REQUEST FOR PROPOSALS

For Hampden County CoC Renewal Projects
and New Projects that will provide:

- Permanent Supportive Housing; or
  - Rapid Rehousing

Total Possible Available Funding: $3,505,054

RFP Available: Monday, July 18, 2016

Bidder’s Conference: Wednesday, July 27, 2016, 10 a.m.
REQUIRED for new applicants; optional for renewal applicants
Office of Housing, 1600 E. Columbus Ave., Springfield

Applications Due: Friday, August 12, 2016, 4 p.m.
Office of Housing, 1600 E. Columbus Ave., Springfield
INTRODUCTION
The U.S Department of Housing and Urban Development (HUD) released the 2016 Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program on June 28, 2016. The NOFA is available at https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf. Continuum of Care (CoC) collaborative applications must be submitted to HUD no later than September 14, 2016, 7:59:59 p.m. eastern time.

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

The consolidated application that will be submitted by the City of Springfield for the FY2016 CoC Program Competition will include eligible new projects and renewal projects from prior competitions. The CoC is seeking proposals from Hampden County providers of services and housing for new permanent supportive housing projects, new rapid rehousing projects and renewal projects. The highest need is for new permanent supportive housing.

Applications must be submitted in HUD’s electronic grant application system esnaps. The City of Springfield will provide applicants access to esnaps and technical assistance regarding use of the system. An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix A.

FUNDING AVAILABILITY
The Hampden County Continuum of Care expects to be awarded a minimum of $3,090,062 in this funding round, and may receive up to $3,505,054. Annual grant amounts for existing programs range from approximately $22,000 to $380,000; the average grant size is just under $150,000.

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

1. Renewal Projects

Projects currently funded under the CoC Program, Supportive Housing Program (SHP), and Shelter Plus Care (S+C) are eligible for renewal for FY 2016 funds if they have a grant agreement that expires in Calendar Year 2017.
2. NEW Permanent Supportive Housing for Chronically Homeless Individuals or Families

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

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

“Chronically homeless” is defined as:

(1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

3. NEW Rapid Rehousing for Homeless Individuals, Households with Children, or Youth, and for Persons Fleeing/Attempting to Flee Domestic Violence

New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations or other persons meeting the criteria of paragraph (4) of the definition of homelessness.
CoC funds may provide supportive services, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help participants move as quickly as possible into permanent housing and achieve stability in that housing.

“Homeless” is defined as: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

These projects:

- Must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent.
- Must limit rental assistance to no more than 24 months to a household.
- May provide supportive services for no longer than 6 months after rental assistance stops.
- Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant’s income or other circumstances (e.g., changes in household composition) that affect the program participant’s need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program.
participant’s eligibility and the amount and types of assistance that the program participant needs.

- Must require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient carrying out the project from making its housing conditional on the participant’s acceptance of services.

ELIGIBLE APPLICANTS

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

ELIGIBLE COSTS

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

Rental Assistance

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

Leasing

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

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

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

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

Supportive Services

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

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

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

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

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

Project Administration
The Project Sponsor may use up to 50% of the HUD-allowed administrative funds associated with the project; the remaining 50% of the administrative funds are retained by the City of
Springfield. Administrative costs for renewal programs are set by HUD. The HUD-allowed administrative costs for new grants are 7% of the full grant.

MATCHING FUNDS

The grantee must match all grant funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73. Cash match must be used for the costs of activities that are eligible CoC Program costs. Appendix B provides the information required to document match.

HOMELESS MANAGEMENT INFORMATION SYSTEM

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

CENTRALIZED OR COORDINATED ASSESSMENT

All successful applicants must participate in the CoC’s coordinated entry system.

GRANT TERM

Renewal projects may only apply for one year grant terms.

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

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

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

HUD REQUIREMENTS
This document summarizes key components of the CoC Program. More information is available
from the NOFA, available at https://www.hudexchange.info/resources/documents/FY-2016-
CoC-Program-NOFA.pdf, and from the Continuum of Care Program regulations, available at
If there are any conflicts between guidance in this document and HUD guidance, the HUD
guidance takes priority and is what should be relied upon.

THRESHOLD REQUIREMENTS AND COMPETITIVE REVIEW

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

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

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

The deadline for submittal of Project Applications is August 12, 2016 at 4:00 pm.
There are two required parts of submittal, both of which must be completed by the deadline.

1. Submittal of the electronic application in esnaps. The electronic application must include the following required attachments:
   a. Documentation of 501(c)(3) status.
   b. Documentation of Match.

2. Submittal of CoC Application Required Documents to the Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA. The list of CoC Application Required Documents is attached to this RFP as Appendix C.

INSTRUCTIONS FOR SUBMISSION OF APPLICATION IN ESNAPS

1. Applicant access to esnaps.
   - The applicant must designate a staff person to access esnaps.
   - The designated individual must visit the esnaps site, www.esnaps.hud.gov, click the “Create Profile” button, and provide the required information. Following this step, the individual must send an email to Deborah Merkman, dmerkman@springfieldcityhall.com, and request that the individual be linked to the Hampden County CoC account. Ms. Merkman will send a response email conforming that the individual has been added.
   - Renewal applications have already been created.
   - For new projects: Send notice to Gerry McCafferty, gmccafferty@springfieldcityhall.com of the intent to apply for a new project, and whether the new project is: 1) permanent supportive housing; 2) rapid rehousing or 3) centralized or coordinated assessment. Within 24 hours, Ms. McCafferty will create a new project application for the proposed project, which shall be the name of the applicant agency – name of the proposed project.

2. Accessing program application in esnaps.
   - The applicant’s esnaps user should log-in to esnaps and click the “Submissions” button in the left-hand column. At the top middle of the page that opens is a section named “Submissions Filters” and the top line is “Applicant Project Name.” Use the drop-down menu to find your project. Once your agency and program name are in the box from the drop-down menu, click the “Filter” button.
• Once the system filters to only your program, look in the second column for “Renewal Project Application FY2016” or “New Project Application FY2016.” To open the application, click on the orange and grey icon to the left of the program name.

3. Completing the esnaps application.

• Note that Part 1 of the application has been completed by the City of Springfield. Because HUD grants are actually awarded to the City, the City is considered the applicant. Each program grantee is a subrecipient. Subrecipient information begins in Part 2.

4. Esnaps attachments.

• All new applications must contain two attachments which must be uploaded.

• Each application must have documentation of the agency’s 501(c)(3) status attached.

• Each application must also upload current 2016 documentation of Match (funds or in-kind). Match documentation must be dated June 28, 2016 or later. The documentation must be scanned and uploaded.

5. Submittal of the esnaps application.

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

INSTRUCTIONS FOR SUBMISSION OF COC APPLICATION REQUIRED DOCUMENTS

1. Appendix C provides the checklist of CoC Application Required Documents. Provide one copy of each of the required documents.

2. If any document is not available by the required deadline, the applicant must provide a written explanation of the reason the document is not available and a firm date, no later than September 12, 2016, by which the document will be made available. The CoC Scoring and Ranking Committee reserves the right to revoke approval of any application which does not have all required documents on file by the September 12, 2016 deadline.

3. The CoC Application Required Documents must be delivered to the Springfield Office of Housing by the RFP application deadline (August 12, 2016, 4:00 pm). Please place in one or more envelopes marked with the name of the proposed subrecipient and the project.
HAMPDEN COUNTY CONTINUUM OF CARE

CoC Application Ranking, Selection and Reallocation Process 2016

The US Department of Housing and Urban Development (HUD) released the Continuum of Care (COC) FY2016 Notice of Funding Availability (NOFA) on June 28, 2016. The NOFA is available at https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf.

The Hampden County CoC will submit a collaborative application to HUD for competition funds by September 14, 2016. The application may include up to three types of individual project applications:

1. Grantees with current projects (FY15) seeking renewal of those same projects
2. New applicants seeking funds for:
   a. permanent supportive housing for chronically homeless individuals or families, or
   b. rapid rehousing programs that will serve homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless (fleeing or attempting to flee domestic violence)

New applications will be considered for reallocation (replacing all or part of existing project(s) which will no longer be funded) or as part of a Permanent Supportive Housing Bonus.

APPLICATION DEADLINE

Project applications for NEW and RENEWAL projects must be submitted to the CoC in the electronic esnaps system no later than 4:00 p.m. on Friday, August 12, 2016.

Scoring of applications will be completed by the CoC Scoring and Ranking Committee, which will be made up of CoC members who are not employed by or associated with any of the project sponsors applying for funds. The sole exception to this rule is the City of Springfield, which is a recipient of the HMIS grant, but is permitted to serve on the CoC Ranking and Scoring Committee because HMIS grants are automatically prioritized by the CoC in order to meet HUD HMIS requirements.

The CoC Scoring and Ranking Committee will score submitted proposals according to objective criteria provided as part of the application process, and will rank proposals in order according to scores. The committee will then consider overall CoC priorities and strategy to determine a final list of projects to be submitted to HUD, and the amounts of funding to be requested for each project. Proposers will be notified in writing no later than August 29, 2016 of whether they will be included in the application to HUD and the amount to be allocated for each project. The list and rationale for selection shall be posted on the website of the Western Massachusetts Network to End Homelessness on that date. Applicants not selected may appeal directly to HUD.
Funding Amounts are as follows:

<table>
<thead>
<tr>
<th>Tier 1: 93% of Renewal Amount</th>
<th>$3,090,062</th>
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</thead>
<tbody>
<tr>
<td>Tier 2: 7% of Renewal Amount</td>
<td>$232,585</td>
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<tr>
<td>Permanent Housing Bonus Amount</td>
<td>$182,406</td>
</tr>
<tr>
<td><strong>Total for which the CoC may apply</strong></td>
<td><strong>$3,505,053</strong></td>
</tr>
</tbody>
</table>

Projects submitted to HUD in Tier 1 are expected to be funded, provided that the project meets HUD eligibility and threshold requirements. Tier 2 projects will be awarded funds by HUD based on a comparative score computed using: the CoC’s FY2016 application competitive score (up to 50 points), the rank the CoC gives to the project (up to 35 points), the project type, with maximum points for permanent supportive housing, rapid rehousing, and transitional housing exclusively serving youth (up to 5 points), and commitment to Housing First/low-barrier entry (up to 10 points).

**APPLICATION PROCESS FOR RENEWALS AND NEW PROJECTS**

The FY2016 CoC competition is open to renewal and eligible new projects, which will be scored competitively. The highest scoring projects will be included in the CoC application submitted to HUD.

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

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

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

A Request for Proposals (RFP) for renewal and new projects will be posted to the website of the Western Massachusetts Network to End Homelessness on July 18, 2016. This RFP will provide additional details regarding the application process.

**ESNAPS GUIDANCE AND TECHNICAL ASSISTANCE**

Esnaps is available at www.esnaps.hud.gov. Any applicant that does not already have the ability to log in to the CoCs esnaps account must request access from Deborah Merkman, dmerkman@springfieldcityhall.com or 413-787-7746. Deborah Merkman can also provide technical assistance regarding esnaps use throughout the application process.
SCORING, RANKING, REALLOCATION AND SELECTION

All complete, timely, and eligible applications will be scored by the CoC Scoring and Ranking Committee, using the scoring rubrics attached to this guidance. Scores will determine each project’s rank in the CoC’s application to HUD, and rank will be the primary determinant of placement into Tier 1 and Tier 2. Scores may also be used to reject applications or to reduce budgets for low-scoring projects or over-funded projects.

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

- Commitment to a Housing First low-demand service model; and
- Projects that promote geographic diversity of programs throughout our CoC.

The process for considering projects will include the following:

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

Reallocation. Reallocation is the process of removing funding (in whole or in part) from a renewal project to fund a new project. There are several types of reallocation that may happen:

- Renewal projects that are ranked below all other renewal and new projects and fall below the cut-off for Tier 2 will not be included in the application.
- Low-scoring applications placed in Tier 2 may be reduced by the CoC Scoring and Ranking Committee in order to enable the CoC to fall within the Tier 2 limit.
- Projects which consistently do not draw down 90% or more of funds may have budgets reduced by the CoC Scoring and Ranking Committee to conform to actual spending. In the FY2016 competition, projects in this category that request full funding will be asked to provide a supplementary statement with their project application stating the plan to fully spend grant funds in the next program year.

Selection. Once the committee completes the scoring and ranking, the committee may consider the CoC’s priorities, whether the initial scoring is likely to result in any critical service gaps, and strategy related to Tier cut offs and HUD’s selection process, and may make adjustments to budgets and produce the final ranking of projects to be included in the CoC application. The Committee’s rationale for any adjustments must be recorded and made public with the published rankings.

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

Project selections, rankings and tier allocations will be provided to proposers by written notice and published on the following website no later than 4:00 pm on August 29, 2016:

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

Applicants not selected by the CoC to be included in the CoC submission to HUD may appeal by submitting their esnaps Solo Application directly to HUD no later than September 14, 2016, 7:59:59 p.m. eastern time.

TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July 18, 2016</td>
<td>Hampden County CoC FY2016 Competition Opens</td>
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<tr>
<td>July 27, 2016</td>
<td>Bidders Conference (optional)</td>
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<tr>
<td>10:00 a.m.</td>
<td>City of Springfield Office of Housing, 1600 E. Columbus Ave., Springfield, MA</td>
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<tr>
<td>Aug. 12, 2016</td>
<td>Deadline for Submittal of Complete Application for Rating and Ranking</td>
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<tr>
<td>4:00 pm</td>
<td>Complete applications include:</td>
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<td></td>
<td>1. Esnaps submittal with following attachments uploaded:</td>
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<tr>
<td></td>
<td>• Documentation of agency 501(c)(3) status</td>
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<td></td>
<td>• Match commitment letters</td>
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Renewal Applicants must submit:

- Minutes of Board of Directors meeting authorizing application for renewal funding
- Current List of Board of Directors with identification of Officers and terms
- The following completed forms: Notarized Tax Certification Affidavit; Conflict of Interest Statement; Debarment Certificate; and Internal Control Questionnaire

New Applicants must submit:

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

Aug. 29, 2016  Ranking and Selection Results posted on Network website and sent to applicants in writing
4:00 pm

Sept. 14, 2016  CoC Application Submitted to HUD in esnaps
Any rejected applicants may submit esnaps Solo Application directly to HUD no later than 7:59:59 p.m. eastern time on Sept. 14, 2016.
<table>
<thead>
<tr>
<th>SCORING FOR RENEWAL APPLICATIONS FOR FY2016 COC PROGRAM COMPETITION</th>
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<tbody>
<tr>
<td><strong>PROGRAM DESIGN</strong></td>
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<tr>
<td><strong>35 points</strong></td>
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<tr>
<td><strong>Source:</strong> Project Application</td>
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<tr>
<td><strong>Program Type</strong> (up to 10 points)</td>
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<tr>
<td><strong>Population Served</strong> (up to 10 points)</td>
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<tr>
<td><strong>Geographic diversity of services</strong> (up to 5 points)</td>
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<tr>
<td><strong>Housing First/low-barrier + rapid placement in PH</strong> (up to 5 points)</td>
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<td><strong>Type of site/building</strong> (up to 5 points)</td>
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<td><strong>PERFORMANCE</strong></td>
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<td><strong>30 points</strong></td>
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<tr>
<td><strong>Source:</strong> HMIS APR for period 7/1/2015 – 6/30/2016; HMIS data</td>
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<td><strong>Program utilization</strong> (up to 6 points)</td>
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<td><strong>Participant eligibility/targeting</strong> (up to 6 points)</td>
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<td><strong>Housing Stability</strong> (up to 6 points)</td>
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<td><strong>Income</strong> (up to 6 points)</td>
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<td><strong>Mainstream Benefits</strong> (up to 6 points)</td>
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<td><strong>FINANCIAL</strong></td>
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<td><strong>20 points</strong></td>
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<td><strong>Source:</strong> Program audit, program invoices</td>
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<td><strong>Audit</strong> (up to 10 points)</td>
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<td><strong>Drawdown rates</strong> (up to 5 points)</td>
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<td><strong>Spend Down</strong> (up to 5 points)</td>
</tr>
<tr>
<td><strong>DATA/HMIS</strong></td>
</tr>
<tr>
<td><strong>15 points</strong></td>
</tr>
<tr>
<td><strong>Source:</strong> APR</td>
</tr>
<tr>
<td><strong>HMIS data quality</strong> (up to 10 points)</td>
</tr>
<tr>
<td><strong>Contributes to broad HMIS coverage</strong> (up to 5 points)</td>
</tr>
<tr>
<td>SCORING FOR NEW PSH and RRH FOR FY2016 COC PROGRAM COMPETITION</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>PROGRAM DESIGN</strong> 30 points Source: Project Application</td>
</tr>
<tr>
<td>Population Served (up to 5 points)</td>
</tr>
<tr>
<td>Serves priority population: Chronically homeless, DV victims,</td>
</tr>
<tr>
<td>Families with Children, Youth, Veterans – 5 points</td>
</tr>
<tr>
<td>Geographic diversity of services (up to 10 points)</td>
</tr>
<tr>
<td>Will operate in largely underserved location – 10 points</td>
</tr>
<tr>
<td>Will operate in moderately underserved location – 5 points</td>
</tr>
<tr>
<td>Housing First/low-barrier + rapid placement in PH (up to 5 points)</td>
</tr>
<tr>
<td>PH uses Housing First model; TH/RRH is low-barrier + prioritizes rapid placement in PH – 5 points</td>
</tr>
<tr>
<td>Site Type: scattered ( up to 5 points)</td>
</tr>
<tr>
<td>Program uses a scattered site model – 5 points</td>
</tr>
<tr>
<td>Project description/scope (up to 5 points)</td>
</tr>
<tr>
<td>Adequately describes project and is consistent with population served and expected performance outcomes – up to 5 points</td>
</tr>
<tr>
<td><strong>AGENCY EXPERIENCE and HISTORY OF PARTICIPATION 30 points</strong></td>
</tr>
<tr>
<td>Source: Application; Minutes of CoC and Network meetings</td>
</tr>
<tr>
<td>Agency experience (up to 10 points)</td>
</tr>
<tr>
<td>7 or more years serving population or performing the proposed activities – 10 points</td>
</tr>
<tr>
<td>3 or more years serving population or performing the proposed activities – 6 points</td>
</tr>
<tr>
<td>Experience with federal funds (up to 5 points)</td>
</tr>
<tr>
<td>Prior use of federal funds to operate 1 or more program(s) – 5 points</td>
</tr>
<tr>
<td>Leveraging experience (up to 3 points)</td>
</tr>
<tr>
<td>Describes experience leveraging Federal, State, local, and/or private sector funds : Yes – 3 points</td>
</tr>
<tr>
<td>Organization and management structure (up to 10 points)</td>
</tr>
<tr>
<td>Description demonstrates strong internal coordination &amp; financial accounting – 10 points</td>
</tr>
<tr>
<td>Description shows adequate internal coordination &amp; financial accounting – 5 points</td>
</tr>
<tr>
<td>Participation in CoC or Network (up to 2 points)</td>
</tr>
<tr>
<td>Has attended CoC/Network meetings in the last year – 2 points</td>
</tr>
<tr>
<td><strong>FINANCIAL 20 points Source: Budget submittal, program audit</strong></td>
</tr>
<tr>
<td>Budget submission (up to 10 points)</td>
</tr>
<tr>
<td>Budget is accurate&amp; complies with CoC Interim Rule – 10 points</td>
</tr>
<tr>
<td>Audit (up to 10 points)</td>
</tr>
<tr>
<td>No unresolved findings &amp; low-risk auditee – 10 points</td>
</tr>
<tr>
<td><strong>PROGRAM &amp; DATA MANAGEMENT 20 points Source: Application, agency policies and procedures</strong></td>
</tr>
<tr>
<td>HMIS experience (up to 5 points)</td>
</tr>
<tr>
<td>Agency provides HMIS data on existing program(s) to City of Springfield HMIS or MA ASIST – 5 points</td>
</tr>
<tr>
<td>Schedule &amp; management plan (10 points)</td>
</tr>
<tr>
<td>Full points where there is a plan for timely and rapid start up (no later than 7/1/2017) and strong management</td>
</tr>
<tr>
<td>Complete and compliant policies &amp; procedures (up to 5 points)</td>
</tr>
<tr>
<td>Full points where all required policies and procedures are submitted and comply with HUD requirements</td>
</tr>
</tbody>
</table>
DEFINITIONS

**Chronically Homeless** (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years, adding up to a total of 12 months; and (iii) Can be diagnosed with one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or (2) an individual who has been residing in an institutional care facility, including a jail, mental health or substance abuse facility, hospital or other similar facility for fewer than 90 days and has met all the criteria in paragraph (1) of this definition before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

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

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

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

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

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

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

**Transitional Housing (TH)** means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.
**Underserved geographic area** is an area with limited or no Continuum of Care programs. The following chart identifies geographic areas within the Hampden County CoC, and CoC resources available in each area. Following the chart, there are indications of the areas considered “largely underserved” and “moderately underserved.”

<table>
<thead>
<tr>
<th>Geographic Distribution of Existing PSH, TH, SH and RRH Resources in Hampden County</th>
<th>PSH beds/units for Individuals</th>
<th>TH beds for Individuals</th>
<th>PSH beds for Families</th>
<th>TH beds for Families</th>
<th>Rapid Rehousing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicopee</td>
<td>25</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>Two providers serve the region</td>
</tr>
<tr>
<td>Holyoke</td>
<td>6</td>
<td>23</td>
<td>88</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Springfield</td>
<td>396</td>
<td>81</td>
<td>146</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Westfield</td>
<td>43</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Remainder of Hampden Co.</td>
<td>38</td>
<td>7</td>
<td>41</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Largely underserved**: Hampden County outside cities of Springfield, Chicopee, Holyoke, Westfield  
**Moderately underserved**: Chicopee, Holyoke, Westfield
HAMPDEN COUNTY CONTINUUM OF CARE
Match for the Continuum of Care Program

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

DOCUMENTATION OF CASH MATCH

Please provide the following information regarding cash match:

- Name of organization providing the contribution
- Type of contribution – specify if cash or in-kind; if the match is in-kind, please identify the services or other contribution to be provided
- Number of clients to be served with the contribution
- Value of the contribution
- Date the match will be available – for renewals, this must coincide with your 2016-2017 operating year
- Name of the person authorized to commit the resources
- Title of person authorized to commit these resources
- Signature of person authorized to commit these resources
- Date
CoC Application Required Documents

NEW APPLICANTS must submit each of the following:

_____ Agency Articles of Incorporation;

_____ Current List of Board of Directors with identification of Officers and terms;

_____ Minutes of Board of Directors meeting authorizing application for renewal funding (Note: if the agency’s Board of Directors will not meet before September 12, 2016 and does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

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

_____ Agency Financial Management Policies and Procedures; and

_____ Agency Procurement Policies and Procedures.

The following completed forms (which are attached):

_____ Notarized Tax Certification Affidavit;

_____ Conflict of Interest Statement;

_____ Debarment Certificate;

_____ Internal Control Questionnaire; and

_____ CoC Program Project Sponsor Certifications.
The following agency policies:

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

RENEWAL APPLICANTS must submit each of the following:

_____ Current List of Board of Directors with identification of Officers and terms;
_____ Minutes of Board of Directors meeting authorizing application for renewal funding (Note: if the agency’s Board of Directors will not meet before September 12, 2016 and does not vote electronically, please submit a letter with the date of the next Board of Directors meeting and a commitment to schedule a vote on this application at that meeting, and then submit minutes following the meeting);

The following completed forms (which are attached):

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

Individual Social Security Number  State Identification Number  Federal Identification Number

Company:______________________________________________________________________________

P.O.Box (if any):__________________Street Address Only:______________________________________

City/State/Zip Code:_________________________________________________________

Telephone Number:__________________________   Fax Number:________________________________

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

Please identify if the bidder/proposer is a:

Corporation    ______

Individual     ______  Name of Individual:_______________________________________________

Partnership    ______  Names of all Partners:____________________________________________

Limited Liability Company ______  Names of all Managers:____________________________________

Limited Liability Partnership ______  Names of Partners:_____________________________________

Limited Partnership  ______  Names of General Partners:_____________________________________

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

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

______________________________________________  __________________________  ______________
Bidder/Proposer  Authorized Person’s Signature  Date

CITY OF SPRINGFIELD TAX CERTIFICATION (IF APPLICABLE)
I ___________ certify under the pains and penalties of perjury that ___________________________, to the best of my knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

______________________________________________  __________________________  ______________
Bidder/Proposer  Authorized Person’s Signature  Date
COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

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

__________________________________________  __________________________________________
Bidder/Proposer Authorised Person’s Signature Date

Notary Public

COMMONWEALTH OF MASSACHUSETTS

________________________________________, SS  __________________________________, 20____

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

________________________________________
Notary Public

My commission expires: _____________________________
CONFLICT OF INTEREST STATEMENT

No staff or Board of Director of the ______________________________ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the __________________ resources without express approval of its Board of Director’s Chairperson. All transactions conducted by staff and the Board of Directors must be arms’ length transactions, whose sole intent is to enhance the role and the mission of _________________________.

Dated:___________________________                                  ______________________________
                                                                                           (signature of authorized agent)

                                                                                           ______________________________
                                                                                           (printed name of agent)

                                                                                           ______________________________
                                                                                           (title of agent)

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

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

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

Dated:___________________

________________________________
(signature of authorized agent)

________________________________
(printed name of agent)

________________________________
(title of agent)

This Certificate must be printed on agency letterhead.
Internal Control Questionnaire

DATE ____________________________________________________________________________

NAME OF OPERATING AGENCY __________________________________________________________

ADDRESS OF OPERATING AGENCY ______________________________________________________

TAX ID OF OPERATING AGENCY _________________________________________________________

TEL #________________ FAX #________________ CONTACT PERSON _________________________

TITLE OF PROJECT _________________________________________________________________

PROJECT LOCATION _________________________________________________________________

AMOUNT OF FUNDING ________________________________________________________________

SOURCE OF FUNDING: Continuum of Care Program

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

   A. REIMBURSABLE EXPENSE REQUEST ________________________________________________
   
   B. CHECK SIGNATURE ________________________________

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

   ______________________________________________________________________________

3. Name of person who is responsible for:

   A. Maintaining payrolls _____________________________________________________________
   
   B. Maintaining Time Sheets _________________________________________________________
   
   C. Reconciling Bank Statements ______________________________________________________
   
   D. Preparing Statement of Project Costs _____________________________________________
   
   E. Preparing Checks ______________________________________________________________
   
   F. Purchasing _________________________________________________________________

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

   1. Cash receipts and Disbursements Ledger ____________________________________________
2. Voucher Register

3. Project Cost Ledger

5. Name of Employees Bonded:

______________________________________________________________________________

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

7. Who signs all vouchers ready for payment?

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

9. Who is responsible for hiring personnel?

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

11. What controls are in place for equipment purchases?

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

_________________________________________  _________________________
Signature of Authorized Representative for Agency  Date
CoC Program Project Sponsor Certifications

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

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

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

No Debarment
- The Agency, its officers, and employees are not debarred or suspended from doing business with the federal government; and

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

Dated:___________________________
____________________________
(signature of authorized agent)
____________________________
(printed name of agent)
____________________________
(title of agent)