

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 11/04/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Springfield

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001415

	<b>c. Organizational DUNS:</b>	073011921	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1600 E. Columbus Ave.

**Street 2:**

**City:** Springfield

**County:** Hampden

**State:** Massachusetts

**Country:** United States

**Zip / Postal Code:** 01103

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:** Office of Housing

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

**Prefix:** Ms.

**First Name:** Geraldine

**Middle Name:**

**Last Name:** McCafferty

**Suffix:**

**Title:** Director of Housing

**Organizational Affiliation:** City of Springfield

**Telephone Number:** (413) 787-6500

**Applicant:** City of Springfield  
**Project:** Catholic Charities RRH Expansion

073011921  
189923

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**Extension:**  
**Fax Number:** (413) 787-6515  
**Email:** gmccafferty@springfieldcityhall.com

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** Catholic Charities RRH Expansion

**16. Congressional District(s):**

**16a. Applicant:** MA-001

**16b. Project:** MA-001  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2022

**b. End Date:** 06/30/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

**20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE: ☒

### 21. Authorized Representative

**Prefix:** Mayor

**First Name:** Domenic

**Middle Name:** J

**Last Name:** Sarno

**Suffix:**

**Title:** Mayor

**Telephone Number:** (413) 787-6100  
(Format: 123-456-7890)

**Fax Number:** (413) 787-6104  
(Format: 123-456-7890)

**Email:** dsarno@springfieldcityhall.com

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

**Date Signed:** 11/04/2021

## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Springfield

**Prefix:**

**First Name:** Domenic

**Middle Name:** J

**Last Name:** Sarno

**Suffix:**

**Title:** Mayor

**Organizational Affiliation:** City of Springfield

**Telephone Number:** (413) 787-6100

**Extension:**

**Email:** dsarno@springfieldcityhall.com

**City:** Springfield

**County:** Hampden

**State:** Massachusetts

**Country:** United States

**Zip/Postal Code:** 01103

**2. Employer ID Number (EIN):** 04-6001415

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received**



**4a. Total Amount Requested for this project: \$191,482.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes

(For further information, see 24 CFR Sec. 4.3).

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
MA Executive Office of Health and Human Services, 1 Ashburton Pl. Boston, MA 02108	Grant	\$509,049.00	Supportive Services

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

### Part III Interested Parties

You must disclose:

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

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

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

### Certification

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

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

**I AGREE:** ☒

**Name / Title of Authorized Official:** Domenic Sarno, Mayor

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

**Date Signed:** 11/04/2021

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Springfield

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

### **Authorized Representative**

**Prefix:** Mayor

**First Name:** Domenic

**Middle Name** J

**Last Name:** Sarno

**Suffix:**

**Title:** Mayor

**Telephone Number:** (413) 787-6100  
**(Format: 123-456-7890)**

**Fax Number:** (413) 787-6104  
**(Format: 123-456-7890)**

**Email:** dsarno@springfieldcityhall.com

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

**Date Signed:** 11/04/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X

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

**Applicant's Organization:** City of Springfield

**Name / Title of Authorized Official:** Domenic Sarno, Mayor

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

**Date Signed:** 11/04/2021

## 1J. SF-LLL

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

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

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

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** City of Springfield

**Street 1:** 1600 E. Columbus Ave.

**Street 2:**

**City:** Springfield

**County:** Hampden

**State:** Massachusetts

**Country:** United States

**Zip / Postal Code:** 01103

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

**I certify that this information is true and complete.**

X

**Authorized Representative**

**Prefix:** Mayor  
**First Name:** Domenic  
**Middle Name:** J  
**Last Name:** Sarno  
**Suffix:**  
**Title:** Mayor  
**Telephone Number:** (413) 787-6100  
**(Format: 123-456-7890)**  
**Fax Number:** (413) 787-6104  
**(Format: 123-456-7890)**  
**Email:** dsarno@springfieldcityhall.com  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 11/04/2021



## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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

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

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

8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

**Authorized Representative for:** City of Springfield  
**Prefix:** Mayor

**First Name:** Domenic

**Middle Name:** J

**Last Name:** Sarno

**Suffix:**

**Title:** Mayor

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

**Date Signed:** 11/04/2021

## 1L. SF-424D

**Are you requesting CoC Program funds for construction costs in this application?** No

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

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** \$182,833

Organization	Type	Sub-Award Amount
Catholic Charities Agency	M. Nonprofit with 501C3 IRS Status	\$182,833

## 2A. Project Subrecipients Detail

**a. Organization Name:** Catholic Charities Agency

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

**c. Employer or Tax Identification Number:** 86-1121553

	<b>* d. Organizational DUNS:</b>	605761795	<b>PLUS 4:</b>	
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**e. Physical Address**

**Street 1:** 65 Elliot Street

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**Zip Code:** 01105

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

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

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

**i. Expected Sub-Award Amount:** \$182,833

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kathryn

**Middle Name:**

**Last Name:** Buckley-Brawner  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** k.brawner@diospringfield.org  
**Confirm E-mail Address:** k.brawner@diospringfield.org  
**Phone Number:** 413-452-0606  
**Extension:**  
**Fax Number:**

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

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

The City of Springfield manages annual CoC grants of over \$5 million, as well as \$3.9 million CDBG, \$1.6 million HOME, approximately \$700,000 HOPWA and \$350,000 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 is currently managing CDBG-CV, ESG-CV, and HOPWA-CV funds. Springfield was awarded Unified Funding Agency (UFA) status in the FY16 CoC competition, and has been successfully operating as a UFA since that time.

Catholic Charities Agency has successfully administered funding for homeless prevention/diversion and rapid rehousing for households. The agency currently operates a CoC Rapid Rehousing program. Over the last two years Catholic Charities has administered approximately \$2.5 million in State and City shelter funding to provide emergency alternative shelter and case management. Catholic Charities has administered DHCD-ESG, City ESG, DHCD/DPH - SOR, and CoC RRH program funding. The agency normally meets or exceeds the projected number of clients served and the goals of the program. All programs have been audited/monitored annually with no findings.

### **2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging 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.

Catholic Charities Agency has successfully leveraged funding from Catholic Charities USA, Community Foundation of Western Massachusetts, United Way, the Boston Foundation, and CCA's own financial contributions to increase our direct assistance funding and case management/stability service capacity.

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

The City of Springfield's Office of Housing provides oversight of CoC grants, under leadership of the Director of Housing and a staff of two program



managers who administer the grants and conduct regular monitoring. The Community Development Director of Administration and Finance provides fiscal oversight. The City manages grant financials in the City's MUNIS Financial Management System. Federally funded programs are subject to annual internal and external audits.

Charities is a 501(c)3 with a Board of Directors that sets policy and direction for the agency in collaboration with the Executive Director. The agency's financial system is managed by the Finance Department of the Roman Catholic Diocese of Springfield. The Department has a staff of 10 with 2 staff members dedicated to the financial oversight and management of Catholic Charities grant financial compliance. Grant expenditures require four authorized signatures; the case worker, the Program Coordinator, The Executive Director, and the designated finance accountant. Catholic Charities finances are audited annually by an outside accountant firm (Wolf & Co., P.C.).

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

## 3A. Project Detail

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

**2. CoC Collaborative Applicant Name:** City of Springfield MA

**3. Project Name:** Catholic Charities RRH Expansion

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Select the type of PH project:** RRH

**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

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

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

## 3B. Project Description

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

The RRH Expansion Project will provide needed medium-term rental assistance to households in Hampden County who are unsheltered, in emergency shelter, or in emergency alternative shelter (i.e. Hotel shelter). Eligible households will receive reasonable one-time moving costs, case management, utility deposits, housing search, life skills training, and medium term rental assistance. Eligible households will receive up to 24 months of rental assistance and each household will be offered case management assistance at least once per month while receiving assistance. Support services will be provided for up to 6 months after termination of financial assistance. Case management will include the creation and periodic review of a housing stabilization plan, participation in a financial literacy course and a tenant's rights and responsibilities workshop offered by Catholic Charities Agency (CCA). Participants are connected to employment and education resources to assist in income increase. Case workers will provide housing navigation services, to acquire missing documentation and other remedies to overcome housing barriers. CCA will regularly outreach to other Hamden County homeless service and DV shelter providers to screen and enroll eligible households into the program.

CC enrolls eligible households referred by the coordinated entry system. Once participants have been found eligible, the case worker and housing coordinator will work with the participant to secure appropriate permanent housing within 30 - 60 days. Once placed into stable housing the participant may receive up to 24 months in rental assistance, which is paid directly to the landlord. The participant pays 30% of their adjusted income toward rent with overall goal of increasing participant monthly contribution.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	7			
Begin program participant enrollment	7			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	15			
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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

**5. Housing First**

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

**5b. Will the project enroll program participants who have the following barriers? 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	<input type="checkbox"/>

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

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

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

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

## 3C. Project Expansion Information

**1. Is this a “Project Expansion” of an eligible renewal project?** Yes

**Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.**

**1a. Eligible Renewal Grant PIN:** MA0538

**1b. Eligible Renewal Grant Project Name:** Catholic Charities RRH

**2. Will this expansion project increase the number of program participants?** Yes

<b>2a.</b>	<b>Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)</b>	
	Number of persons (From renewal application Screen 5A)	27
	Number of units (From renewal application Screen 4B)	27
	Number of beds (From renewal application Screen 4B)	27
<b>2b.</b>	<b>New Requested Numbers to Add (from this “Stand-alone New” project application)</b>	
	Number of additional persons (From this new application Screen 5A)	13
	Number of additional units (From this new application Screen 4B)	13
	Number of additional beds (From this new application Screen 4B)	13

**3. Will this expansion project provide additional supportive services to program participants?** No

**4. Will this expansion project bring existing facilities up to government health or safety standards?** No

## 4A. Supportive Services for Participants

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

Once the client has been accepted for assistance, the housing coordinator and the case worker work with the client to locate and secure appropriate housing. CCA assists client with the application process and will advocate with the landlord for client placement. A housing stabilization plan is formulated with the client to help the client meet sustainable goals, and includes voluntary financial literacy courses, tenants rights and responsibilities workshops, and employment development. CCA mediates with the client and landlord to help with any conflicts that may develop. CCA checks monthly to be sure that all rental payments have been made and received by the landlord. Client receives a monthly call/or visit from case worker to be sure that all is on track and to review and update the housing stability plan.

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

Catholic Charities is in weekly meetings (Individual, Family and Chronically homeless) with representative and case workers from BHN, MHA, Eliot Service, FOH, Mercy Medical. We work closely with those case workers, whether it is with their existing client or by referring others to them. Our Housing navigator as well as the case manager works with the client to acquire all the necessary documents, services and benefits to allow them access to housing. Post-settling, the case worker meets monthly with the client to be sure that all benefits, as warranted, are still in place and that client is following the regulations for retention of benefits. Aside from referring our clients to employment programs such as Future Works (Springfield) and the Career Center (Holyoke) we have a relationship with Summit Careers that assists our clients find positions.

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
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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

Non-Partner	As needed
Non-Partner	Annually
Subrecipient	Weekly
Non-Partner	Annually
Subrecipient	Monthly
Non-Partner	As needed
Non-Partner	As needed
Subrecipient	Monthly
Non-Partner	As needed
Subrecipient	Annually
Subrecipient	As needed

**Identify whether the project will include the following activities:**

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



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

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

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



## 4B. Housing Type and Location

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

**Total Units:** 13

**Total Beds:** 13

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	13	13	

## 4B. Housing Type and Location Detail

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

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

**2a. Units:** 13

**2b. Beds:** 13

### 3. Address

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

**Street 1:** 65 Elliot Street

**Street 2:**

**City:** Springfield

**State:** Massachusetts

**ZIP Code:** 01105

**\*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)**

252700 Westfield, 251074 Holyoke, 250486  
Chicopee, 252340 Springfield, 259015  
Hampshire County

## 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		13	0	13
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		11		11
Persons ages 18-24		2		2
Accompanied Children under age 18			0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	13	0	13

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

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

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	6	1		5		2	2			
Persons ages 18-24				2			2			
Total Persons	6	1	0	7	0	2	4	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2023?** Yes

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.**

☐

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

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



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

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

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

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 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:			\$128,484
Total Units:			13
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MA - Springfield, MA MSA (2501300840)	13	\$128,484

## 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		x	\$559	x	12		=	\$0
0 Bedroom	6	x	\$745	x	12		=	\$53,640
1 Bedroom	7	x	\$891	x	12		=	\$74,844

2 Bedrooms		x	\$1,129	x	12	=	\$0
3 Bedrooms		x	\$1,404	x	12	=	\$0
4 Bedrooms		x	\$1,648	x	12	=	\$0
5 Bedrooms		x	\$1,895	x	12	=	\$0
6 Bedrooms		x	\$2,142	x	12	=	\$0
7 Bedrooms		x	\$2,390	x	12	=	\$0
8 Bedrooms		x	\$2,637	x	12	=	\$0
9 Bedrooms		x	\$2,884	x	12	=	\$0
Total Units and Annual Assistance Requested	13						\$128,484
Grant Term							1 Year
Total Request for Grant Term							\$128,484

**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		
2. Assistance with Moving Costs		
3. Case Management	1 Case workers at \$40,000/worker.	\$40,000
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	Bus passes for approximately 10 clients @ \$15.00/month X 12	\$1,800
16. Utility Deposits	13 utility deposits @ \$300/dep	\$3,900
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$45,700</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$45,700</b>

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

### Summary for Match

Total Amount of Cash Commitments:	\$47,871
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$47,871

**1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Catholic Charities	\$47,871

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Catholic Charities  
(Be as specific as possible and include the  
office or grant program as applicable)

**4. Amount of Written Commitment:** \$47,871

## 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	\$128,484	1 Year	\$128,484
4. Supportive Services	\$45,700	1 Year	\$45,700
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$174,184
8. Admin (Up to 10%)			\$17,298
9. Total Assistance Plus Admin Requested			\$191,482
10. Cash Match			\$47,871
11. In-Kind Match			\$0
12. Total Match			\$47,871
13. Total Budget			\$239,353

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Catholic Charitie...	10/29/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** Catholic Charities nonprofit documentation

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Domenic Sarno

**Date:** 11/04/2021

**Title:** Mayor

**Applicant Organization:** City of Springfield

**PHA Number (For PHA Applicants Only):**

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

X



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

☐

**Active SAM Status Requirement.**  
**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

☒

## 8B. Submission Summary

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

Page		Last Updated
<b>1A. SF-424 Application Type</b>		No Input Required
New Project Application FY2021	Page 50	11/12/2021

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/12/2021
<b>1E. SF-424 Compliance</b>	10/14/2021
<b>1F. SF-424 Declaration</b>	10/12/2021
<b>1G. HUD 2880</b>	10/12/2021
<b>1H. HUD 50070</b>	10/12/2021
<b>1I. Cert. Lobbying</b>	10/12/2021
<b>1J. SF-LLL</b>	10/12/2021
<b>IK. SF-424B</b>	10/12/2021
<b>1L. SF-424D</b>	10/12/2021
<b>2A. Subrecipients</b>	11/04/2021
<b>2B. Experience</b>	11/04/2021
<b>3A. Project Detail</b>	10/13/2021
<b>3B. Description</b>	10/29/2021
<b>3C. Expansion</b>	11/04/2021
<b>4A. Services</b>	10/29/2021
<b>4B. Housing Type</b>	11/04/2021
<b>5A. Households</b>	11/04/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/29/2021
<b>6E. Rental Assistance</b>	11/04/2021
<b>6F. Supp Srvcs Budget</b>	11/04/2021
<b>6I. Match</b>	11/04/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/29/2021
<b>7D. Certification</b>	10/14/2021

**Internal Revenue Service**  
**P.O. Box 2508**  
**Cincinnati, OH 45201**

**Department of the Treasury**

**Date: October 24, 2018**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

**Group Exemption Number:**

0928

Dear Sir/Madam:

This responds to your October 12, 2018, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2018*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2018* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

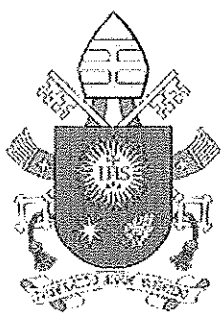
Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

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# The Official Catholic Directory

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# Diocese of Springfield in Massachusetts

(Diocesis Compifontis)

Most Reverend

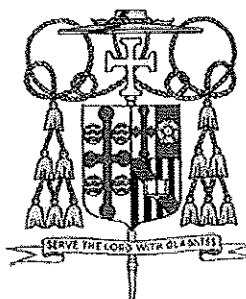
MITCHELL T. ROZANSKI

Bishop of Springfield in Massachusetts; ordained November 24, 1984; appointed Titular Bishop of Walla Walla and Auxiliary Bishop of Baltimore July 3, 2004; consecrated August 24, 2004; appointed Bishop of Springfield in Massachusetts June 19, 2014; installed August 12, 2014. *Chancery Office: P.O. Box 1730, Springfield, MA 01102-1730.*

Most Reverend

TIMOTHY A. McDONNELL

Bishop Emeritus of Springfield in Massachusetts; ordained June 1, 1963; appointed Titular Bishop of Semina and Auxiliary Bishop of New York October 30, 2001; consecrated December 12, 2001; appointed Bishop of Springfield in Massachusetts March 9, 2004; installed April 1, 2004; retired June 19, 2014. *Mailing Address: Saint Joseph Rectory, 414 North St., Pittsfield, MA 01201-4674.*



ESTABLISHED JUNE 14, 1870.

Square Miles 2,822.

*Comprises the Counties of Berkshire, Franklin, Hampden and Hampshire in the State of Massachusetts.*

*For legal titles of parishes and diocesan institutions, consult the Chancery Office.*

*Chancery Office: P.O. Box 1730, Springfield, MA 01102-1730. Tel: 413-732-3175; Fax: 413-737-2337.*

*Web: [www.diospringfield.org](http://www.diospringfield.org)*

*Email: [mail@diospringfield.org](mailto:mail@diospringfield.org)*

## STATISTICAL OVERVIEW

### Personnel

Bishop	1
Retired Bishops	1
Priests: Diocesan Active in Diocese	86
Priests: Diocesan Active Outside Diocese	3
Priests: Diocesan in Foreign Missions	3
Priests: Retired, Sick or Absent	47
Number of Diocesan Priests	130
Religious Priests in Diocese	33
Total Priests in Diocese	172
Extern Priests in Diocese	7
Ordinations:	
Diocesan Priests	1
Transitional Deacons	1
Permanent Deacons	9
Permanent Priests in Diocese	103
Total Brothers	15
Total Sisters	294
Parishes	
Parishes	80
With Resident Pastor:	
Resident Diocesan Priests	60
Resident Religious Priests	6
Without Resident Pastor:	
Administered by Priests	13
Administered by Deacons	2

Missions	8
Pastoral Centers	1
Professional Ministry Personnel:	
Sisters	15
Lay Ministers	33
Welfare	
Catholic Hospitals	1
Total Assisted	200,000
Health Care Centers	1
Total Assisted	5,601
Homes for the Aged	5
Total Assisted	450
Special Centers for Social Services	9
Total Assisted	76,328
Other Institutions	1
Total Assisted	124
Educational	
Diocesan Students in Other Seminaries	17
Total Seminarians	17
Colleges and Universities	1
Total Students	1,579
High Schools, Diocesan and Parish	3
Total Students	568
Elementary Schools, Diocesan and Parish	12
Total Students	2,852

Catechesis/Religious Education:	
High School Students	4,349
Elementary Students	7,735
Total Students under Catholic Instruction	17,100
Teachers in the Diocese:	
Priests	2
Sisters	12
Lay Teachers	310
Vital Statistics	
Receptions into the Church:	
Infant Baptism Totals	1,990
Minor Baptism Totals	113
Adult Baptism Totals	115
Received into Full Communion	223
First Communions	1,765
Confirmations	1,468
Marriages:	
Catholic	317
Interfaith	67
Total Marriages	384
Deaths	2,962
Total Catholic Population	177,269
Total Population	824,161

**Former Bishops**—Most Revs. PATRICK THOMAS O'REILLY, D.D., cons. Sept. 25, 1870; died May 28, 1892; THOMAS DANIEL BEAVEN, D.D., cons. Oct. 18, 1892; died Oct. 5, 1920; THOMAS M. O'LEARY, D.D., cons. Sept. 8, 1921; died Oct. 10, 1949; CHRISTOPHER J. WELDON, D.D., cons. March 24, 1950; retired Oct. 15, 1977; died March 10, 1982; JOSEPH F. MAGUIRE, D.D., (Retired), cons. Auxiliary Bishop of Boston, Feb. 2, 1972; installed Bishop of Springfield, Nov. 4, 1977; retired Dec. 27, 1991; died Nov. 23, 2014; JOHN A. MARSHALL, D.D., cons. Bishop of Burlington, Jan. 25, 1972; installed Bishop of Springfield, Feb. 18, 1992; died July 3, 1994; THOMAS LUDGER DUPRE, D.D., J.C.D., (Retired), ord. May 23, 1959; appt. Auxiliary Bishop of Springfield and Titular Bishop of Hodein April 19, 1990; cons. May 31, 1990; appt. Bishop of Springfield March 14, 1995; installed May 8, 1995; resigned Feb. 11, 2004; died Dec. 30, 2016; TIMOTHY A. McDONNELL, ord. June 1, 1963; appt. Titular Bishop of Semina and Auxiliary Bishop of New York Oct. 30, 2001; cons. Dec. 12, 2001; appt. Bishop of Springfield in Massachusetts March 9, 2004; installed April 1, 2004; retired June 19, 2014.

**Vicar General and Moderator of the Curia**—Rev. Msgr. CHRISTOPHER D. CONNELLY, J.C.L., 65 Elliot St., P.O. Box 1730, Springfield, 01102-1730.

**Chancery Office**—76 Elliot St., P.O. Box 1730, Springfield, 01102. Tel: 413-732-3175; Fax: 413-737-2337.

**Chancellor and Vicar for Canonical Affairs**—76 Elliot St., P.O. Box 1730, Springfield, 01102. Tel: 413-452-1805; Fax: 413-737-2337. Rev. Msgr. DANIEL P. LISTON, J.C.L.

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**Vicar for Religious**—65 Elliot St., P.O. Box 1730,

Springfield, 01102-1730. Tel: 413-452-0609. VACANT.

**Diocesan Tribunal**—Rev. Msgr. JOHN J. BONZAGNI, M.Ed., J.C.L., J.D., Judicial Vicar/Attorney at Law; Sr. CLAIRE LAPOINTE, S.A.S.V., J.C.L., Dir., 65 Elliot St., P.O. Box 1730, Springfield, 01102. Tel: 413-452-0664; Fax: 413-747-8482.

**Judges**—Rev. Msgrs. DANIEL P. LISTON, J.C.L.; CHRISTOPHER D. CONNELLY, J.C.L.; Rev. DANIEL R. FOLEY, J.C.D.; Sr. CLAIRE LAPOINTE, S.A.S.V., J.C.L.

**Promoter of Justice**—Rev. DANIEL R. FOLEY, J.C.D.

**Defender of the Bond**—Revs. JOHN P. McDONAGH, J.C.L.; MICHAEL PHIB, J.C.L.

**Instructor Procurator-Advocate**—Rev. Msgr. JUAN GARCIA; Deacons WILLIAM F. KERN, J.D.; JAMES Mc ELROY, J.D.; Rev. JOHN G. LESSARD-THIRODEAU.

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**Building Commission**—65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Rev. RICHARD A. BONDI, Chm.

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**Diocesan Office of Black Catholic Ministry**—MARION M. JOHNSON, Administrative Dir., 260 State St., Springfield, 01103. Tel: 413-781-3656; Email: marionmarie@rcn.com; Web: www.diospringfield.org/ministries/bc.html.

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**Holy Family League of Charity**—c/o Office of Catholic Charities, P.O. Box 1730, Springfield, 01102-1730. Tel: 413-732-3175.

**Human Resources**—65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-452-0683. CATHERINE FARR, Dir.

**Diocesan Core and Virtus Coordinator**—65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-452-0662. ANNETTE PLURDE.

**Massachusetts Catholic Conference**—Most Rev. MITCHELL T. ROZANSKI; Rev. Msgr. CHRISTOPHER D. CONNELLY, J.C.L.; Sr. ANNETTE McDERMOTT, S.S.J.; JOHN EGAN ESQ., 65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-732-3175.

**Ministry to the Deaf**—Rev. MATTHEW ALCOMBRIGHT.

**Newman Apostolate and Campus Ministry**—Revs. JOHN P. McDONAGH, J.C.L., Dir. Campus Ministry, New Catholic Center; GARY M. DALEY, Dir., Newman Center, 472 N. Pleasant St., Amherst, 01002. Tel: 413-549-0300.

**Office for the Protection of Children and Youth**—MS. PATRICIA FINN McMANAMY, L.I.C.S.W., Dir., 65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-452-0624.

**Office of Social Concerns**—PATRICIA FINN McMANAMY, L.I.C.S.W., Dir., 65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-452-0615.

**Pastoral Ministry**—Mailing Address: 65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-732-3175.

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**Southeast Asian Apostolate**—Rev. PETER HA DINH DANG, Dir., St. Paul the Apostle Church, 235 Dwight Rd., Springfield, 01108. Tel: 413-737-4422; Fax: 413-746-8378.

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**The Saint Thomas More Society**—Deacon WILLIAM KERN, Esq., Pres.

**Bishop Marshall Center**—MS. MARGOT MORAN, Dir., St. Michael's Cathedral, 260 State St., Springfield, 01105. Tel: 413-732-2301.

**Springfield Diocesan Council of Catholic Women**—Co Presidents: KATHRYN SEWARD; CAROL BURKE, Mailing Address: Diocese of Springfield, P.O. Box 1730, Springfield, 01102-1730.

**Victim Assistance Coordinator**—PATRICIA FINN McMANAMY, L.I.C.S.W.

**Vocations**—65 Elliot St., P.O. Box 1730, Springfield, 01102-1730. Tel: 413-452-0816; Fax: 413-452-0817. Co Directors: Revs. MATTHEW ALCOMBRIGHT; MICHAEL J. WOOD JR.

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## CLERGY, PARISHES, MISSIONS AND PAROCHIAL SCHOOLS

### CITY OF SPRINGFIELD

(HAMPDEN COUNTY)

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**Catechesis Religious Program**—Lynn Dubreuil, D.R.E. Students 118.

**Mission**—St. Francis Chapel, 254 Bridge St., Hampden Co. 01102-1730. Tel: 413-452-0631.

2—ALL SOULS (1808) (Spanish) Rev. Jose Siesquen Flores, (Peru) Admin.; Deacon Jose Rivera. Office & Res.: 445 Plainfield St., 01107. Tel: 413-736-0076; Fax: 413-731-0962; Email: mmaxis68@gmail.com.

**Catechesis Religious Program**—

3—ST. ALOYSIUS (1873) (French), Merged with St. Matthew, Springfield, to form St. Jude, Indian Orchard.

4—BLESSED SACRAMENT (1953) (Hispanic) Rev. Jose Siesquen Flores, (Peru) Admin.; Deacons Genaro Medina; Kevin McCarthy. Pastoral Center & Res.: 445 Plainfield St., 01107. Tel: 413-736-8208; Tel: 413-736-2167; Fax: 413-731-0962; Email: mmaxis68@gmail.com.