quantity & description for each eligible cost requested. A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|-----------------------------|
| 1.Assessment of Service Needs | | |
| 2.Assistance with Moving Costs | | |
| 3.Case Management | 1.85FTE Case Worker, .15FTE Supervisor, .13FTE Quality Assurance staff, 25% fringe, \$1211 office supplies, \$900 mileage for client visits, \$3000 for 2 computers | \$148,613 |
| 4.Child Care | | |
| 5.Education Services | | |
| 6.Employment Assistance | | |
| 7. Food | | |
| 8.Housing/Counseling Services | | |
| 9.Legal Services | | |
| 10.Life Skills | 1FTE Peer Recovery Specialist, .1FTE Supervisor, .06FTE Quality Assurance Staff, \$900 office supplies, \$900 mileage for client visits, \$1500 for 1 computer | \$85,387 |
| 11.Mental Health Services | | |
| 12.Outpatient Health Services | | |
| 13.Outreach Services | | |
| 14.Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16.Utility Deposits | | |
| 17.Operating Costs | | |
| Total Annual Assistance Requested | | \$234,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$234,000 |

Click the 'Save' button to automatically calculate totals.

Ensure math checks out and ensure all costs are eligible.

If there is an amount input on a category on this page, then the corresponding category must be also filled out on 4A. Supportive Services for Participants.

Quantity and Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e) (17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month.)

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A.VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B.VAWA Confidentiality Requirements.Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | |
| Estimated budget amount for VAWA Confidentiality Requirements: | |

Applicant: Input Applicant Name
Project: XYZ PSH Bonus 2024

103626086
206270

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Must commit a minimum of 25% match (before rounding) based on total of all budget line items except Leasing (which will not exist in 2024 new projects)

Summary for Match

| | |
|--------------------------------------|-----------|
| Total Amount of Cash Commitments: | \$161,579 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$161,579 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Enter Yes or No
 Scattered site projects should not have program income.

| Type | Source | Name of Source | Amount of Commitments |
|------|------------|----------------------|-----------------------|
| Cash | Government | DMHAS- New Haven ... | \$161,579 |

Complete above as previous tables

If yes to #1 above, must complete the table which pops indicating description of source of program income (e.g. tenant rent or occupancy charges paid to recipient/subrecipient). Note that projects may not charge participants any fees other than rent or occupancy charges. Source should be specified and include the office or grant program as applicable (e.g. State office of Mental Health Supportive Housing Program).

Note: If applications include **third party** in-kind match a separate attachment screen will appear that project applicants should use to attach MOU documentation that confirms the in-kind match commitment.

Projects are cautioned to avoid indicating match in excess of 25%. HUD will monitor based on the total match commitment indicated in this application. Indicating excessive match increases risk of fund recapture.

The match information on this page should be based on the current commitments at the time of project application, covering the requested grant operating period (grant term), and NOT based on projections. HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes the amount(s) listed.

All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC program grant funds for that activity.

For more information about matching requirements: review the relevant FAQs at www.hudexchange.info/coc/faqs by searching for the keyword "match"

Sources of Match Detail

This will populate based on table completed on previous page.

1.Type of Match commitment: Cash

2. Source: Government

3.Name of Source:

(Be as specific as possible and include the office
or grant program as applicable)

4.Amount of Written Commitment:\$161,579

6J. Summary Budget

This table autopopulates based on previous screens, with the exception of Admin (#10). which must be completed here. To edit other amounts, changes must be made on previous screen.

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.

Confirm that Eligible Costs amounts and totals match amounts agreed upon with CoC.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$370,032 | 1 Year | \$370,032 |
| 4. Supportive Services (Screen 6F) | \$234,000 | 1 Year | \$234,000 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$0 | 1 Year | \$0 |
| 9. Sub-total of CoC Program Costs Requested | | | \$604,032 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$42,282 |
| May not be over 10% of #9, Subtotal | | | |
| 11. HUD funded Sub-total + Admin. Requested | | | \$646,314 |
| 12. Cash Match (From Screen 6I) | | | \$161,579 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$161,579 |
| Ensure total match is input @ 25% | | | |
| 15. Total Project Budget for this grant, including Match | | | \$807,893 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document | Type | Required? | Document Description | Date Attached |
|--|------|-----------|--|---------------|
| 1)Subrecipient Nonprofit Documentation | | No | Subrecipient Nonprofit documentation must be uploaded if there is a nonprofit subrecipient | |
| 2)Other Attachment(s) | | No | | |
| 3)Other Attachment(s) | | No | | |

If applications include third-party in-kind match on Screen 6D, a separate 7A Attachments screen will appear and should be used to attach MOU documentation that confirms the in-kind match commitment. Ensure that the date of the MOU is current. If the MOU documentation is not available upon application submission, it will be a condition for grant execution if HUD conditionally awards the project. If organization has a federally approved indirect cost rate agreement as entered on 6A Funding Request screen, the approved agreement must be attached to this project application. If third party match is indicated on match screen, documementation must be attached.

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1.Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2.Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3.Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4.Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Nancy Navarretta Pre-populated from applicant profile
Date: 09/21/2023
Title: Commissioner
Applicant Organization: CT Department of Mental Health and Addiction Services

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

| |
|---|
| X |
|---|

Box must be checked prior to submission in e-snaps. However, at time of review may not be checked.

8B. Submission Summary

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

| Page | Last Updated |
|--------------------------------|--------------------|
| New Project Application FY2023 | Page 56 10/05/2023 |

| | |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/21/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/21/2023 |
| 1E. SF-424 Compliance | 09/21/2023 |
| 1F. SF-424 Declaration | 09/21/2023 |
| 1G. HUD 2880 | 09/21/2023 |
| 1H. HUD 50070 | 09/21/2023 |
| 1I. Cert. Lobbying | 09/21/2023 |
| 1J. SF-LLL | 09/21/2023 |
| IK. SF-424B | 09/21/2023 |
| 1L. SF-424D | 09/21/2023 |
| 2A. Subrecipients | 09/21/2023 |
| 2B. Experience | 09/21/2023 |
| 3A. Project Detail | 09/21/2023 |
| 3B. Description | 09/21/2023 |
| 3C. Expansion | 09/21/2023 |
| 4A. Services | 09/21/2023 |
| 4B. Housing Type | 09/21/2023 |
| 5A. Households | 09/21/2023 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/21/2023 |
| 6E. Rental Assistance | 09/21/2023 |
| 6F. Supp Srvcs Budget | 09/21/2023 |
| VAWA Budget | No Input Required |
| 6I. Match | 09/21/2023 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/21/2023 |
| 7D. Certification | 09/21/2023 |

Review all for completion. Any areas here where it indicates "please complete" must be reviewed to determine what still needs completion on that page.

OGDEN UT 84201-0029

In reply refer to: 4077591934
July 14, 2014 LTR 4168C 0
22-3037451 000000 00
00031878
BODC: TE

XYZ PROJECT NAME
XYZ MEMBER NAME
XYZ ADDRESS
SECOND LINE ADDRESS



027474

Employer Identification Number:
Person to Contact:
Toll Free Telephone Number:

Dear Taxpayer:

This is in response to your May 28, 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 May 1990.

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
July 14, 2014 LTR 4168C 0
22-3037451 000000 00
00031879

XYZ PROJECT NAME
XYZ MEMBER NAME
XYZ ADDRESS
SECOND LINE ADDRESS

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,