

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange (www.hudhre.info). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Public reporting burden for this collection of information is estimated to be 16 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

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)

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A. General Information

Grantee Name	City of Springfield
Name of Entity or Department Administering Funds	Office of Housing
HPRP Contact Person (person to answer questions about this amendment and HPRP)	Geraldine McCafferty
Title	Deputy Director
Address Line 1	1600 E. Columbus Ave.
Address Line 2	
City, State, Zip Code	Springfield, MA 01103
Telephone	(413) 787-6500
Fax	(413) 787-6515
Email Address	gmccafferty@springfieldcityhall.com
Authorized Official (if different from Contact Person)	Domenic J. Sarno
Title	Mayor
Address Line 1	36 Court St.
Address Line 2	
City, State, Zip Code	Springfield, MA 01103
Telephone	(413) 787-6100
Fax	(413) 787-6104
Email Address	djordan@springfieldcityhall.com
Web Address where this Form is Posted	http://www.springfieldcityhall.com/planning/index.php?id=dept_cd

Amount Grantee is Eligible to Receive*	\$1,700,802
Amount Grantee is Requesting	\$1,700,802

*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

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B. Citizen Participation and Public Comment

1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).

Response:

The City of Springfield's citizen participation for this HPRP plan included the following:

- The Springfield Continuum of Care made recommendations regarding HPRP funds at its regularly scheduled monthly meeting on March 19, 2009.
- The Springfield Office of Housing convened two meetings of prevention providers and related agencies, including the local community action agency and the Western Division of the Housing Court, on April 16 and 30, 2009 to discuss improving our prevention system and coordination among providers; this meeting also resulted in recommendations for use of HPRP funds.
- The City posted the draft Substantial Amendment form HUD-40119 on its website on May 1, 2009.
- The City published Public Notice in the *Springfield Republican* of the Public Hearing and website access to its form HUD-40119.
- The City opened a public comment period on May 1 through May 14, 2009. The City held a public hearing on May 11, 2009.
- The City distributed the draft Substantial Amendment and notice of the Public Hearing to emergency shelters; the Springfield Continuum of Care; ESG and HOPWA providers; faith-based groups working on homelessness within the City; advocacy groups; the City's ten-year plan Implementation Committee; neighborhood councils; the public library; and numerous City departments, including schools, police, health & human services, veterans services and elder services.

2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:

- Grantee did not receive public comments.
- Grantee received and accepted all public comments.
- Grantee received public comments and did not accept one or more of the comments.

3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.

The City received written comments from Peter Gagliardi, Executive Director, HAP Housing, and Tom Salter, Division of Shelter & Housing, New England Farm

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Workers Council, Inc. Tom Salter was the only person who attended the public hearing, and his comments at the hearing were the same as those in his letter. In his comments, Peter Gagliardi recommends that funds dedicated to families be used in two primary ways: 1) targeted short-term case management and one-time financial assistance to prevent family homelessness, and 2) intensive case management and time-limited shallow subsidies to assist families experiencing homelessness. *Response:* The City intends for HPRP funds dedicated to families be used for these two purposes.

Tom Salter's comments were expressly supportive of two elements of Springfield's HPRP plan, including dedicating 65% of the funds for families, limiting eligibility to households at or below 30% of area median income.

Mr. Salter expressed concern that the time for response to the City's RFP for HPRP funds may be as short as 30 days, which he believes is unreasonably short. *Response:* The time period for response to the City's RFP will depend on the date by which HUD approves the City's substantial amendment; if it is possible to extend the time but still select subgrantees by September 1, 2009, the City will do so.

Mr. Salter recommends that there be a coded system to identify households assisted under various HPRP programs, so as to avoid duplication of services to some households. *Response:* All HPRP providers will be required to input client-level data into Springfield's HMIS, which will enable providers to determine clients who have already been served. The City will not impose any additional coding requirements.

Mr. Salter recommends imposition of a residency requirement placed on receipt of funds by homeless and at-risk households. *Response:* The City will require HPRP funds to assist only households residing in or employed in Springfield at the time they seek assistance. This requirement is indicated in Section C. 4.

The City indicated in its draft plan that it will give preference to applications that create a single point of entry for HPRP funds. Mr. Salter recommends that the point of entry for application and receipt of funds be made possible at all locations operated by any and all subgrantees. *Response:* The City's preference is for a centralized intake system, in which eligibility determinations are standardized and centralized. The centralized nature of the intake system does not conflict with the ability to take applications at multiple sites. The City strongly encourages applicants to collaborate to the greatest degree possible in the design of proposed prevention and rapid rehouse programs, so as to coordinate the eligibility determination function.

Mr. Gagliardi's comments emphasized the need for the City of Springfield to coordinate its HPRP funding with programs and projects being implemented throughout the Pioneer Valley region, including programs funded by the MA

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Interagency Council on Housing and Homelessness, the state allocation of HPRP funds, and the allocations of HPRP funds to the cities of Holyoke, Chicopee and Pittsfield. Similarly, Tom Salter recommends that eligibility and applications by the cities of Springfield, Holyoke and Chicopee be as similar as possible, if not totally identical. *Response:* Springfield staff are communicating with staff of the cities of Holyoke and Chicopee, and with the state of Massachusetts, in an effort to coordinate use of HPRP and state funds to the greatest extent possible. A potential barrier to common eligibility and applications is varying needs in different communities. The City of Springfield is an active participant in the regional plan to end homelessness, and is coordinating its HPRP funding with regional goals to the greatest extent possible.

C. Distribution and Administration of Funds

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

1. Check the process(es) that the grantee plans to use to select subgrantees. Note that a subgrantee is defined as the organization to which the grantee provides HPRP funds.

Competitive Process

Formula Allocation

Other (Specify: _____)

2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).

Response: The City will issue a competitive Request for Proposals, seeking one or more non-profit entities to provide HPRP. A panel of unbiased judges will evaluate and rank the RFPs and make recommendation. The panel will include representatives from the City's Ten-Year Plan to End Homelessness, the Springfield Continuum of Care, and the recently-formed regional network to end homelessness. The City will make final selections.

The RFP will indicate categories of eligible activities, and respondents may apply for one or more categories. Categories are expected to include:

- 1) Outreach;
- 2) Development and Maintenance of a Housing Resource Database;
- 3) Family Housing Support, including:
 - a. Prevention: targeted short-term case management and one-time financial assistance, and

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- b. Rapid ReHouse: intensive case management and time-limited shallow subsidies.
- 4) Individual Housing Support: financial assistance and case management for shelter diversion and rapid rehousing of individuals who are homeless.

For the categories of Family Housing Support and Individual Housing Support, the RFP will indicate a preference for one centralized intake system for Families and one for Individuals, with standardized and centralized eligibility determinations. The RFP will indicate preference for collaborative projects, including those with multiple providers.

No more than 35% of HPRP funds will be used to serve Individuals. In order to complement the Commonwealth's intended use of HPRP to target families currently residing in emergency and transitional shelter, the family funds will be primarily targeted to prevention and rapid rehousing of families that have not yet entered shelter, and that operate to provide diversion from shelter.

- 3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to subgrantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).

Response: The City will release its RFP promptly after HUD approves the City's HPRP Substantial Amendment, and in no case later than August 1, 2009. Subgrantees will be selected no later than September 1, 2009. Once the RFP process is completed and HUD has signed the grant agreement, the City will negotiate contracts with selected subgrantees. The negotiation will confirm the scope of service, including the number of unduplicated households to be served, the budget, a logic model, and schedule of benchmarks.

~~The City will use standard subgrantee contracts, which will incorporate HUD's guidance governing the HPRP, and the agreed-upon scope of services, budget, logic model, and schedule of benchmarks. The contract will specify data protocols, fiscal reporting and expenditure procedures in compliance with other HUD, Commonwealth of Massachusetts and City of Springfield requirements. All subgrantee contracts will be in place by September 30, 2009.~~

- 4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its subgrantees (limit 500 words).

Response: The City will ensure that HPRP funds are used effectively and for eligible activities through its RFP and contracting processes. The City will ensure timely expenditure of funds through subgrantee schedules of benchmarks.

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Monitoring will take place through participation in the City's HMIS, quarterly reporting, and annual reporting and monitoring.

RFP Process The RFP will specify the allowable uses of funds. Applicants will be required to state the means they will use to identify the target population: persons who are homeless or would be homeless but for the assistance, and who can remain stably housed after the assistance ends. The RFP will limit financial assistance, under both Prevention and Rapid Re-Housing activities, to households at or below 30% of area median income, and who are at the time of application residing in or employed in the City of Springfield.

Contracts Each Subgrantee Contract will include a detailed scope of services, budget, logic model and schedule of benchmarks, which will detail the eligible activities that the subgrantee will provide.

Timely Expenditure of Funds To ensure that expenditures are timely, the City plans to award 40% of the HPRP funds in year 1 and 40% in year 2 with the remaining 20% in year 3. Any subgrantee that fails to meet Year 1 or Year 2 expenditure targets will have the amount of funds not spent reallocated to another subgrantee for the subsequent year(s).

Reporting and Monitoring Subgrantees will be required to participate in the Springfield Continuum of Care HMIS system, which will enable the City to review program progress on a regular basis. Data will be reviewed regularly and shared with subgrantees on at least a quarterly schedule to enable the subgrantees to evaluate their own performance. The City will require quarterly reports from the subgrantees which will identify trends, barriers to program success, training needs, and overall progress toward goals.

Outcome Measurement The City's goals in use of HPRP include having measurable impacts on 1) the number of people needing to access shelter; 2) length of stay for people once they are in shelter; and 3) the ability for people receiving assistance to maintain housing over time. The City will use HMIS to monitor these outcomes over time.

Administrative Costs The City will use 2.5% of the allocated administrative funding to add City staff capacity to assist in contract management and oversight. Subgrantees will also be able to use 2.5% for administration and oversight.

D. Collaboration

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

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Response: The City of Springfield has an active Ten-Year Plan Committee and Continuum of Care, and these groups include membership from the Springfield Department of Health and Human Services, the Springfield Community Action Agency, the Pioneer Valley United Way, the Regional Employment Board of Hampden County, and the Springfield Public Schools McKinney-Vento Liaison. These groups have been actively coordinating services and collaborating on initiatives targeted to ending homelessness since the City's Ten-Year Plan was released in 2007. The Deputy Director of Springfield's Office of Housing, who is responsible for administering the HPRP grant, is the administrator for the Springfield CoC and the staff coordinator for the Ten-Year Plan, so the City has a single point person responsible for coordination of all efforts and initiatives targeted to those who are homeless or at risk of homelessness.

In the planning for the HPRP grant, the Office of Housing has specifically sought input from each of these entities. Once funding is distributed, the Office of Housing point person will continue to ensure that agencies are aware of other funding streams, and application requirements for the other programs, and to encourage a high level of collaboration between the agencies.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

Response: The City has planned for use of HPRP funds in collaboration with its Continuum of Care, and will require that agencies awarded HPRP funds to become CoC members, if they are not already members. The Springfield CoC holds regularly scheduled monthly meetings, enhancing coordination among agencies.

In 2009, three CoCs, including Springfield, joined together to become the Western Massachusetts Network to End Homelessness, which has been awarded \$1.1 million in pilot state funds to create innovative housing-focused responses to homelessness on a regional basis. Springfield is an active member of this Network, and has planned to use its HPRP funds in a manner that supports the effort to end homelessness in the region.

The Western Massachusetts Network to End Homelessness enhances access to mainstream benefits through active Network involvement by multiple state agencies that administer mainstream services programs, including the Department of Transitional Assistance, the Department of Mental Health, the Department of Public Health, and the Department of Children and Families. In addition to these strong relationships, the Network is also collaborating on common assessment and referral tools (including referral to mainstream resources).

Springfield's CoC has a Mainstream Resources Subcommittee, which meets quarterly. This subcommittee is creating local training opportunities and a resource directory to improve access to mainstream services.

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3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee’s Consolidated Plan (limit 250 words).

Response: Springfield’s Consolidated Plan is for the period 2006-2010. At the time it was created, Springfield was struggling with inadequate capacity for unaccompanied homeless adults. The Consolidated Plan committed to creation through a broad community process of a Ten-Year Plan to end homelessness to address this and other aspects of homelessness. Springfield’s Ten Year Plan, “Homes Within Reach,” was released in January 2007, and has become the City’s blueprint for its response to homelessness. Homes Within Reach has eight primary goals; one of the eight is Prevention, and second is Rapid ReHouse. The HPRP provides funding for activities that are priorities for Springfield.

In addition, the 2006-2010 Consolidated Plan specifically identifies the need for homelessness prevention, and points to two successful prevention programs operating in Springfield: Housing Court Plus, and the Tenancy Preservation Project. The HPRP funds will greatly enhance prevention services in the city.

E. Estimated Budget Summary

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee’s preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

HPRP Estimated Budget Summary			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance ¹	\$300,000	\$656,762	\$956,762
Housing Relocation and Stabilization Services ²	\$225,000	\$400,000	\$625,000
Subtotal (add previous two rows)	\$525,000	\$1,056,762	\$1,581,762

Data Collection and Evaluation ³	\$34,000
Administration (up to 5% of allocation)	\$85,040
Total HPRP Amount Budgeted⁴	\$1,700,802

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Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

¹Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

²Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

³Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

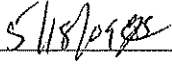
⁴This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."

F. Authorized Signature

By signing 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)



Signature/Authorized Official



Date

Mayor
Title

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Springfield

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

*c. Organizational DUNS:
073011921

d. Address:

*Street 1: 1600 E. Columbus Ave.
Street 2: _____
*City: Springfield
County: Hampden
*State: Massachusetts
Province: _____
*Country: United States
*Zip / Postal Code 01103

e. Organizational Unit:

Department Name:

Office of Housing

Division Name:

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: Deputy Director, Office of Housing

Organizational Affiliation:

*Telephone Number: (413) 787-6500

Fax Number: (413) 787-6515

*Email: gmccafferty@springfieldcityhall.com

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***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.257

CFDA Title:

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

***12 Funding Opportunity Number:**

*Title:

Homelessness Prevention and Rapid Re-Housing Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Springfield, MA

***15. Descriptive Title of Applicant's Project:**

Springfield Homelessness Prevention and Rapid Re-Housing Program

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16. Congressional Districts Of:

*a. Applicant: 2nd

*b. Program/Project: 2nd

17. Proposed Project:

*a. Start Date: September 1, 2009

*b. End Date: August 30, 2012

18. Estimated Funding (\$):

*a. Federal \$1,700,802
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL \$1,700,802

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing 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

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: Domenic
Middle Name: J.
*Last Name: Sarno
Suffix: _____

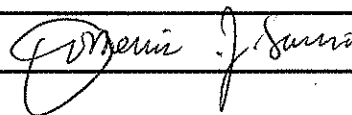
*Title: Mayor

*Telephone Number: (413) 787-6100

Fax Number: (413) 787-6104

* Email: djordan@springfieldcityhall.com

*Signature of Authorized Representative:



*Date Signed: 5/18/09

Application for Federal Assistance SF-424

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
8.	Applicant Information: Enter the following in accordance with agency instructions:		
a.	Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with OCR may be obtained by visiting the Grants.gov website.		
b.	Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
c.	Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
d.	Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
e.	Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.																								
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.																								
g.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)																								
	<table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 50103 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 50103 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 50103 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 50103 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		
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Homelessness Prevention and Rapid Re-Housing Program (HPRP) Certifications

The HPRP Grantee certifies that:

Consolidated Plan – It is following a current HUD-approved Consolidated Plan or CHAS.

Consistency with Plan – The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

Confidentiality – It will develop and implement procedures to ensure:


- (1) The confidentiality of records pertaining to any individual provided with assistance; and
- (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

Discharge Policy – A certification that the State or jurisdiction has established a policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

HMIS – It will comply with HUD's standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information.



Signature/Authorized Official



Date

Mayor
Title

GENERAL CERTIFICATIONS FOR STATE OR LOCAL GOVERNMENT FOR THE HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the state, territory, or local government certifies that:

Affirmatively Further Fair Housing -- The state, territory, or local government will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Drug-Free Workplace -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about:
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. 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 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) 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;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) 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;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) 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

- (b) 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;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

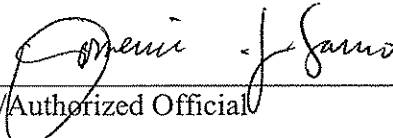
Anti-Lobbying -- To the best of the state, territory, or local government's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 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.

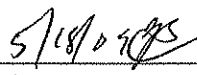
Authority of Local Government, State, or Territory -- The submission of the consolidated plan is authorized under state law and local law (as applicable) and the jurisdiction or state possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with Plan -- The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.



Signature/Authorized Official



Date

Mayor
Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

A. Lobbying Certification

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.

B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The Grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (Street address, city, county, state, zip code)

36 Court Street, Springfield, MA; 1600 E. Columbus Avenue, Springfield, MA;
70 Tapley Street, Springfield, MA 01103

Check ___ if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).