

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$360,807

Organization	Type	Sub-Award Amount
YWCA of Western Massachusetts	M. Nonprofit with 501C3 IRS Status	\$360,807

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Western Massachusetts

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

c. Employer or Tax Identification Number: 04-2103858

	* d. Organizational DUNS:	066994534	PLUS 4:	0000
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e. Physical Address

Street 1: One Clough Street

Street 2:

City: Springfield

State: Massachusetts

Zip Code: 01118

f. Congressional District(s): MA-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$360,807

j. Contact Person

Prefix: Ms.

First Name: Elizabeth

Middle Name: G

Last Name: Dineen
Suffix: J.D.
Title: Executive Director
E-mail Address: ldineen@ywworks.org
Confirm E-mail Address: ldineen@ywworks.org
Phone Number: 413-732-3121
Extension: 101
Fax Number: 413-747-0542

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The City of Springfield manages annual CoC grants of over \$3 million, as well as \$3.7 million CDBG, \$1.1 million HOME, approximately \$450,000 HOPWA and \$250,000 ESG funds. The City is also successfully programming and managing \$21 million of CDBG-DR funds and \$17 million in CDBG-NDR funds. The City uses the MUNIS Financial Management System, and is subject to annual internal and external audits. All CoC programs are subject to annual financial, program and HMIS monitoring, including on-site visits. The City of Springfield was awarded UFA status in the FY16 CoC competition, and has been successfully operating as a UFA since that time.

The YWCA has extensive experience in managing numerous multi-year, project restricted federal and state contracts. The YWCA has sheltered women since 1883, has provided domestic violence shelter since 1979, and has operated transitional housing for survivors for more than 10 years. The agency currently administers a small pool of rental assistance funds for survivors. The YWCA of Western Massachusetts is a recognized leader in the region's efforts to coordinate access for domestic violence survivors to housing and homelessness resources across multiple systems of care. The YWCA's Director of Programs and Grants has prior experience in the implementation of CoC-funded programming, including two successful permanent supportive housing programs for chronically homeless families.

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

Each year the City of Springfield successfully meets all match requirements for federal grants using local, state and private funds. For all programs addressing homelessness, the City has leveraged general city funds, CDBG, HOME funds, state funds, and Springfield Housing Authority rental subsidies. Partner CoC sub-recipients leverage over \$3.5 million per year in additional federal state and private resources. The City regularly seeks and is awarded competitive funding sources which support its homelessness and other community development work.

The YWCA has an annual \$6 million dollar budget and operates 16 programs using a variety of federal, state, local government, and private resources. It has recently received two consecutive three-year awards issued by the Department of Justice's Office on Violence against Women, an OVW-funded FY15 Justice for Families program grant, and an FY14 OVW grant. It is funded annually by the Massachusetts Department of Public Health, the City of Springfield's Emergency Solutions Grant program, and the United Way of Pioneer Valley.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Springfield's Office of Housing is responsible for oversight of CoC grants, under leadership of the Director of Housing and a staff of two program managers who undertake daily grant management activities, including monitoring of sub-recipient programs. Fiscal Oversight is provided by the Community Development Director of Administration and Finance. The City manages grant financials in the City's MUNIS Financial Management System, which records all grant awards, obligations, unobligated balances, assets, liabilities, expenditures, and program income. Federally funded programs are subject to annual internal and external audits. Program managers and the operations manager communicate regularly with sub-recipients regarding grant requirements, technical assistance and training. The City has created written Grant Management Policies and Procedures and a CoC Grant Project Sponsor Guide, to guide oversight and implementation of CoC programs.

The YWCA's Executive Director reports monthly to a volunteer Board of Directors, which is responsible for all policy and procedures. The Director of Programs & Grants reports directly to the Executive Director, supervises four unit directors, and identifies funding opportunities, writes grants, oversees all contract management activities, and cultivates strategic community partnerships and funder/licensor relations. Administrative support is provided by the Director of Finance and Operations and the administrative unit directors over human resources, information technology, payroll, and finance. The YWCA's financial management meets the OMB A-133 Compliance Supplement requirements for managing federal grants, contracts, and cooperative agreements. The YWCA maintains strict accounting procedures and segregation of funds in accordance with federal regulations, Generally Accepted Accounting Principles (GAAP) set by the Federal Accounting Standards Advisory Board, and the Financial Accounting Standards Board. The agency is audited annually. The YWCA uses an automated payroll system and the non-profit accounting software Blackbaud Financial Edge.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MA-504 - Springfield/Hampden County CoC

1b. CoC Collaborative Applicant Name: City of Springfield MA

2. Project Name: YWCA DV RRH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

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

The YWCA DV Rapid Rehousing Project will provide to low-income survivors of domestic violence relocation support, short-term and medium-term tenant-based rental assistance, supportive services, and case management, to affirmatively further fair housing, promote successful tenancies, mitigate post-placement concerns, and prevent returns to homelessness.

Families will be referred to the YWCA's RRH Project through the Continuum of Care's DV Coordinated Entry Project. It is expected that families will come from (1) the community's two domestic violence shelters, the YWCA and Womanshelter, (2) from additional providers serving DV survivors (including both DV and non-DV agencies), and (3) by self-referral. Following triage and referral from coordinated entry, the Supportive Services Case Manager (SSCM) will confirm document readiness and assist the family with housing identification and search. Housing search will be budget-driven and provide the household with coaching on effective self-advocacy, including lease negotiation, housing mobility, and how to address housing discrimination or mitigate housing barriers. The SSCM will partner with the household to identify needed relocation and tenant-based rental assistance, the distribution and amount of which will vary according to lease requirements and the household's need. The SSCM will then follow up with the household at least monthly for one year to assure ongoing housing stability and to provide any assistance necessary to support the tenancy. Supportive services will focus primarily on tenancy success; the YWCA will leverage our other programs' outreach and counseling staff to provide trauma-informed case management and support around healing from domestic violence and other issues. The Supportive Services Case Manager will work closely with staff of the YWCA's other programs to assure clear coordination of post-placement services and to avoid duplication of services.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
New Project Application FY2019		Page 7		09/23/2019

	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>

None of the above

☐**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

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

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

The YWCA Rapid Rehousing Project does not propose any development activities.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No**8. Will more than 16 persons live in one structure?** No

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

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

The RRH Project Supportive Services Case Manager ("SSCM") and household will develop a 12-month budget to project income and expenditures and calculate the minimum income and maximum rent required to achieve a balanced budget. Together, they will then develop a targeted housing search and strategize to optimize stability and permanency. The SSCM will help match households with units that meet the households' unique needs and HUD's health, quality, and safety standards, while affirmatively furthering fair housing countywide. The SSCM will assist the household in overcoming any barriers they encounter through skillful negotiation and self-advocacy. Once a unit is identified, the YWCA's Fiscal Office will distribute the minimum TBRA necessary to facilitate the placement. The SSCM will then meet monthly with the household to confirm ongoing eligibility, address issues affecting housing stability, facilitate supportive referrals, and adjust the TBRA distribution schedule as needed.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The YWCA will leverage our internal federally-funded workforce development resources and our strong agency partnerships with the Regional Employment Board of Hampden County, as well as other local workforce development partners, to assure that each RRH Project participant has access to comprehensive vocational, job development, job search, employment, and post-placement support. Through our YouthBuild program, the YWCA offers

integrated vocational and educational services to out-of-school youth and young adults leading to HiSET attainment and certification in either the construction trades or allied health professions. Our WIOA Youth program also provides case management, job search, and employment readiness support to young adults and, through a locally-funded pilot partnership with the Commonwealth Corporation of Massachusetts, the Signal Success curriculum, which provides systematic instruction in core soft skills and future planning for young people entering the job market.

The YWCA RRH Project will also assist participants in accessing Career Point or MassHire, the One-Stop Career Centers in Hampden County. YWCA YouthBuild is a required OSCC partner under WIOA, which serves to strengthen and formalize our relationship with – and our participants' access to – a wide network of vocational training, workforce readiness, job placement, and other WIOA-funded programs for participants of all ages, including Job Corps, HUD employment and training programs, national farmworkers jobs programs, and veterans' outreach programs. Both OSCCs and their network of WIOA partners feature specialized assistance for families with CORI and other significant barriers. For participants who are unable to work, the Supportive Services Case Manager will help to facilitate access to state and federal benefits and entitlements, including SSI, SSDI, Massachusetts Rehabilitation Commission, and cash and supplemental benefits available through the Massachusetts Department of Transitional Assistance. The Case Manager will be SOAR-certified through the Substance Abuse and Mental Health Administration to be able to provide effective support for households seeking or appealing disability benefits.

To assist clients to live as independently as possible, the Case Manager will work together with the YWCA's privately-funded Financial Literacy Educator, who provides domestic violence survivors with group classes based on the Allstate Foundation's Empower Your Life curriculum for survivors of domestic violence. Families will be offered enrollment in the curriculum and will review and adjust their household budget with the Case Manager during each follow-up contact to account for unforeseen expenses or new sources of income. The Case Manager will also receive regular training on the regulations governing public benefits and provide specific counseling to mitigate the "cliff effect" that often destabilizes families who are transitioning off public benefits.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Monthly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	Daily
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Partner	As needed

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

Subrecipient	Daily
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Subrecipient	Weekly
Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

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

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 25

Total Beds: 41

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	25	41

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 25

b. Beds: 41

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: One Clough Street

Street 2:

City: Springfield

State: Massachusetts

ZIP Code: 01118

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

259013 Hampden County, 250486 Chicopee,
251074 Holyoke, 252340 Springfield, 252700
Westfield

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	11	14		25
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	9	14		23
Persons ages 18-24	2			2
Accompanied Children under age 18	16			16
Unaccompanied Children under age 18				0
Total Persons	27	14	0	41

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							9			
Persons ages 18-24							2			
Children under age 18							16			
Total Persons	0	0	0	0	0	0	27	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							14			
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	14	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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



4. Select a grant term: 1 Year

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

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

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$289,176
Total Units:			25
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - Springfield, MA MSA (2501300840)	25	\$289,176

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MA - Springfield, MA MSA (2501300840)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO	6	x	\$554	x	12		=	\$39,888
0 Bedroom		x	\$739	x	12		=	\$0
1 Bedroom	8	x	\$884	x	12		=	\$84,864

2 Bedrooms	6	x	\$1,117	x	12	=	\$80,424
3 Bedrooms	5	x	\$1,400	x	12	=	\$84,000
4 Bedrooms		x	\$1,627	x	12	=	\$0
5 Bedrooms		x	\$1,871	x	12	=	\$0
6 Bedrooms		x	\$2,115	x	12	=	\$0
7 Bedrooms		x	\$2,359	x	12	=	\$0
8 Bedrooms		x	\$2,603	x	12	=	\$0
9 Bedrooms		x	\$2,847	x	12	=	\$0
Total Units and Annual Assistance Requested	25						\$289,176
Grant Term							1 Year
Total Request for Grant Term							\$289,176

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	0.2 FTE Supportive Services Case Manager	\$8,112
2. Assistance with Moving Costs	Cost of 3 moves with local moving company partner	\$1,800
3. Case Management	0.2 FTE Supportive Services Case Manager	\$8,112
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	0.6 FTE Supportive Services Case Manager	\$24,336
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Cost of 30 single-ride bus tickets and 15 monthly passes	\$1,000
16. Utility Deposits	Cost of five \$300 utility deposits	\$1,490
17. Operating Costs		
Total Annual Assistance Requested		\$44,850
Grant Term		1 Year
Total Request for Grant Term		\$44,850

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	One desktop computer and associated hardware for HMIS entry	\$1,200
2. Software	10% of annual HMIS software subscription cost	\$8,400
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$9,600
Grant Term:		1 Year
Total Request for Grant Term:		\$9,600

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$94,497
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$94,497

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Massachusetts Dep...	09/24/2019	\$94,497

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Massachusetts Department of Public Health
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/24/2019
- 6. Value of Written Commitment:** \$94,497

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$289,176	1 Year	\$289,176
4. Supportive Services	\$44,850	1 Year	\$44,850
5. Operating	\$0	1 Year	\$0
6. HMIS	\$9,600	1 Year	\$9,600
7. Sub-total Costs Requested			\$343,626
8. Admin (Up to 10%)			\$34,362
9. Total Assistance Plus Admin Requested			\$377,988
10. Cash Match			\$94,497
11. In-Kind Match			\$0
12. Total Match			\$94,497
13. Total Budget			\$472,485

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3_Letter	08/23/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: March 26, 2002

YWCA of Western Mass
120 Maple St.
Springfield, MA 01103-2203

Person to Contact:

Linda A. Hill 31-01768
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

04-2103858

Accounting Period Ends:

June 30

Dear Sir or Madam:

This is in response to your telephone request for a letter affirming your organization's exempt status.

In January 1923, we issued a determination letter that recognized your organization as exempt from federal income tax under section 101(6) of the Internal Revenue Code of 1939 (now section 501(c)(3) of the Internal Revenue Code of 1986). That determination letter is still in effect.

We classified your organization as a publicly supported organization, and not a private foundation, because it is described in section 509(a)(2) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more the organization pays to each of its employees during a calendar year. There is no liability for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

YWCA of Western Mass
04-2103858

Donors may deduct contributions to your organization as provided in section 170 of the Code.

Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

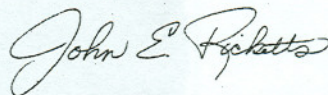
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return.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

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the permanent records of the organization.

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

Sincerely,

A handwritten signature in dark ink, appearing to read "John E. Ricketts", written in a cursive style.

John E. Ricketts, Director, TE/GE
Customer Account Services

Internal Revenue Service

Department of the Treasury

District
Director

~~XX~~
P.O. Box C9050 GPO, Brooklyn, NY 11201

NOV 26 1964

Date:

Alice M. Bovat
137 Chestnut Street
Springfield, MA 01103

Person to Contact:
Mrs. E. Casa
Contact Telephone Number:
(718) 330-7411

Re: 04-2103858

Duns: 066994534

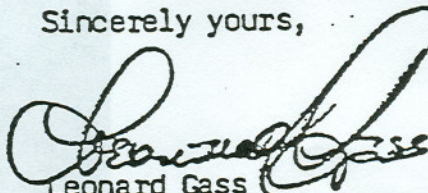
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Young Womens Christian Association Corp - Springfield.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,



Leonard Gass
District Disclosure Officer

Name of Organization: Young Womens Christian Association Corp - Springfield

Date of Exemption Letter: January, 1923

Exemption granted pursuant to 1954 Code section 501(c)(3) or its predecessor Code Section.

Foundation Classification (If Applicable): Not a private foundation as you are an organization described in section 509(a)(2) of the Internal Revenue Code.