

# HAMPDEN COUNTY CONTINUUM OF CARE

## 2013 Continuum of Care Competition

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### REQUEST FOR PROPOSALS

For CoC Renewal Projects and New Projects that will Provide:

- Permanent Supportive Housing for Chronically Homeless and
- Rapid Rehousing for Homeless Families with Children

**RFP Available: Thursday, December 12, 2013**

**Bidder's Conference (optional): Thursday, December 19, 2013, 9 a.m.**

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

**Technical Assistance Session - Affirmatively Furthering Fair Housing (optional): Thursday, December 19, 2013, 1:30 pm**

HAP Housing, 322 Main St., Springfield

**Applications Due: Friday, January 3, 2014, noon**

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

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*“Since resources are scarce, it is critical that we use every single dollar of homeless assistance wisely.” – Nan Roman,  
National Alliance to End Homelessness*

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## INTRODUCTION

The U.S Department of Housing and Urban Development (HUD) released the 2013 Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program (Docket No. FR-5700-N-31B) on November 22, 2013. Continuum of Care (CoC) applications must be submitted to HUD by February 3, 2013.

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 FY2013 CoC Program Competition may include both new projects and existing programs funded as part of previous CoC competitions. The CoC seeks to fund high-quality, cost-effective programs that use proven models to reduce and end homelessness. The effort to direct limited funds to these projects may result in one or more currently operating programs losing funding.

An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix A. The application cover sheet and instruction for renewal applications are attached as Appendix B, and the application for new applications is attached as Appendix C. Forms that are required to be submitted with all applications are attached as Appendix D.

For the 2013 CoC Competition, the only **new** projects that are eligible for funding are projects that provide 1) permanent supportive housing for the chronically homeless; or 2) rapid rehousing for homeless families with children. Applicants proposing these types of projects are urged to apply for funding for new projects.

While all existing CoC-funded projects are eligible to apply for renewal funding, transitional housing and Safe Havens projects are **STRONGLY** advised to consider conversion to one of these two types of eligible new projects. Transitional housing and Safe Havens projects are the most disfavored in this competition, and are most at risk of losing funding completely.

The CoC is soliciting project applications from eligible applicants that provide services and housing to homeless persons in Springfield, Chicopee, Holyoke, Westfield, and Hampden County.

## **FUNDING AVAILABILITY**

The Hampden County Continuum of Care expects to be awarded a minimum of \$2,133,420 in this funding round. It may receive up to \$2,245,706 if it scores well in this competition. Annual grant amounts for existing programs range from approximately \$22,000 to \$450,000; the average grant size is just under \$150,000.

## **ELIGIBLE COC COMPETITION PROGRAMS**

### **Permanent Supportive Housing for Chronically Homeless Individuals or Families<sup>1</sup>**

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 acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services; definitions and guidance for each of these items is at 24 CFR 578.43-578.63.

In this competition, new PSH projects can only provide assistance to chronically homeless individuals or families headed by a chronically homeless person. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Any of the following types of housing can be used to provide permanent supportive housing: shared housing, SRO units, clustered apartments, scattered site apartments, or single family homes/townhouses/duplexes. The provider agency may own or lease the units, or may provide rental assistance which enables a program participant to rent the unit.

### **Rapid Rehousing for Households with Children**

Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental

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<sup>1</sup> “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.

assistance, as set forth in § 578.51(c), 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. When providing short-term and/or medium-term rental assistance to program participants, the rental assistance is subject to § 578.51(a)(1), but not § 578.51(a)(1)(i) and (ii); (a)(2); (c) and (f) through (i); and (l)(1).

These projects:

- Must follow the written policies and procedures established by the Continuum of Care 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.
- 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.
- 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.

## **CONVERSION OF TRANSITIONAL HOUSING AND SAFE HAVENS**

Projects that currently operate as transitional housing or Safe Havens may seek to convert in this competition to one of the models which evidence shows are most effective in ending homelessness: permanent supportive housing for the chronically homeless, or rapid rehousing for households with children.

The process for conversion is submittal of an application for a NEW project that will replace the existing project that will be phased out. An existing program choosing this option should not submit a renewal application for the current project, but should instead only submit the NEW application.

While there is always a risk that a new application will not be approved, an application for a program meeting national and local priorities would be expected to score higher than an application that does not respond to these priorities; therefore, the new application is likely to be more competitive than a renewal application for transitional or Safe Havens projects. These projects are most likely to be funded if they use this competition as an opportunity for conversion.

## **ADDITION OF UNITS TO EXISTING GRANT**

Due to HUD's previous method of awarding funds for rental assistance and leasing, some grantees have a budget for more funds in this line item than they are currently able to spend in a single year for their existing program. If the program provides Permanent Supportive Housing for the Chronically Homeless AND uses a Housing First model (or will commit to using a Housing First model in the upcoming year), the program may add additional units/households to be served under its existing grant (and will receive 2 bonus points for increasing the number of chronic beds). Programs with additional rental assistance or leasing funds that do not fall into this category may not increase units and should, instead, consider the possibility of reducing rental assistance or leasing line items.

## **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 also leverage other services or fund for program participants. Guidance regarding leverage is provided in Appendix E to this document.

## ELIGIBLE PERSONS TO BE SERVED: HUD DEFINITION OF HOMELESS

All projects submitted for funding must serve persons who meet the HUD definition of *Homeless*. The programs covered by this RFP are not for populations who are at risk of becoming homeless.

*For purposes of this RFP, homeless* means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - a. 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;
  - b. 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
  - c. 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;

The only persons who may be served by any permanent supportive housing projects are those who come from the streets, emergency shelters, safe havens, institutions or transitional housing. Additional guidance regarding this requirement follows:

- Persons coming from transitional housing must have originally come from the streets or emergency shelters.
- Disabled individuals and families who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and are living in transitional housing are eligible for permanent supportive housing even if they did not live on the streets, emergency shelters or safe havens prior to entry into the transitional housing.
- Persons exiting institutions where they reside for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.

## 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). The CoC pays for the licensing fees for every participating agency to use this on-line data system.

## GRANT TERM

Renewal project applications may request funds for a one-year term. 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 are subject to the following requirements:

- Any new project that includes leasing in its budget (either leasing alone or leasing costs plus other costs) may only request up to a 3-year grant term, with funding for three years;
- Any new project that is requesting funds for operating costs can request 1-year, 2-year, 3-year, 4-year, or 5-year grant terms with funding for the same number of years;
- Any new project that requests funds for new construction, acquisition or rehabilitation must request a minimum of a 3-year grant term and can request up to a 5-year grant term; and
- Any new project 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.

## THRESHOLD REQUIREMENTS AND COMPETITIVE REVIEW

### Threshold Requirements

To become eligible for consideration by the CoC Application Committee, all projects must first successfully pass a review of threshold requirements. City of Springfield staff 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 Application Committee for evaluation, selection and ranking. Appendix A explains the process that will be used for the competitive review.

## APPLICATION PROCESS

Applications must be submitted using the CoC Application forms which are attached to this document as Appendices B and C. Electronic versions of the forms in Word can be requested via email to [gmccafferty@springfieldcityhall.com](mailto:gmccafferty@springfieldcityhall.com).

The **deadline** for submittal of applications is **Friday, January 3, 2014 at noon**; applications must be delivered to the City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield. Renewal applicants must submit complete print out of the PDF of *esnaps* renewal application, the completed application form attached to this document as Appendix B, and all required documents and forms. New applicants must submit 5 copies of the complete Project Application attached to this document as Appendix C and all required documents and forms.

All applicants must submit all completed leverage letters no later than January 10, 2014 at 4 pm. Leverage letter must be sent or delivered to Geraldine McCafferty, City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA 01060, [gmccafferty@springfieldcityhall.com](mailto:gmccafferty@springfieldcityhall.com)

Submission of proposals from all qualified organizations is encouraged.

***Please read all instructions carefully.***



## APPENDIX A

# HAMPDEN COUNTY CONTINUUM OF CARE CoC Application Selection and Ranking Process 2013

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The Hampden County Continuum of Care will submit a collaborative application for HUD Continuum of Care Homeless Assistance Program funds on February 3, 2014. The amount needed to renew all existing CoC programs (Annual Renewal Demand) is \$2,245,706. This year's grant framework provides that the CoC will receive a minimum of \$2,133,420 for programs (5% less than the Annual Renewal Demand); any funds above this amount will only be available if the CoC achieves a minimum threshold score in the CoC competition, *and* if there are sufficient HUD funds available.

### BACKGROUND

The US Department of Housing and Urban Development (HUD) released the Continuum of Care (COC) Notice of Funding Availability (NOFA) on November 22, 2013 for FY13 and FY14; the NOFA is available at <https://www.onecpd.info/resources/documents/FY2013-2014CoCProgramNOFA.pdf>.

The Hampden County CoC will decide which projects to submit to HUD for funding. The CoC will use a competitive process to select among newly-proposed projects and existing projects seeking renewal funds. The only types of projects that will be considered for new funding are 1) permanent supportive housing (PSH) for the chronically homeless; and 2) rapid rehousing (RRH) assistance for households with children ("families") experiencing homelessness.

### SCORING, SELECTION AND RANKING

The Hampden County CoC will issue a Request for Proposals, seeking applications for new and renewal projects, and all complete and eligible applications will be scored by the CoC Application Committee, using a scoring rubric developed by the Committee and attached to this guidance. Scores will determine each project's rank in the CoC's application to HUD, and rank will determine placement into Tier 1 (which will be fully funded by HUD) and Tier 2 (which will only be funded if the CoC as a whole scores competitively and if there are sufficient HUD resources).

The scoring rubric promotes certain best practices or practices that will improve our local response to homelessness, align our response with national policies and best practices, and make our CoC application to HUD more competitive. These include:

- Targeting permanent supportive housing to chronically homeless and rapid rehousing to homeless families;
- Using a Housing First model and evidence-based practices;
- Meeting or exceeding HUD performance standards;
- Voluntary reduction of renewal project budgets;
- Leveraging other resources at a rate that exceeds 175%; 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, to be applied to both renewal and new projects;
- Applicant interviews, that will be no longer than ½ hour and will be used for clarifying items that are part of the scoring.

Once the committee completes the scoring, the committee may consider whether the initial scoring is likely to result in any critical service gaps and may make adjustments, but the rationale for any adjustments must be recorded and made public with the published ratings and rankings.

Project selections, rankings and tier allocations will be published on the following websites no later than 5:00 pm on January 17, 2014:

- City of Springfield Office of Housing, <http://www3.springfield-ma.gov/housing>
- Western Mass Network to End Homelessness, <http://westernmasshousingfirst.org/coc/hampden-coc>

Applicants (new and renewal) will have the opportunity to appeal the CoC Application Committee's Project Selections, Rankings and Tier Allocations by submitting a written letter of appeal by 5 pm on January 24, 2013 to Geraldine McCafferty, [gmccafferty@springfieldcityhall.com](mailto:gmccafferty@springfieldcityhall.com), 1600 E. Columbus Ave., Springfield, MA 01103.

## **COC APPLICATION COMMITTEE**

The CoC Application Committee is made up of persons who are knowledgeable about homelessness and housing in the area and who are representative of the relevant sectors, subpopulations, and geographic areas. No individual associated with an applicant agency may serve on the CoC Application Committee.

## **TIMELINE**

**Dec. 12, 2013**

**Hampden County CoC Request for Proposals released**

**Jan. 3, 2014, noon**

**Deadline for Submittal of Complete Application for Rating and Ranking**

Renewal applicants must submit complete PDF of *esnaps* renewal application

New applicants must submit 5 copies of complete Project Application

ALL APPLICANTS must submit one of each of the following documents:

- Agency Articles of Incorporation;
- Minutes of Board of Directors meeting authorizing application for new or renewal funding;
- Current List of Board of Directors with identification of Officers and terms;
- Certified Organization Audit/Financial Statements of most recent year;

- a. Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended); or
  - b. Financial statements audited by a CPA (if not bound by the requirements of OMB A-133); or
  - c. Profit and Loss statement (only first time applicants or those who do not meet above criteria may submit);
- IRS 501(c)(3) Designation Letter (if applicable);
  - Agency Financial Management Policies and Procedures;
  - Agency Procurement Policies and Procedures;
  - The following completed forms: 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.

Submit one copy of each of these materials to the following address:

City of Springfield Office of Housing  
1600 E. Columbus Ave.  
Springfield, MA 01103

**Jan. 10, 2014, 4 pm**

**Deadline for Submittal of Leverage Letters**

To be considered, letters must be submitted on time, must be dated on or after December 3, 2013, and must contain all information described in the attached Guidance on Match and Leverage.

Submit the letters to the following address: City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA 01103; Attention Gerry McCafferty.

**Jan. 14 &15, 2014**

**Rating & Ranking Interviews**

**Jan. 17, 2014:**

**Notification of Funding Recommendations**

All applicants will be notified in writing of the results of the Rating and Ranking Process, and selections and rankings will be posted on the websites of the City of Springfield Office of Housing and the Western Massachusetts Network to End Homelessness.

**Jan. 24, 2014, 4 pm**

**Deadline to appeal Rating and Ranking/Funding Recommendation Result**

**Jan. 28, 2014**

**Decisions on Appeal Announced**

**Jan. 31, 2014**

**CoC Application Submitted to HUD in *esnaps***

## SCORING FOR RENEWAL APPLICATIONS FOR FY2013 COC PROGRAM COMPETITION

Total points available: 100 (plus 2 bonus points)

<b>PROGRAM</b> 36 points <i>Source:</i> Project Application, Supplemental Survey	Program Type, Model, and Target (up to 16 points)	PSH, Housing First & 100% chronic – 16 points RRH for families – 16 points PSH, Housing First OR 100% chronic – 12 points PSH, Not Housing First, 50% to 99% chronic – 6 points TH, targets Youth or Substance Abuse – 8 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved location –5 points Moderately underserved location – 3 points
	Serves harder-to-serve population (up to 8 points)	Commits to serve only literally homeless at entry – 4 points Last APR shows 50% or more participants had 2 or more disabilities at entry –4 points
	Use of evidence-based practices (5 points)	Program uses or commits to use of one or more evidence-based practices –5 points
	Type of site/building –(2 points)	Scattered site program <u>OR</u> program operates in a building subject to CoC deed restriction – 2 points
<b>Program bonus</b>	PSH: increase beds for chronic (bonus 2 points)	Points for PSH projects that are 100% chronic, adding new chronic beds, or or which commit to using non-chronic beds for chronic .
<b>PERFORMANCE OUTCOMES</b> 24 points <i>Source:</i> APR for program year that ended in period 7/1/2012 – 6/30/2013 Programs with initial grant year ending 7/1/2013 – 11/30/2013 will be evaluated based on initial year APR.	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 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 exiting adults maintained or increased employment income	
	Non-employment Income (up to 6 points): 54% or more of exiting adults maintained or increased non-employment income	
	Mainstream Benefits (up to 6 points): 56% or more of exiting adults maintained or increased mainstream benefits	
<b>FINANCIAL</b> 20 points <i>Source:</i> Budget submittal, leverage letters, program audit	Voluntary budget reduction (up to 8 points)	Reduction of more than 5% or more- 8 points; Reduction of 4% - 6 points; Reduction of 2-3% - 4 points
	Leverage (up to 8 points)	Documented leverage of 175% or more – 8 points Documented leverage of 150-174% - 6 points Documented leverage of 100-149% - 3 points
	Audit (up to 4 points)	No findings – 4 points; Findings – 0 points
	Budget submission (no points awarded, but may result in point deduction)	5 points deducted for a budget which is inaccurate or not compliant with CoC Interim Rule requirements
<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 APPLICATIONS FOR FY2013 COC PROGRAM COMPETITION**

Total points available: 100

<p><b>PROGRAM</b> 36 points <i>Source:</i> Project Application</p>	Program Type, Model, and Target (up to 16 points)	PSH, Housing First & 100% chronic – 16 points RRH for families – 16 points PSH, 100% chronic but not Housing First – 8 points
	Contributes to geographic diversity of services (up to 5 points)	Largely underserved geographic location –5points Moderately underserved geographic location – 3 points
	Serves harder-to-serve population (up to 6 points)	Will serve only literally homeless at entry –3points Plan to serve 50% of participants who have 2 or more health-related housing barriers at program entry – 3 points
	Use of evidence-based practices (up to 5 points)	Program uses or commits to use of one or more evidence-based practices –5 points
	Housing emphasis (1 point)	70% or more of CoC funding budget is for housing costs (leasing, rental assistance and building operations) – 1 point
	Site Type: scattered (3 points)	Program uses a scattered site model – 3 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 5 points)	Budget is accurate& complies with CoC Interim Rule – 5 points
	Reasonable cost per bed/unit (up to 5 points)	Cost per bed is comparable to existing programs with similar design and target population – 5 points
	Leverage (up to 5 points)	Documented leverage of 175% or more – 5 points Documented leverage of 150-174% - 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 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 in 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.

**Evidence-Based Practices** means activities that evaluation research has shown to be effective. Several evidence-based practices that are common in housing programs for persons who are homeless are: Critical Time Intervention, Motivational Interviewing, and Harm Reduction. For this competition, an activity will receive points as an evidence-based practice if it is listed on SAMHSA's National Registry of Evidence-Based Programs and Practices: <http://www.nrepp.samhsa.gov>

**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.

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

**Mainstream Benefits** 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.

**TH, Substance Abuse target** means transitional housing focused on serving persons with substance abuse disorders.

**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.

**TH, Youth target** means transitional housing focused on serving youth aged up to 24.

**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

**APPENDIX B**

**HAMPDEN COUNTY CONTINUUM OF CARE  
2013 RENEWAL Project Application**

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Renewal grantees must submit this attached cover sheet, with all questions answered, AND a print-out of the PDF of the program's *esnaps* renewal application, along with all required documentation and policies and procedures.

1. Will the program commit to using one or more evidence-based practices in the upcoming grant period?  Yes  No If yes, which practice(s) \_\_\_\_\_  
\_\_\_\_\_
2. Will the program commit to serving only people who are literally homeless at the time of program entry?  Yes  No
3. If the existing program provides permanent supportive housing, does it either use a Housing First model or will it commit to use of a Housing First model for the upcoming year?  Yes  No  Not applicable (because applicant does not provide PSH)
4. If the existing program provides permanent supportive housing, how many units are currently NOT dedicated to servicing persons who are chronically homeless? \_\_\_\_\_  
How many of the non-dedicated units will the agency commit to use for chronically homeless persons when the units turnover? \_\_\_\_\_
5. If the program did not meet the goal of 20% of participants maintaining or increasing employment income for the program year that ended between July 1, 2012 and June 30, 2013 (or a later date, for programs just completing year one of operation), please describe the specific plan the program has for increasing this outcome by at least 5% in the upcoming year.
6. If the program did not meet the goal of 54% of participants maintaining or increasing non-employment income for the program year that ended between July 1, 2012 and June 30, 2013 (or a later date, for programs just completing year one of operation), please describe the specific plan the program has for increasing this outcome by at least 5% in the upcoming year.
7. If the program did not meet the goal of 56% of participants maintaining or increasing mainstream benefits for the program year that ended between July 1, 2012 and June 30, 2013 (or a later date, for programs just completing year one of operation), please describe the specific plan the program has for increasing this outcome by at least 5% in the upcoming year.



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 Jan. 3, 2013 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:

- \_\_\_\_\_ 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.



## PROJECT SPONSOR

Describe the experience of the applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Describe the experience of the applicant in leveraging other Federal, State, local and private sector funds.

Describe the basic organization and management structure of the applicant. Include evidence of internal and external coordination and an adequate financial accounting system.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant? If yes, describe the unresolved monitoring or audit findings.

Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)?  Yes  No **If Yes**, attach documentation of nonprofit status.

## PROJECT DESCRIPTION

Provide a description of the project that addresses the entire scope of the proposed project. The description must include a clear picture of the community/target population(s) to be served, the plan for addressing the needs/issues of the CoC community/target population(s), projected outcomes(s), and any coordination with other source(s)/partner(s).

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Expansion projects: Will the project use an existing facility or incorporate activities provided by an existing project (select yes if this project will increase the number of person served in an existing PSH or RRH project. ?  Yes  No

Will the project follow a "Housing First" model?  Yes  No

Will the project have a specific population focus?  Yes  No

If yes, please identify the specific population focus. Select ALL that apply.

- Chronic Homeless
- Veterans
- Youth (under 25)
- Families
- Domestic Violence
- Substance Abuse
- Mental Illness
- HIV/AIDS
- Other. Please identify: \_\_\_\_\_

If applicable, describe the proposed development activities and the responsibilities that the applicant and any partners will have in developing, operating and maintaining the property.

Will the project provide PSH or RRH?  PSH  RRH

For RRH, indicate the maximum number of months of assistance:

- 3 months  12 months  18 months  24 months

If applicable, indicate the type of rental assistance.

- PRA: Project-based rental assistance
- SRA: Sponsor-based rental assistance
- TRA: Tenant-based rental assistance

Will participants be required to live in a particular structure, unit or locality at some point during the period of participation?  Yes  No

If yes, explain how and why the project will implement this requirement.

Will more than 16 persons live in one structure?  Yes  No

If yes, describe the local market conditions that necessitate a project of this size, and describe how the project will be integrated into the neighborhood.

## SUPPORTIVE SERVICES FOR PARTICIPANTS

Describe how participants will be assisted to obtain and remain in permanent housing.
Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

For all supportive services available to participants, indicate who will provide, how they will be accessed, and how often they will be provided (use only the possible answers provided for each category):

Supportive Service	Provider (Applicant , partner, non- partner)	Access (onsite, short walk, bus, program van, vehicle share or public transportation)	Frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, as needed)
Assessment of Service Needs			
Assistance with moving costs			
Case Management			
Child Care			
Education services			
Employment assistance and job training			
Food			
Housing search and counseling services			
Legal services			
Life skills training			
Mental health services			
Outpatient health services			
Outreach services			
Substance abuse treatment services			
Transportation			
Utility deposits			

How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?     Very accessible     Somewhat accessible     Not accessible

## HOUSING TYPE AND LOCATION

Housing Type:

- Shared housing
- SRO units
- Clustered apartments
- Scattered site apartments
- Single family homes/townhouses/duplexes

Total Units:

Total Beds:

Total Beds for Chronically Homeless:

## PROJECT PARTICIPANTS – HOUSEHOLDS

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

<b>Households</b>	<b>Households with <u>at Least One</u> Adult and One Child</b>	<b>Adult Households <u>without</u> Children</b>	<b>Households with <u>Only</u> Children</b>	<b>Total</b>
Total Number of Households				
<b>Characteristics</b>	<b>Persons in Households with <u>at Least One</u> Adult and One Child</b>	<b>Adult Persons in Households <u>without</u> Children</b>	<b>Persons in Households with <u>Only</u> Children</b>	<b>Total</b>
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under age 18				
<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under age 18</b>				
<b>Total Persons</b>				





## OUTREACH FOR PARTICIPANTS

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

%	Directly from the street or other places not meant for human habitation
%	Directly from Emergency Shelters
%	Directly from Safe Havens
%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
%	Persons at imminent risk of losing their night time residence.
%	Persons fleeing domestic violence
%	Total of above percentages

If the total is less than 100%, identify the other location(s) and how the persons meet HUD's definition of homeless and the project type eligibility requirements.

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

## PERFORMANCE MEASURES

Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year			

Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit			

## FUNDING REQUEST - Project Summary Budget

This page summarizes the budget information entered on the pages that follow.

Information on this page should be consistent with information provided on the following pages.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$
1b. Rehabilitation			\$
1c. New Construction			\$
	<b>Annual Assistance Requested (Applicant)</b>	<b>Grant Term (Applicant)</b>	\$
2a. Leased Units	\$	___ year (s)	\$
2b. Leased Structures	\$	___ year (s)	\$
3. Short-term/Medium term assistance	\$	___ year (s)	\$
4. Long-term Rental Assistance	\$	___ year (s)	\$
5. Supportive Services	\$	___ year (s)	\$
6. Operating	\$	___ year (s)	\$
7. Subtotal Costs Requested			\$
8. Admin (up to 3.5%)			\$
9. Total Assistance Plus Admin Requested			\$
10. Cash Match			\$
11. In-kind match			\$
12. Total Match			\$
13. Total Budget			\$

## 1. ACQUISITION/REHABILITATION/NEW CONSTRUCTION BUDGET

Name of Structure:
Address:

<b>Total Acquisition:</b>	<b>\$</b>
<b>Total Rehabilitation:</b>	<b>\$</b>
<b>Total New Construction:</b>	<b>\$</b>
<b>Total Assistance Requested:</b>	<b>\$</b>

## 2a. LEASED UNITS BUDGET

Size of Units	Number of Units		FMR <sup>2</sup>		HUD Paid Rent		12 Months		Total Request
SRO		X	\$425		\$	X	12	=	\$
0 Bedroom		X	\$566		\$	X	12	=	\$
1 Bedroom		X	\$673		\$	X	12	=	\$
2 Bedroom		X	\$855		\$	X	12	=	\$
3 Bedroom		X	\$1023		\$	X	12	=	\$
4 Bedroom		X	\$1188		\$	X	12	=	\$
5 Bedroom		X	\$1366		\$	X	12	=	\$
6 Bedroom		X	\$1544		\$	X	12	=	\$
7 Bedroom		X	\$1723		\$	X	12	=	\$
8 Bedroom		X	\$1901		\$	X	12	=	\$
9 Bedroom		X	\$2079		\$	X	12	=	\$
Total Units and Annual Assistance Requested									\$
Grant Term									___ year(s)
Total Request for Grant Term									\$

<sup>2</sup> FMRs will be updated in the final application submitted to HUD.

## 2B. LEASED STRUCTURES BUDGET

Name of Structure:

Address:

<b>HUD paid rent per month:</b>	\$
<b>12 months</b>	<b>12</b>
<b>Total Annual Assistance Requested</b>	\$
<b>Grant Term</b>	___ year(s)
<b>Total Request for Grant Term</b>	\$

## 3. SHORT-TERM OR MEDIUM-TERM RENTAL ASSISTANCE

Size of Units	Number of Units	FMR <sup>3</sup>	HUD Paid Rent	12 Months	Total Request
SRO	X	\$425	\$	X 12	= \$
0 Bedroom	X	\$566	\$	X 12	= \$
1 Bedroom	X	\$673	\$	X 12	= \$
2 Bedroom	X	\$855	\$	X 12	= \$
3 Bedroom	X	\$1023	\$	X 12	= \$
4 Bedroom	X	\$1188	\$	X 12	= \$
5 Bedroom	X	\$1366	\$	X 12	= \$
6 Bedroom	X	\$1544	\$	X 12	= \$
7 Bedroom	X	\$1723	\$	X 12	= \$
8 Bedroom	X	\$1901	\$	X 12	= \$
9 Bedroom	X	\$2079	\$	X 12	= \$
Total Units and Annual Assistance Requested					\$
Grant Term					___ year(s)
Total Request for Grant Term					\$

<sup>3</sup> FMRs will be updated in the final application submitted to HUD.

#### 4. LONG-TERM RENTAL ASSISTANCE

Size of Units	Number of Units	FMR <sup>4</sup>	HUD Paid Rent	12 Months	Total Request
SRO	X	\$425	\$	X 12	= \$
0 Bedroom	X	\$566	\$	X 12	= \$
1 Bedroom	X	\$673	\$	X 12	= \$
2 Bedroom	X	\$855	\$	X 12	= \$
3 Bedroom	X	\$1023	\$	X 12	= \$
4 Bedroom	X	\$1188	\$	X 12	= \$
5 Bedroom	X	\$1366	\$	X 12	= \$
6 Bedroom	X	\$1544	\$	X 12	= \$
7 Bedroom	X	\$1723	\$	X 12	= \$
8 Bedroom	X	\$1901	\$	X 12	= \$
9 Bedroom	X	\$2079	\$	X 12	= \$
Total Units and Annual Assistance Requested					\$
Grant Term					___ year(s)
Total Request for Grant Term					\$

<sup>4</sup> FMRs will be updated in the final application submitted to HUD.

## 5. SUPPORTIVE SERVICES BUDGET

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Request
1. Assessment of Service Needs		\$
2. Assistance With Moving Costs		\$
3. Case Management		\$
4. Child Care		\$
5. Education Services		\$
6. Employment Assistance		\$
7. Food		\$
8. Housing/Counseling Services		\$
9. Legal Services		\$
10. Life Skills		\$
11. Mental Health Services		\$
12. Outpatient Health Services		\$
13. Outreach Services		\$
14. Substance Abuse Treatment Services		\$
15. Transportation		\$
16. Utility Deposits		\$
<b>Total Annual Assistance Requested</b>		<b>\$</b>
<b>Grant Term</b>		<b>___ year (s)</b>
<b>Total Request for Grant Term</b>		<b>\$</b>





Please submit each of the following:

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

\_\_\_\_\_ Documentation of agency's non-profit 501(c)(3) status

\_\_\_\_\_ 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 Jan. 3, 2013 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:

\_\_\_\_\_ 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.

## **APPENDIX D**

Forms for ALL APPLICANTS to submit with completed applications:

- Notarized Tax Certification Affidavit
- Conflict of Interest Certificate
- Debarment Certificate
- Internal control questionnaire
- CoC Program Project Sponsor Certifications

**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: \_\_\_\_\_

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*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?

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)

## APPENDIX E

# HAMPDEN COUNTY CONTINUUM OF CARE Leverage for the Continuum of Care Program

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**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>5</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>5</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>6</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>7</sup>	[____],2014 through [____],2015
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>6</sup> E.g., cash (contributed by recipient agency only), childcare, case management, etc.

<sup>7</sup> For renewals, this date must coincide with your 2014-2015 operating year.