

**HAMPDEN COUNTY CONTINUUM OF CARE**  
**2014 Continuum of Care Competition**

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**REQUEST FOR PROPOSALS**

**For Hampden County CoC Renewal Projects**

**and New Projects that will Provide:**

**Permanent Supportive Housing  
for Chronically Homeless Individuals or Families**

**or**

**Rapid Rehousing for Homeless Families with Children**

Total Available Funding: \$2,504,505

**RFP Available: Monday, September 29, 2014**

**Bidder's Conference: Wednesday, October 1, 2014, 10 a.m.**

Office of Housing, 1600 E. Columbus Ave., Springfield

**Second Bidder's Conference: Friday, October 3, 2014, 10 a.m.**

Office of Housing, 1600 E. Columbus Ave., Springfield

**Applications Due: Tuesday, October 14, 2014, 4 p.m.**

Office of Housing, 1600 E. Columbus Ave., Springfield

## INTRODUCTION

The U.S Department of Housing and Urban Development (HUD) released the 2014 Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program (Docket No. FR-5800-N-30) on September 16, 2014. Continuum of Care (CoC) applications must be submitted to HUD no later than October 30, 2014, 7:59:59 p.m. eastern time.

The HUD NOFA sets up the procedure by which a CoC, through its designee, submits a single collaborative application to fund the CoC and eligible projects that advance the CoC goals. The designee, or “Collaborative Applicant”, for the Hampden County CoC (also called the Springfield/Chicopee/Holyoke/Westfield/ Hampden CoC) is the City of Springfield, which administers the CoC and all grants awarded to the CoC.

The consolidated application that will be submitted by the City of Springfield for the FY2014 CoC Program Competition will include renewal projects from prior competitions, reallocation proposals, and eligible new projects. It may also include a planning grant for an amount not to exceed \$44,182. The CoC is seeking proposals from Hampden County providers of services and housing for renewal projects, new permanent supportive housing projects, and new projects to provide rapid rehousing to homeless families with children.

Applications must be submitted in HUD’s electronic grant application system *esnaps*. The City of Springfield will provide applicants access to *esnaps* and technical assistance regarding use of the system. An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix A. Renewal and new applicants must also submit the Hampden County CoC Supplemental Application. The Supplemental Application for Renewals is attached to this RFP as Appendix B. The Supplemental Application for New Projects is attached to this RFP as Appendix C.

## FUNDING AVAILABILITY

The Hampden County Continuum of Care expects to be awarded a minimum of \$2,454,415 in this funding round, and may receive up to \$2,504,505. Annual grant amounts for existing programs range from approximately \$22,000 to \$450,000; the average grant size is just under \$150,000.

## SEPARATE REQUEST FOR PROPOSALS

The Hampden County Continuum of Care released a separate Request for Proposals (RFP) on September 22, 2014, seeking a single project, with a budget up to \$530,189, to provide permanent supportive housing to individuals or families that are chronically homeless. Please note that this is a separate Bonus project, separately funded. Applicants may submit proposals in response to both RFPs. Regardless of which competition an applicant enters, the CoC reserves the right to offer to include any applicant in either category when the final proposal is submitted to HUD.

## **ELIGIBLE PROJECTS**

The following three types of projects are eligible for funding in this competition:

### **1. Renewal Projects**

Projects currently funded under the CoC Program, Supportive Housing Program (SHP), and Shelter Plus Care (S+C) are eligible for renewal for FY 2014 funds if they have a grant agreement that expires in Calendar Year 2015.

Applicants that were eligible under the SHP and S+C programs but are no longer eligible under the CoC Program will continue to be eligible for renewal of leasing, operating, supportive service, rental assistance, HMIS and project administration costs, so long as their project continues to serve the same population and the same number of participants or units in the same type of housing as identified in their most recently amended grant agreement signed before August 30, 2012.

### **2. NEW Permanent Supportive Housing for Chronically Homeless Individuals or Families**

New permanent supportive housing projects that will serve 100% chronically homeless individuals or families are eligible to apply in this competition.

Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for leasing, rental assistance, operating costs, and supportive services; definitions and guidance for each of these items is at 24 CFR 578.43-578.63.

“Chronically homeless” is defined as:

- (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or
- (2) an individual who has been residing in an institutional care facility, including a jail, mental health or substance abuse facility, hospital or other similar facility for fewer than 90 days and has met all the criteria in paragraph (1) of this definition before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

### **3. NEW Rapid Rehousing for Homeless Households with Children**

New rapid rehousing projects that will serve homeless households with children are eligible to apply in this competition.

CoC funds may provide supportive services, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.

“Homeless” is defined as:

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
- (3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

These projects:

- Must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent. For the purposes of calculating rent for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.
- Must limit rental assistance to no more than 24 months to a household.

- May provide supportive services for no longer than 6 months after rental assistance stops.
- Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs.
- Must require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.

### **ELIGIBLE APPLICANTS**

Eligible applicants include non-profits, local and state government, and housing authorities.

### **ELIGIBLE COSTS**

The following guidance indicates the costs that may be included in program budgets, to be paid for by the CoC grant or by matching funds.

#### **Rental Assistance**

Rental assistance for homeless individuals and families, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as last month's rent.

#### **Leasing**

The costs of leasing scattered site units to provide housing to homeless persons.

*Leasing: Limits on rent costs.* Rents paid must be reasonable in relation to comparable space or units, and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR).

*Utilities.* Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

*Security deposits and first and last month's rent.* Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

### **Supportive Services**

The eligible costs of supportive services that address the special needs of the program participants.

#### **Supportive Services Must Relate to Housing Stability**

Supportive services must be necessary to assist program participants obtain and maintain housing, and agencies must conduct an annual assessment of the service needs of the program participants and adjust services accordingly.

*Eligible supportive services costs:*

- Reasonable one-time moving costs
- Case management
- Food—meals or groceries for program participants
- Housing search and counseling services
- Life skills training
- Outreach services
- Transportation
- Utility deposits (one-time fee, paid to utility companies)
- Direct provision of services: 1) costs of labor, supplies, and materials; and 2) salary and benefit packages of service delivery staff.

*Ineligible costs:* Any cost that is not described as an eligible cost is not an eligible cost.

### **Operating Costs**

Grant funds may be used to pay the costs of the day-to-day operation of permanent supportive housing in a single structure or individual housing units.

*Eligible operating costs:*

- Maintenance and repair of housing
- Property taxes and insurance
- Building security for a structure where more than 50 percent of the units or area is paid for with grant funds
- Electricity, gas, and water
- Furniture
- Equipment.

*Ineligible costs* Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

### **Project Administration**

The Project Sponsor may use up to 50% of the HUD-allowed administrative funds associated with the project. The HUD-allowed administrative costs are 7% of the full grant; the remaining 50% of the administrative funds are retained by the City of Springfield.

### **MATCHING FUNDS AND LEVERAGE**

The grantee must match all grant funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73.

Grantees must leverage other services or funds for program participants. The expectation is that the use of leveraged additional resources will enable applicants to develop a comprehensive project that meets the needs of persons assisted and ensure successful program outcomes. Guidance regarding leverage is provided in Appendix D to this document.

### **HOMELESS MANAGEMENT INFORMATION SYSTEM**

All successful project applicants, with the exception of entities that are victim service providers, must agree to participate in the CoC's Homeless Management Information System (HMIS).

### **GRANT TERM**

Renewal projects may only apply for one year grant terms.

New projects may request funds for an initial grant term of 1 year, 2 years, 3 years, 4 years, 5 years, or 15 years. The funding request submitted at this time must cover the entire period of the initial grant term (with the exception of projects with a 15-year grant term, as explained below). This means that if a project's annual budget is \$100,000, the project must request \$200,000 if applying for a 2-year term, \$300,000 if applying for a 3-year term, and 500,000 for a 5-year term.

Grant terms for new projects are subject to the following requirements:

- Any new project application that includes leasing—either leasing alone or leasing costs plus other costs (e.g. supportive services, HMIS, etc.)—may only request up to a 3-year grant term.

- Any of the following new projects may request 1-year, 2-year, 3-year, 4-year, or 5-year grant terms with funding for the same number of years: operating costs, supportive services only, HMIS, and project administration.
- Any new project applications that requests new construction, acquisition, or rehabilitation must request a minimum of a 3-year grant term and may request up to a 5-year grant term.
- Any new projects requesting project-based rental assistance or sponsor-based rental assistance, or operating costs may request up to a 15-year grant term; however, the project applicants may only request up to 5 years of funds. Funding for the remainder of the term is subject to availability and applicants must apply for additional funds at such time and in such manner as HUD may require.
- If an applicant requests funds for new construction, acquisition, or rehabilitation in addition to requesting funds for operating, supportive services, or HMIS, the funding will be for the 3 years requested, and the grant term will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. HUD will require recordation of a HUD-approved use and repayment covenant (a form may be obtained from the local HUD CPD field office) for all grants of funds for new constructions, acquisition, and rehabilitation. (24 CFR 578.81)

## **THRESHOLD REQUIREMENTS AND COMPETITIVE REVIEW**

### **Threshold Requirements**

To become eligible for consideration by the CoC Scoring and Ranking Committee, all projects must first successfully pass a review of threshold requirements. The City of Springfield CoC Administrator will perform a threshold review of all submitted projects. ***Each project must meet the following minimum standards:***

1. The project must meet HUD eligibility requirements.
2. Persons served by the project must meet the HUD definition of homeless.
3. The application must be complete and submitted in the correct format.
4. The application must be submitted on time.

### **Competitive Review**

All applications that meet the threshold requirements will be forwarded to the CoC Scoring and Ranking Committee for evaluation, selection and ranking. Appendix A explains the process that will be used for the competitive review.

## APPLICATION PROCESS

**The deadline for submittal of Project Applications is October 14, 2014 at 4:00 pm.**

There are **two required parts of submittal**, both of which must be completed by the deadline.

1. Submittal of the electronic **application in esnaps**. The electronic application must include the following required attachments:
  - a. Documentation of **501(c)(3) status**.
  - b. Documentation of **Match**.
2. Submittal of **CoC Supplemental Application** to the Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA. The Supplemental Application for Renewals is attached to this RFP as Appendix B. The Supplemental Application for New Projects is attached to this RFP as Appendix C. Both Supplemental Applications include a list of required documents which must be submitted with the CoC Supplemental Application.

### INSTRUCTIONS FOR SUBMISSION OF APPLICATION IN ESNAPS

1. Applicant access to *esnaps*.
  - The applicant must designate a staff person to access *esnaps*.
  - The designated individual must visit the *esnaps* site, [www.esnaps.hud.gov](http://www.esnaps.hud.gov), click the "Create Profile" button, and provide the required information. Following this step, the individual must send an email to Deborah Merkman, [dmerkman@springfieldcityhall.com](mailto:dmerkman@springfieldcityhall.com), and request that the individual be linked to the Hampden County CoC account. Ms. Merkman will send a response email conforming that the individual has been added.
  - Renewal applications have already been created.
  - For new projects: Ms. Merkman will also create a new project application for the proposed project, which shall be the name of the applicant agency – name of the proposed project. This name can be changed at a later date.
2. Accessing program application in *esnaps*.
  - The applicant's *esnaps* user should log-in to *esnaps* and click the "Submissions" button in the left-hand column. At the top middle of the page that opens is a section named "Submissions Filters" and the top line is "Applicant Project Name." Use the drop-down menu to find your project. Once your agency and program name are in the box from the drop-down menu, click the "Filter" button.

- Once the system filters to only your program, look in the second column for “Renewal Project Application FY2014” or “New Project Application FY2014.” To open the application, click on the orange and grey icon to the left of the program name.

### 3. Completing the *esnaps* application.

- Note that Part 1 of the application has been completed by the City of Springfield. Because HUD grants are actually awarded to the City, the City is considered the applicant. Each program grantee is a subrecipient. Subrecipient information begins in Part 2.
- Detailed instructions for completing the application are available by clicking “FY2014 Renewal Detailed Instructions” or “FY2014 New Project Renewal Detailed Instructions” in the left-hand column.
- An additional resource for completing the renewal application is the *esnaps* Instructional Guide: Renewal Project Application, available at <https://www.hudexchange.info/resources/documents/FY-2014-Renewal-Application-Instructional-Guide.pdf>.
- An additional resource for completing a new application is the *esnaps* Instructional Guide: New Project Application, available at <https://www.hudexchange.info/resources/documents/FY-2014-New-Project-Application-Instructional-Guide.pdf>.

### 4. *Esnaps* attachments.

- All new applications must contain two attachments, which are uploaded at screen 8A.
- Each application must have documentation of the agency’s 501(c)(3) status attached.
- Each application must also upload documentation of Match (funds or in-kind). The documentation must be scanned and uploaded.

### 5. Submittal of the *esnaps* application.

- Once the application is complete, the “Submit” button on screen 9B will no longer be greyed out. Click the Submit button.

## INSTRUCTIONS FOR SUBMISSION OF COC SUPPLEMENTAL APPLICATION

1. Availability of the CoC Supplemental Application.
  - The CoC Supplemental Application for Renewals is attached to this RFP as Appendix B. The CoC Supplemental Application for Renewals will also be available throughout the competition at <http://westernmasshousingfirst.org/fy2014-continuum-of-care-funding-competition>
  - The CoC Supplemental Application for New Projects is attached to this RFP as Appendix C. The CoC Supplemental Application for Renewals will also be available throughout the competition at <http://westernmasshousingfirst.org/fy2014-continuum-of-care-funding-competition>
2. List of required documents.
  - The CoC Supplemental Applications include a checklist of required documents. Please provide one copy of each of the required documents.
  - If any document is not available by the required deadline, the applicant must provide a written explanation of the reason the document is not available and a firm date, no later than October 27, 2014, by which the document will be made available. The CoC Scoring and Ranking Committee reserves the right to revoke approval of any application which does not have all required documents on file prior to submittal of the CoC application to HUD on October 30, 2014.
3. Submittal of the CoC Supplemental Application and accompanying documents.
  - The CoC Supplemental Application and all required documents must be delivered to the Springfield Office of Housing by the RFP application deadline (October 14, 2014, 4:00 p.m.)

## HAMPDEN COUNTY CONTINUUM OF CARE

### CoC Application Selection and Ranking Process 2014

The US Department of Housing and Urban Development (HUD) released the Continuum of Care (CoC) FY2014 Notice of Funding Availability (NOFA) on September 16, 2014. The NOFA is available at [www.hudexchange.info/resources/documents/nofa-for-fy2014-funds-in-the-fy2013-fy2013-coc-program-competition.pdf](http://www.hudexchange.info/resources/documents/nofa-for-fy2014-funds-in-the-fy2013-fy2013-coc-program-competition.pdf).

The Hampden County CoC will submit a **collaborative application** to HUD for competition funds on **October 30, 2014**. The application will include three types of individual project applications:

1. Grantees with current projects (FY13) seeking **renewal** of those same projects;
2. Grantees with current projects (FY13) seeking **reallocation** funds for a new eligible project; and
3. A single applicant proposal for a new **Permanent Supportive Housing Bonus** project.

The application may also include a proposal for the CoC to receive a one year **Planning** grant, for an amount up to \$44,182.

#### APPLICATION DEADLINE

Project applications for renewal, reallocation and permanent supportive housing bonus must be submitted to the CoC in the electronic *esnaps* system no later than **4:00 p.m. on Tuesday, Oct.14, 2014**.

Scoring of applications will be completed by the CoC Scoring and Ranking Committee, which will be made up of CoC members who are not employed by or associated with any of the project sponsors applying for funds.

The CoC Scoring and Ranking Committee will score submitted proposals according to objective criteria provided as part of the application process, and will rank proposals in order according to scores. The committee will then consider overall CoC priorities and strategy to determine a final list of projects to be submitted to HUD, and the amounts of funding to be requested for each project. **Proposers will be notified in writing on October 20, 2014** of whether they will be included and the amount to be allocated for each project, and the list and rationale for selection shall be posted on the website of the Western Massachusetts Network to End Homelessness on that date.

Funding Amounts are as follows:

Tier 1	\$2,454,415
Tier 2	\$50,090
Permanent Supportive Housing Bonus	\$530,189

All projects included in the applications must be fully placed in either Tier 1 or Tier 2. Projects submitted to HUD in Tier 1 are expected to be funded. Tier 2 projects will be awarded funds based on the CoC 's FY2013 competitive score and the availability of HUD funds. The Tier 1 amount is set at 2% below the amount needed to fully fund all existing CoC projects eligible for renewal in 2014.

### **APPLICATION PROCESS FOR RENEWALS, REALLOCATIONS AND NEW PROJECTS**

The FY2014 CoC competition is open to renewal, reallocation and eligible new projects, which will be scored competitively. The highest scoring projects will be included in the CoC application submitted to HUD.

Applicants will need to log in to *esnaps* to complete a renewal or new application.

**Renewal.** The City of Springfield has created renewal application files in *esnaps* for each existing project. Renewal applicants must open the renewal application, fill in missing information, update existing information, and upload any required supporting documents. Once complete, applicants must submit the renewal application.

**Reallocation.** Existing grantees may elect not to submit a renewal application and may instead apply for a new project, a process called reallocation. Certain grantees committed in the FY13 application that they would reallocate in the FY14 application, and these grantees are *required* to do so. The required reallocation projects are MHA Annie's House, MHA Safe Havens, Providence Ministries Loreto House and Samaritan Inn.

HUD's NOFA emphasizes that people living in transitional housing do not meet the definition of chronically homeless. Any program reallocating from transitional housing to permanent supportive housing must make a plan for transitional housing residents to move out prior to the end of the current grant year, and must commit to serve 100% of the required eligible population. In addition, permanent supportive housing projects must commit to use of the VI-SPDAT and prioritization processes established by the CoC, which may include a centralized waitlist.

**New Projects.** New project applicants and reallocation grantees must provide notice to Gerry McCafferty, [gmccafferty@springfieldcityhall.com](mailto:gmccafferty@springfieldcityhall.com), of the intent to submit a new application and whether the new project being created is 1) permanent supportive housing for chronically homeless individuals and families, or 2) rapid rehousing for homeless families. Within 24 hours of notification, the new project application will be set up in *esnaps* and ready for entry of application information. New and reallocation project sponsors must open the new project application, fill in application information, and upload required supporting documents. Once complete, applicants must submit the new or reallocation application.

### **APPLICATION PROCESS FOR PERMANENT SUPPORTIVE HOUSING BONUS**

New applicants and existing grantees may apply for the Permanent Supportive Housing Bonus. Applicants for the Bonus must contact Gerry McCafferty, [gmccafferty@springfieldcityhall.com](mailto:gmccafferty@springfieldcityhall.com), to be given access to *esnaps* and have an application created. The application will be created within 24 hours

of notice to Ms. McCafferty. Ongoing technical assistance regarding use of *esnaps* will be provided by Deborah Merkman, [dmerkman@springfieldcityhall.com](mailto:dmerkman@springfieldcityhall.com), 413-787-7756.

A Request for Proposals for the permanent supportive housing project was posted to the website of the Western Massachusetts Network to End Homelessness on September 22, 2014.

### **ESNAPS GUIDANCE AND TECHNICAL ASSISTANCE**

*Esnaps* is available at [www.esnaps.hud.gov](http://www.esnaps.hud.gov). If you do not already have the ability to log in to the CoCs *esnaps* account, you must request access from Deborah Merkman, [dmerkman@springfieldcityhall.com](mailto:dmerkman@springfieldcityhall.com) or 413-787-7746. Deborah Merkman can also provide technical assistance regarding *esnaps* use throughout the application process.

### **SCORING, RANKING AND SELECTION**

All complete, timely, and eligible applications will be scored by the CoC Application Committee, using a scoring rubric attached to this guidance. Scores will determine each project's rank in the CoC's application to HUD, and rank will be the primary determinant of placement into Tier 1 (which will be fully funded by HUD) and Tier 2 (which will only be funded if the CoC's score is high enough and if there are sufficient resources). Scores may also be used to reject applications or to reduce budgets for low-scoring projects.

The scoring rubric evaluates past performance (of renewal/reallocation applicants) and promotes certain best practices or practices that will improve our local response to homelessness and align our response with national policies and best practices. These include:

- Agreement to use the CoC-selected assessment tool and prioritization standards;
- Commitment to a Housing First low-demand service model;
- Significant leveraging other resources; and
- Projects that promote geographic diversity of programs throughout our CoC.

The process for considering projects will include the following:

- A threshold requirement that submissions required in this guidance are complete and timely (failure to meet this requirement will result in project not being scored);
- Project scoring;
- Responses to requests for explanations or requests for more information from the Scoring and Ranking Committee; and
- [Possibly] Applicant interviews.

Once the committee completes the scoring and ranking, the committee may consider the CoC's priorities, as established at the Sept. 19, 2014 Board of Directors meeting, whether the initial scoring is likely to result in any critical service gaps, and strategy related to Tier cut offs and HUD's selection process, and may make adjustments to budgets and produce the final ranking of projects to be included

in the CoC application. The Committee's rationale for any adjustments must be recorded and made public with the published rankings.

Because HMIS is required for the CoC and must be funded, HMIS grants will receive the maximum score. In addition, several projects which are eligible for renewal are new projects which have not yet started operations. For this competition only, these projects will be placed at the top of tier 1, because they reflect new priorities for what the CoC most prioritizes for funding, but have not yet been able to demonstrate performance.

Project selections, rankings and tier allocations will be provided to proposers by written notice and published on the following website no later than 8:00 pm on October 20, 2014:

Western Massachusetts Network to End Homelessness,  
<http://westernmasshousingfirst.org/coc/hampden-coc>

Applicants not selected by the CoC to be included in the CoC submission to HUD may appeal by submitting their *esnaps* Solo Application directly to HUD not later than October 30, 2014, 7:59:59 p.m. eastern time.

#### TIMELINE

<b>Sept. 29, 2014</b>	<b>Hampden County CoC FY2014 Competition Opens</b>
<b>Oct. 1, 2014</b> <b>10:00 a.m.</b>	<b>Bidders Conference (optional)</b> 1600 E. Columbus Ave., Springfield, MA
<b>Oct. 3, 2014</b> <b>10:00 a.m.</b>	<b>Bidders Conference (optional)</b> 1600 E. Columbus Ave., Springfield, MA
<b>Oct. 14, 2014</b> <b>5:00 pm</b>	<b>Deadline for Submittal of Complete Application for Rating and Ranking</b> Complete applications include: <ol style="list-style-type: none"><li><b>Esnaps submittal</b> with following attachments:<ul style="list-style-type: none"><li>• Documentation of agency 501(c)(3) status</li><li>• Match commitment letters</li></ul></li><li><b>Delivery of CoC Supplemental Application</b> to the Springfield Office of Housing, 1600 E. Columbus Ave. Springfield. The CoC Supplemental Application is a brief questionnaire and a list of required documents which must be submitted. The required documents are:<ul style="list-style-type: none"><li>• Leverage commitment letters</li><li>• Agency Articles of Incorporation;</li><li>• Minutes of Board of Directors meeting authorizing application for new or renewal funding;</li><li>• Current List of Board of Directors with identification of Officers and terms;</li></ul></li></ol>

- The following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; Internal Control Questionnaire; and CoC Program Project Sponsor Certifications.
- Certified Organization Audit/Financial Statements of most recent year: 1) Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or 2) Financial statements audited by a CPA (if not bound by the requirements of OMB A-133).
- Agency Financial Management Policies and Procedures;
- Agency Procurement Policies and Procedures; and
- The following agency policies: Code of Conduct and Conflict of Interest; Drug-Free Workplace; Affirmatively Furthering Fair Housing; Reasonable Accommodation and Accessibility for Persons with Disabilities; Nondiscrimination and Equal Employment; and Confidentiality.
- The following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; Internal Control Questionnaire; and CoC Program Project Sponsor Certifications.

**Oct. 20, 2014  
8:00 pm**

**Ranking and Selection Results posted on Network website and sent to applicants in writing**

**Oct. 30, 2014**

**CoC Application Submitted to HUD in *esnaps*  
Any rejected applicants may submit *esnaps* Solo Application directly to HUD  
no later than 7:59:59 p.m. eastern time**

**Dec. 2014**

**Expected announcement of project awards**

**Spring 2015**

**Commencement of new projects**

**SCORING FOR RENEWAL/REALLOCATION APPLICATIONS FOR FY2014 COC PROGRAM COMPETITION**

Total points available: 100

<b>PROGRAM</b> 36 points <i>Source:</i> Project Application, Supplemental Survey	Program Type (up to 10 points)	Permanent Supportive Housing—10 points Rapid Rehousing for homeless families—10 points Transitional Housing for Youth – 10 points Other—0
	Population Served (up to 8 points)	If PSH: 100% Chronically Homeless—8 points If RRH: 100% Families in shelter—8 points Transitional Housing: Youth Up to Age 24—8 points Other—0 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved location –5 points Moderately underserved location – 2 points Other—0 points
	Commits to use Coordinated Assessment: VI-SPDAT and prioritization (up to 5 points)	Yes – 5 points No—0 points
	Commits to use of a Housing First model and demonstrates understanding of Housing First principles (up to 5 points)	Yes—5 points No—0 points
	Type of site/building –(3points)	Scattered site program <u>OR</u> program operates in a building subject to CoC deed restriction – 3 points
<b>PERFORMANCE OUTCOMES</b> 24 points <i>Source:</i> HMIS APR for period 7/1/2013 – 6/30/2014	Housing Stability (up to 6 points): PH: 84% or more remained in PH or exited to permanent housing TH: 65% or more of exits are to permanent housing	Scoring for each standard: 6 pts. – Exceeded benchmark 5 pts. - Met benchmark 3 pts. – Missed benchmark but provided a realistic plan for improvement of 10% or more over next year 0 pts. – Missed benchmark and no plan for improvement
	Employment Income (up to 6 points): 20% or more of adults increased employment income	
	Non-employment Income (up to 6 points): 54% or more of adults increased non-employment income	
	Mainstream Benefits (up to 6 points): 70%or more of adults maintained or increased mainstream benefits	
<b>FINANCIAL</b> 20 points <i>Source:</i> Budget submittal, leverage letters, program audit	Leverage (up to 10 points)	Documented leverage of 175% or more – 10 points Documented leverage of 150-174% - 6 points Documented leverage of 100-149% - 3 points
	Audit (up to 5 points)	No findings – 5 points; Findings – 0 points
	Budget submission (up to 5 points)	Budget accurate & compliant with CoC rules – 5 points Other—0 points
<b>PROGRAM MANAGEMENT</b> 20 points <i>Source:</i> APR, agency policies and procedures	HMIS data quality (up to 7 points)	5% or less null/missing data – 7 points 6-10% null/missing data – 4 points
	Program utilization (up to 7 points)	Utilization 90% or above – 7 points Utilization 85-90% - 4 points
	Complete and fully compliant policies & procedures (up to 6 points)	All policies & procedures submitted timely – 2 points Policies & procedures compliant with HUD rules – 4 points

**SCORING FOR NEW PROJECTS FOR FY2014 COC PROGRAM COMPETITION**

Total points available: 100

<p><b>PROGRAM</b> 36 points <i>Source:</i> Project Application</p>	Commits to Housing First model, demonstrates understanding of Housing First principles, and experience with Housing First (up to 16 points)	Housing First – 8 to 16 points (depending on demonstrated understanding and experience) Other model – 16 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved geographic location –5points Moderately underserved geographic location – 2 points Other—0 points
	Commits to use Coordinated Assessment: VI-SPDAT and prioritization (up to 5 points)	Yes—5 points No—0 points
	Demonstrated connection to mainstream service systems (up to 5 points)	Yes—5 points No—0 points
	Site Type: scattered (5 points)	Program uses a scattered site model – 5 points
<p><b>AGENCY EXPERIENCE and HISTORY OF PARTICIPATION &amp; COLLABORATION</b> 24 points <i>Source:</i> Application</p>	Agency experience in performing the proposed activities and in utilizing federal funds (up to 6 points)	Extensive experience serving population or performing the proposed activities – 6 points Some experience serving population or performing the proposed activities – 3 points
	Applicant’s organization and management structure demonstrates internal coordination and an adequate financial accounting system (up to 6 points)	Description shows strong coordination & financial accounting – 6 points Description shows adequate coordination & financial accounting – 3 points
	Participation in CoC or Network (up to 6 points)	Regular attendance at CoC/Network meetings – 6 points Occasional attendance at CoC/Network meetings – 5 points Infrequent attendance – 3 points
	Evidence of external coordination – <i>i.e.</i> , examples of collaboration with other entities serving the same population (up to 6 points)	Provides 2 examples of inter-agency collaboration - 6 points Provides 1 example of interagency collaboration – 3 points
<p><b>FINANCIAL</b> 20 points <i>Source:</i> Budget submittal, leverage letters, program audit</p>	Budget submission (up to 10 points)	Budget is accurate& complies with CoC Interim Rule –10 points
	Leverage (up to 5 points)	Documented leverage of 200% or more – 5 points Documented leverage of 150-199% - 4 points Documented leverage of 100-149% - 2 points
	Audit (up to 5 points)	No findings – 5 points; Findings – 0 points
<p><b>PROGRAM MANAGEMENT</b> 20 points <i>Source:</i> Application, agency policies and procedures</p>	HMIS experience (up to 7 points)	Agency provides HMIS data on existing program(s) to City of Springfield HMIS or MA ASIST – 7 points
	Schedule & management plan (7 points)	Full points where there is a plan for timely and rapid start up and strong management
	Complete and compliant policies & procedures (up to 6 points)	Full points where all required policies and procedures are submitted and comply with HUD requirements.

## DEFINITIONS

**Chronically Homeless** (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or (2) an individual who has been residing in an institutional care facility, including a jail, mental health or substance abuse facility, hospital or other similar facility for fewer than 90 days and has met all the criteria in paragraph (1) of this definition before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**CoC Deed-Restricted** means a site-based program in a building purchased, constructed or rehabilitated with Continuum of Care funds, where the building is subject to a deed restriction related to its CoC funding requiring that it be used for transitional housing or permanent supportive housing for a period of 10 years after the date of initial occupancy, and the building is within the 10-year restricted period.

**Housing First** is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. The only real expectations of Housing First, which the individual agrees to prior to starting with the program, is to agree to have support workers visit at home, to pay their rent on time and in full (or agree to third party payment of rent), and to avoid disrupting the reasonable enjoyment of other tenants in the same building that would cause their eviction.

**Mainstream Services** Publicly-funded programs that provide services, housing and income supports to low-income persons whether they are homeless or not. They include programs providing welfare, health care, mental health care, substance abuse treatment, and veterans' assistance.

**Permanent Supportive Housing (PSH)** means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. Permanent housing is community-based housing without a designated length of stay. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

**Rapid Rehousing (RRH)** means short-term (up to 3 month) or medium-term (3 to 24 months) financial assistance to obtain or maintain permanent housing, along with case management during the period of rental assistance.

**Scattered Site** means a housing model in which the housing units are not located in a single building.

**Transitional Housing (TH)** means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

**Underserved geographic area** is an area with limited or no Continuum of Care programs. The following chart identifies geographic areas within the Hampden County CoC, and CoC resources available in each area. Following the chart, there are indications of the areas considered “largely underserved” and “moderately underserved.”

Geographic Distribution of Existing PSH, TH, SH and RRH Resources in Hampden County As reported in January 28, 2013 Housing Inventory Report					
	PSH beds/units for Individuals	TH/SH beds for Individuals	PSH beds for Families	TH beds for Families	Rapid Rehousing
Chicopee	15	0	8	0	Single provider serves the region
Holyoke	33	21	4	21	
Springfield	380	85	229	95	
Westfield	43	10	4	10	
Remainder of Hampden Co.	17	9	5	0	

**Largely underserved:** Hampden County outside cities of Springfield, Chicopee, Holyoke, Westfield

**Moderately underserved:** Chicopee, Holyoke, Westfield



## Required Documents for FY2014 CoC Application

Please submit each of the following:

- \_\_\_\_\_ Agency Articles of Incorporation;
- \_\_\_\_\_ Current List of Board of Directors with identification of Officers and terms;
- \_\_\_\_\_ Minutes of Board of Directors meeting authorizing application for renewal funding

(Note: if the agency's Board of Directors will not meet before Oct. 14, 2014 and does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

- \_\_\_\_\_ Certified Organization Audit/Financial Statements of most recent year:
  - Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or
  - Financial statements audited by a CPA (if not bound by the requirements of OMB A-133); or
  - Profit and Loss statement (only those who do not meet above criteria may submit);

\_\_\_\_\_ Agency Financial Management Policies and Procedures;

\_\_\_\_\_ Agency Procurement Policies and Procedures;

The following completed forms (which are attached):

- \_\_\_\_\_ Notarized Tax Certification Affidavit;
- \_\_\_\_\_ Conflict of Interest Statement;
- \_\_\_\_\_ Debarment Certificate;
- \_\_\_\_\_ Internal Control Questionnaire; and
- \_\_\_\_\_ CoC Program Project Sponsor Certifications.

The following agency policies:

- \_\_\_\_\_ Code of Conduct and Conflict of Interest;
- \_\_\_\_\_ Drug-Free Workplace;
- \_\_\_\_\_ Affirmatively Furthering Fair Housing;
- \_\_\_\_\_ Reasonable Accommodation and Accessibility for Persons with Disabilities;
- \_\_\_\_\_ Nondiscrimination and Equal Employment; and
- \_\_\_\_\_ Confidentiality.

**Notarized Tax Certification Form**

\_\_\_\_\_  
Individual Social Security Number                      State Identification Number                      Federal Identification Number

Company: \_\_\_\_\_

P.O.Box (if any): \_\_\_\_\_ Street Address Only: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List address(es) of all other property owned by company in Springfield: \_\_\_\_\_

---

*Please identify if the bidder/proposer is a:*

Corporation                      \_\_\_\_\_

Individual                      \_\_\_\_\_                      Name of Individual: \_\_\_\_\_

Partnership                      \_\_\_\_\_                      Names of all Partners: \_\_\_\_\_

Limited Liability Company                      \_\_\_\_\_                      Names of all Managers: \_\_\_\_\_

Limited Liability Partnership                      \_\_\_\_\_                      Names of Partners: \_\_\_\_\_

Limited Partnership                      \_\_\_\_\_                      Names of General Partners: \_\_\_\_\_

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

**FEDERAL TAX CERTIFICATION**

I \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_,  
to the best of my knowledge and belief, has/have complied with all United States Federal taxes required by law.

\_\_\_\_\_  
Bidder/Proposer                      Authorized Person's Signature                      Date

**CITY OF SPRINGFIELD TAX CERTIFICATION (IF APPLICABLE)**

I \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_,  
to the best of my knowledge and belief, has/have complied with all City of Springfield taxes required by law  
(has/have entered into a Payment Agreement with the City).

\_\_\_\_\_  
Bidder/Proposer                      Authorized Person's Signature                      Date



**CONFLICT OF INTEREST STATEMENT**

No staff or Board of Director of the \_\_\_\_\_ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the \_\_\_\_\_ resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms' length transactions, whose sole intent is to enhance the role and the mission of

\_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

**IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE. HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.**

**DEBARMENT CERTIFICATE**

In accordance with 24 CFR 24.100 through 24.714, \_\_\_\_\_  
hereby certifies that neither the agency nor any of its principal employees has been disbarred,  
suspended or voluntarily excluded by any Governmental agency from receiving Federal  
financial assistance and non-financial assistance and benefits.

By signing this Certificate, the organization expressly understands and acknowledges that any  
person or entity that has been debarred or suspended is not eligible to receive Federal financial  
and non-financial assistance and benefits under Federal programs and activities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

*This Certificate must be printed on agency letterhead.*

**Internal Control Questionnaire**

DATE \_\_\_\_\_

NAME OF OPERATING AGENCY \_\_\_\_\_

ADDRESS OF OPERATING AGENCY \_\_\_\_\_

TAX ID OF OPERATING AGENCY \_\_\_\_\_

TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

TITLE OF PROJECT \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_

AMOUNT OF FUNDING \_\_\_\_\_

SOURCE OF FUNDING:           Continuum of Care Program

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:

A. REIMBURSABLE EXPENSE REQUEST \_\_\_\_\_

B. CHECK SIGNATURE \_\_\_\_\_

2. Name of person responsible for maintaining records for this contract (list title also).

\_\_\_\_\_

3. Name of person who is responsible for:

A. Maintaining payrolls \_\_\_\_\_

B. Maintaining Time Sheets \_\_\_\_\_

C. Reconciling Bank Statements \_\_\_\_\_

D. Preparing Statement of Project Costs \_\_\_\_\_

E. Preparing Checks \_\_\_\_\_

F. Purchasing \_\_\_\_\_

4. Name of person who will maintain the following books of record (at least)

1. Cash receipts and Disbursements Ledger \_\_\_\_\_

2. Voucher Register \_\_\_\_\_

3. Project Cost Ledger \_\_\_\_\_

5. Name of Employees Bonded:

\_\_\_\_\_  
\_\_\_\_\_

6. Does the agency maintain a purchase requisition system, and who authorizes purchases?

7. Who signs all vouchers ready for payment?

8. What is included or needed for authorization to disburse checks (e.g., voucher, purchase order, receiving slip)?

9. Who is responsible for hiring personnel?

10. Who is responsible for submitting time sheets of employees?

11. What controls are in place for equipment purchases?

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

\_\_\_\_\_  
Signature of Authorized Representative for Agency

\_\_\_\_\_  
Date

## CoC Program Project Sponsor Certifications

In accordance with the applicable statutes and the regulations governing the Continuum of Care Program regulations, the Agency \_\_\_\_\_ certifies that:

### Confidentiality Regarding Domestic Violence

- It will maintain the confidentiality of records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;
- It will maintain confidentiality of the addresses or locations of family violence projects, except with written authorization of the person responsible for such project;

### Access to Education and Related Services

- The Agency will establish policies and practices that are consistent with, and do not restrict, the exercise of these rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
- If the Agency provides housing or services to families, the Agency will designate a staff person to be responsible for ensuring that children served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;

### No Debarment

- The Agency, its officers, and employees are not debarred or suspended from doing business with the federal government; and

### Provision of Information to HUD

- The Agency agrees to provide information, such as data and reports, as required by HUD.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

**COC SUPPLEMENTAL APPLICATION FOR NEW PROJECTS**

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Required Documents for FY2014 CoC Application**

Please submit each of the following:

\_\_\_\_\_ Agency Articles of Incorporation;

\_\_\_\_\_ Current List of Board of Directors with identification of Officers and terms;

\_\_\_\_\_ Minutes of Board of Directors meeting authorizing application for renewal funding  
(Note: if the agency's Board of Directors will not meet before Oct. 14, 2014 and does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

\_\_\_\_\_ Certified Organization Audit/Financial Statements of most recent year:

- Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or
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\_\_\_\_\_ Agency Financial Management Policies and Procedures;

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The following completed forms (which are attached):

\_\_\_\_\_ Notarized Tax Certification Affidavit;

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- \_\_\_\_\_ Affirmatively Furthering Fair Housing;
- \_\_\_\_\_ Reasonable Accommodation and Accessibility for Persons with Disabilities;
- \_\_\_\_\_ Nondiscrimination and Equal Employment; and
- \_\_\_\_\_ Confidentiality.

**Notarized Tax Certification Form**

\_\_\_\_\_  
Individual Social Security Number                      State Identification Number                      Federal Identification Number

Company: \_\_\_\_\_

P.O.Box (if any): \_\_\_\_\_ Street Address Only: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List address(es) of all other property owned by company in Springfield: \_\_\_\_\_

\_\_\_\_\_  
*Please identify if the bidder/proposer is a:*

Corporation                      \_\_\_\_\_

Individual                      \_\_\_\_\_                      Name of Individual: \_\_\_\_\_

Partnership                      \_\_\_\_\_                      Names of all Partners: \_\_\_\_\_

Limited Liability Company                      \_\_\_\_\_                      Names of all Managers: \_\_\_\_\_

Limited Liability Partnership                      \_\_\_\_\_                      Names of Partners: \_\_\_\_\_

Limited Partnership                      \_\_\_\_\_                      Names of General Partners: \_\_\_\_\_

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

**FEDERAL TAX CERTIFICATION**

I \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to the best of my knowledge and belief, has/have complied with all United States Federal taxes required by law.

\_\_\_\_\_  
Bidder/Proposer                      Authorized Person's Signature                      Date

**CITY OF SPRINGFIELD TAX CERTIFICATION (IF APPLICABLE)**

I \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to the best of my knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

\_\_\_\_\_  
Bidder/Proposer                      Authorized Person's Signature                      Date

**COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION**

Pursuant to M.G.L. c. 62C '49A, I \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to the best of my knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

\_\_\_\_\_  
Bidder/Proposer

\_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Date

**Notary Public**

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, SS

\_\_\_\_\_, 20\_\_

Then personally appeared before me [name] \_\_\_\_\_, [title] \_\_\_\_\_ of [company name] \_\_\_\_\_, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**CONFLICT OF INTEREST STATEMENT**

No staff or Board of Director of the \_\_\_\_\_ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the \_\_\_\_\_ resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms' length transactions, whose sole intent is to enhance the role and the mission of \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

**IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE. HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.**

**DEBARMENT CERTIFICATE**

In accordance with 24 CFR 24.100 through 24.714, \_\_\_\_\_ hereby certifies that neither the agency nor any of its principal employees has been disbarred, suspended or voluntarily excluded by any Governmental agency from receiving Federal financial assistance and non-financial assistance and benefits.

By signing this Certificate, the organization expressly understands and acknowledges that any person or entity that has been debarred or suspended is not eligible to receive Federal financial and non-financial assistance and benefits under Federal programs and activities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

*This Certificate must be printed on agency letterhead.*

**Internal Control Questionnaire**

DATE \_\_\_\_\_

NAME OF OPERATING AGENCY \_\_\_\_\_

ADDRESS OF OPERATING AGENCY \_\_\_\_\_

TAX ID OF OPERATING AGENCY \_\_\_\_\_

TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

TITLE OF PROJECT \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_

AMOUNT OF FUNDING \_\_\_\_\_

SOURCE OF FUNDING: Continuum of Care Program

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:

A. REIMBURSABLE EXPENSE REQUEST \_\_\_\_\_

B. CHECK SIGNATURE \_\_\_\_\_

2. Name of person responsible for maintaining records for this contract (list title also).

\_\_\_\_\_

3. Name of person who is responsible for:

A. Maintaining payrolls \_\_\_\_\_

B. Maintaining Time Sheets \_\_\_\_\_

C. Reconciling Bank Statements \_\_\_\_\_

D. Preparing Statement of Project Costs \_\_\_\_\_

E. Preparing Checks \_\_\_\_\_

F. Purchasing \_\_\_\_\_

4. Name of person who will maintain the following books of record (at least)

1. Cash receipts and Disbursements Ledger \_\_\_\_\_

2. Voucher Register \_\_\_\_\_

3. Project Cost Ledger \_\_\_\_\_

5. Name of Employees Bonded:

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6. Does the agency maintain a purchase requisition system, and who authorizes purchases?

12. Who signs all vouchers ready for payment?

13. What is included or needed for authorization to disburse checks (e.g., voucher, purchase order, receiving slip)?

14. Who is responsible for hiring personnel?

15. Who is responsible for submitting time sheets of employees?

16. What controls are in place for equipment purchases?

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

\_\_\_\_\_  
Signature of Authorized Representative for Agency

\_\_\_\_\_  
Date

## CoC Program Project Sponsor Certifications

In accordance with the applicable statutes and the regulations governing the Continuum of Care Program regulations, the Agency \_\_\_\_\_ certifies that:

### Confidentiality Regarding Domestic Violence

- It will maintain the confidentiality of records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;
- It will maintain confidentiality of the addresses or locations of family violence projects, except with written authorization of the person responsible for such project;

### Access to Education and Related Services

- The Agency will establish policies and practices that are consistent with, and do not restrict, the exercise of these rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
- If the Agency provides housing or services to families, the Agency will designate a staff person to be responsible for ensuring that children served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;

### No Debarment

- The Agency, its officers, and employees are not debarred or suspended from doing business with the federal government; and

### Provision of Information to HUD

- The Agency agrees to provide information, such as data and reports, as required by HUD.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_  
(title of agent)

## HAMPDEN COUNTY CONTINUUM OF CARE

### Leverage for the Continuum of Care Program

**Leverage** includes all funds, resources, and/or services that your agency can secure on behalf of clients served in your CoC-funded project. **Leverage can be cash or in-kind contributions**, and is all services made available to program participants, whether or not the services would be eligible to be funded under the CoC program.<sup>1</sup> HUD provides important context for the leverage requirement here: <https://www.onecpd.info/news/snaps-weekly-focus-leveraging-mainstream-services-funding>.

#### What Counts as Leverage?

Leverage is the value of all the community resources that support people in your program, including your own program's volunteer and cash contributions, but also every other service in the community. **The next page provides a detailed list of community services that your program may be leveraging.**

#### What CANNOT be Counted as Leverage?

Rent or occupancy fees paid by program participants cannot be counted as leverage. Leverage for the Continuum of Care Program does not include other CoC-funded programs, and it does not include programs that provide services to CoC program participants before their entry into, or after their exit from, your CoC-funded housing program.

#### How Much Leverage Does My Program Need?

**Each CoC program must leverage resources, and the entire CoC must leverage resources equal to 150% of our CoC grant.** To meet this CoC requirement, all programs are asked to provide 150% leverage. However, because some programs are not expected to be able to meet this requirement, all programs are asked to document as much leverage as possible.

#### How Is Leverage Documented ?

Leverage commitments must be documented in a letter from the entity that will provide the cash or in-kind commitment. A template is attached to this document to assist in making sure you provide all necessary information in leverage letters from your program partners.

#### What's the Value of In-kind Contributions?

Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

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<sup>1</sup> Leverage is different from, and in addition to, program matching funds. Match, which may also be cash or in kind, only includes items that would be eligible to be funded under the CoC grant.

## Examples of CoC Leverage

### Advocacy

Immigration assistance  
Benefits advocacy  
Housing advocacy  
Legal services  
Mental health advocacy  
Tenants' rights workshop

### Children

After-school program  
Child development consult  
Child care services  
Children's books, art supplies  
Children's art program  
Children's holiday party, holiday gifts, shopping  
Parenting classes  
Summer camp  
Therapeutic day care

### Education, Employment, training

Computer classes  
Benefits and work workshops  
Education  
Job development  
Job research  
Job placement  
Job retention  
Leadership training  
Life skills training  
Literacy  
Nutrition/cooking classes  
School supplies  
Training tuition  
Tutoring  
GED training  
Uniform vouchers  
Vocational services

### Human resources

Consultation staff  
Volunteer staff hours  
New employee orientation

### Counseling

Bereavement counseling  
Pastoral services  
Counseling services  
Crisis intervention  
Landlord-tenant counseling  
Recovery groups  
Support groups  
Therapy

### Financial services

Asset/resource management  
Money management  
Representative payee service

### Health

Acupuncture  
Adult day care  
AID-related services  
Dental services  
Detoxification services  
Emergency room services  
Gynecological services  
Health care resources & education  
Healthcare services  
Medical services  
Psychiatric services  
Prescription medication  
Pharmaceutical services  
Medication support  
Mental health services  
Peer support  
Pregnancy testing  
Prenatal care  
Psychotherapy  
Residential & outpatient treatment  
Respite care  
Substance abuse services  
Triage

### Transportation

Subsidized/free bus passes

Transportation  
Vehicle

### Housing

Housing placement  
Housing search  
Building  
maintenance/beautification  
Move-in assistance  
Property management  
Furnishings  
Household items

### Operations

Administrative support  
Clerical services  
Consulting and practical services  
Facility space  
Mail service  
Office/workshop space  
Programming  
Voicemail

### Supportive services

Artistic services  
Assessment services  
Case management  
Family support services  
Haircuts, grooming  
Independent living services  
Mentoring services  
Outreach  
Recreational trips & activities  
Referrals  
Restraining order assistance  
Support services supervision  
Team leader  
Technical assistance  
Translation services  
Veterans services  
Health club membership fees

*[This must be on the letterhead of the entity providing the resource]*

**DOCUMENTATION OF LEVERAGED RESOURCED OR CASH MATCH**

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

Name of organization providing contribution	
Type of contribution <sup>2</sup>	
Numbers of clients to be served with the contribution	
Value of the contribution per client	
Total value of the contribution	
Name of project	
Name of project sponsor agency	
Date the contribution will be available <sup>3</sup>	[____],2015 through [____],2016
Name of person authorized to commit these resources	
Title of person authorized to commit these resources.	
Signature of person authorized to commit these resources.	
Date	

<sup>2</sup> E.g., cash (contributed by recipient agency only), childcare, case management, etc.

<sup>3</sup> For renewals, this date must coincide with your 2015-2016 operating year.