Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/22/2017
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0114
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Maryland Department of Health

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6002033

	c. Organizational DUNS:	135218621	PLUS 4	

d. Address

Street 1: 55 Wade Ave, Dix Building

Street 2: Office of Evidence-Based Practices, Housing, and Recovery Supports

City: Catonsville

County: Baltimore County

State: Maryland

Country: United States

Zip / Postal Code: 21228

e. Organizational Unit (optional)

Department Name: Maryland Department of Health

Division Name: Behavioral Health Administration

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

Prefix: Ms.

First Name: Marian

Middle Name: Victoria

Last Name: Bland

Suffix: LCSW

Title: Director, Clinical Services Division, Adults and Older Adults

Organizational Affiliation: Maryland Department of Health

Telephone Number: (410) 402-8461
Extension:
Fax Number: (410) 402-8301
Email: marian.bland@maryland.gov

1C. SF-424 Application Details

9. Type of Applicant: A. State Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Maryland
15. Descriptive Title of Applicant's Project:	BHA S+C Anne Arundel County 26 units NOFA 2017
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	MD-008, MD-007, MD-006, MD-005, MD-004, MD-003, MD-002, MD-001
b. Project: (for multiple selections hold CTRL key)	MD-005, MD-004, MD-003, MD-002
17. Proposed Project	
a. Start Date:	07/01/2018
b. End Date:	06/30/2019
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	09/15/2017
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	n/a

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Dennis
Middle Name:	R.
Last Name:	Schrader
Suffix:	
Title:	Secretary, Maryland Department of Health
Telephone Number: (Format: 123-456-7890)	(410) 767-4639
Fax Number: (Format: 123-456-7890)	(410) 767-6489
Email:	dennis.schrader@maryland.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/22/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Maryland Department of Health
Prefix:	Mr.
First Name:	Dennis
Middle Name:	R.
Last Name:	Schrader
Suffix:	
Title:	Secretary, Maryland Department of Health
Organizational Affiliation:	Maryland Department of Health
Telephone Number:	(410) 767-4639
Extension:	
Email:	dennis.schrader@maryland.gov
City:	Catonsville
County:	Baltimore County
State:	Maryland
Country:	United States
Zip/Postal Code:	21228

2. Employer ID Number (EIN):	52-6002033
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$412,855.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: BHA S+C Anne Arundel County 26 units NOFA 2017 55 Wade Ave, Dix Building Catonsville Maryland

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HHS, SAMHSA, 1 Cherry Rd, Rockville, MD	Federal (PATH Program)	$1,263,919.00	outreach, case mgmt., other

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
Allegany County Mental Health Systems	52-2046033	sub-recipient	$98,956.00	2%
Anne Arundel County Mental Health Agency	52-1881240	sub-recipient	$399,796.00	8%
Baltimore County Department of Health	52-6000889	sub-recipient	$833,521.00	17%
Calvert County Health Department	52-1241267	sub-recipient	$328,855.00	7%
Carroll County Core Service Agency (see attachmt for more)	35-2445586	sub-recipient	$124,253.00	3%

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Dennis Schrader, Secretary, Maryland Department of Health

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

Date Signed: 08/11/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Maryland Department of Health

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

accurate. ☐

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)

Authorized Representative

Prefix:	Mr.
First Name:	Dennis
Middle Name	R.
Last Name:	Schrader
Suffix:	
Title:	Secretary, Maryland Department of Health
Telephone Number: (Format: 123-456-7890)	(410) 767-4639
Fax Number: (Format: 123-456-7890)	(410) 767-6489
Email:	dennis.schrader@maryland.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/22/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization: Maryland Department of Health

Name / Title of Authorized Official: Dennis Schrader, Secretary, Maryland Department of Health

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

Date Signed: 08/22/2017

1J. SF-LLL

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

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Maryland Department of Health
Street 1:	55 Wade Ave, Dix Building
Street 2:	Office of Evidence-Based Practices, Housing, and Recovery Supports
City:	Catonsville
County:	Baltimore County
State:	Maryland
Country:	United States
Zip / Postal Code:	21228

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

I certify that this information is true and X

complete. ☐

Authorized Representative

Prefix:	Mr.
First Name:	Dennis
Middle Name:	R.
Last Name:	Schrader
Suffix:	
Title:	Secretary, Maryland Department of Health
Telephone Number: (Format: 123-456-7890)	(410) 767-4639
Fax Number: (Format: 123-456-7890)	(410) 767-6489
Email:	dennis.schrader@maryland.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/22/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

Total Expected Sub-Awards: $412,855

Organization	Type	Type	Sub-Award Amount
Maryland Department of Health and Mental Hygiene	A. State Government	A. State Government	$412,855

2A. Project Subrecipients Detail

a. Organization Name: Maryland Department of Health and Mental Hygiene

b. Organization Type: A. State Government

c. Employer or Tax Identification Number: 52-6002033

	*** d. Organizational DUNS:**	135218621	**PLUS 4**	

e. Physical Address

Street 1: 55 Wade Avenue, Dix Building

Street 2: Office of Evidence-Based Practices, Housing, and Recovery Supports

City: Catonsville

State: Maryland

Zip Code: 21228

f. Congressional District(s): (for multiple selections hold CTRL key) MD-008, MD-007, MD-006, MD-005, MD-004, MD-003, MD-002, MD-001

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

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

i. Expected Sub-Award Amount: $412,855

j. Contact Person

Prefix: Ms.

First Name: Marian

Middle Name: Victoria

Last Name: Bland
Suffix: LCSW
Title: Director, Clinical Services Division, Adults and Older Adults
E-mail Address: marian.bland@maryland.gov
Confirm E-mail Address: marian.bland@maryland.gov
Phone Number: 410-402-8461
Extension:
Fax Number: 410-402-8301

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The APR for the most recently expired grant term is not due until the same due date as the NOFA. The NOFA is due on September 28, 2017 and the APR is due 90 days after the end of the grant operating year, which for this particular renewal grant is September 28, 2017. All prior year APR submissions for this CoC PSH Renewal Project were furnished to HUD by the deadlines posted.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: MD0114
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-503 - Annapolis/Anne Arundel County CoC

2b. CoC Collaborative Applicant Name: Anne Arundel County, Maryland

3. Project Name: BHA S+C Anne Arundel County 26 units NOFA 2017

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

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

Lack of adequate and affordable housing in Anne Arundel County, Maryland continues to be the number one challenge facing people with mental illness. When compared to Maryland statewide percentages, a higher percentage of adults who have a mental illness in Anne Arundel County are reported to be homeless (from OMSD Datamart, gathered from individuals, ages 6-64, who are receiving outpatient mental health services in the PBHS).

This Continuum of Care (CoC) program, a Shelter Plus Care permanent supportive housing renewal project, will continue to provide tenant-based rental assistance based on HUD's eligibility criteria for fourteen (14) individuals and twelve (12) families with an adult member who has a serious mental illness and is homeless in Anne Arundel County, Maryland. The CoC project rental assistance will be matched with an array of support services. Additionally, its capacity to serve participants in this project will actually exceed the budgeted number being requested due to cost savings. The program is currently serving sixteen (16) individuals and fourteen (14) families in a total of 30 units -- four more than HUD's funding formula for this grant supports.

The project operates with a commitment to the Housing First approach and an emphasis on serving the chronically homeless. It provides its program participants with a full array of supportive services, including in-kind match of $56,997 in psychiatric rehab services and $51,528 in specialized/individualized case management with linkage to appropriate community supports and resources, connection to entitlements, assistance in accessing community resources such as furniture, food, clothing, etc. and advocacy. The state of Maryland's Behavioral Health Administration, working closely with the Anne Arundel County Core Service Agency, will continue to offer collaborative services to ensure the continued ongoing success of the program.

A key objective of the Anne Arundel County Core Service Agency is to continue providing effective, quality supportive services and housing to people who are homeless and have a mental illness while simultaneously meeting the increased demand for assistance. Anne Arundel County continually collaborates with community leaders and providers to find innovative and creative ways to serve the behavioral health and homeless populations throughout the county. The HUD CoC Shelter Plus Care program provides a positive example of what can be done to support this target population. In the CoC Shelter Plus Care project during the most recent operating year, the average length of stay for the program participants who remained in the program was 2898 days -- that's the equivalent of nearly eight years per participant in the program. Anne Arundel County is striving to improve these numbers in the future, with a vision of no person being homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: criminal record holders with exceptions for state-mandated restrictions

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X

None of the above	☐

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	Semi-annually
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Partner	Bi-weekly
Child Care			
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	Weekly
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Non-Partner	Daily
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner Yes

agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 26

Total Beds: 44

Total Dedicated CH Beds: 13

Housing Type	Units	Beds
Scattered-site apartments (...	26	44

4B. Housing Type and Location Detail

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

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

a. Units: 26

b. Beds: 44

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 13

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Street 1: Anne Arundel Co. Mental Health Agency

Street 2: 1 Truman Parkway, Suite 101

City: Annapolis

State: Maryland

ZIP Code: 21401

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249003 Anne Arundel County, 240036 Annapolis

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	12	14	0	26

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	22		34
Adults ages 18-24	2	1		3
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	30	23	0	53

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	12	0	0	4	0	10	4	0	0	0
Adults ages 18-24	2	0	0	0	0	2	0	0	0	0
Children under age 18	16			0	0	0	0	0	2	0
Total Persons	30	0	0	4	0	12	4	0	2	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	22	0	0	8	0	21	9	3	1	0
Adults ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	23	0	0	8	0	22	9	3	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

38%	**Directly from the street or other locations not meant for human habitation.**
62%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
0%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing.**
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Request for Grant Term:	$386,736
Total Units:	26

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	26	$386,736

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$638	$638	x		=	$0
0 Bedroom		x	$851	$851	x		=	$0
1 Bedroom	14	x	$1,033	$1,033	x		=	$173,544
2 Bedrooms	6	x	$1,298	$1,298	x		=	$93,456
3 Bedrooms	6	x	$1,663	$1,663	x		=	$119,736
4 Bedrooms		x	$1,934	$1,934	x		=	$0
5 Bedrooms		x	$2,224	$2,224	x		=	$0
6 Bedrooms		x	$2,514	$2,514	x		=	$0
7 Bedrooms		x	$2,804	$2,804	x		=	$0
8 Bedrooms		x	$3,094	$3,094	x		=	$0
9 Bedrooms		x	$3,385	$3,385	x		=	$0
Total Units and Annual Assistance Requested	26							$386,736
Grant Term								1 Year
Total Request for Grant Term								$386,736

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$113,461
Total Value of All Commitments:	$113,461

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	PDG Rehabilitatio...	08/07/2017	$58,136
Yes	In-Kind	Private	Partnership Devel...	08/07/2017	$55,325

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	PDG Rehabilitation Services
5. Date of Written Commitment:	08/07/2017
6. Value of Written Commitment:	$58,136

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Partnership Development Group: Targeted Case Mngmt
5. Date of Written Commitment:	08/07/2017
6. Value of Written Commitment:	$55,325

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$386,736
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$386,736
7. Admin (Up to 10%)	$26,119
8. Total Assistance plus Admin Requested	$412,855
9. Cash Match	$0
10. In-Kind Match	$113,461
11. Total Match	$113,461
12. Total Budget	$526,316

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Commitment ...	08/17/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Commitment Letters

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official	Dennis Schrader
Date:	08/22/2017
Title:	Secretary, Maryland Department of Health
Applicant Organization:	Maryland Department of Health
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	X
2B. Recipient Performance	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	

6C. Rental Assistance	
6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2B - modified APR due date to current year date for narrative response to Q1
3A - project name has been changed to account for new application year
3B - updated match totals in project description narrative
5A - updated number of persons in households and their age characteristics, reducing total number by one from prior year
5B - updated subpopulation composition based on change in total number of persons so numbers coincide with 5A totals

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/17/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/17/2017
1E. SF-424 Compliance	08/17/2017
1F. SF-424 Declaration	08/17/2017
1G. HUD-2880	08/17/2017
1H. HUD-50070	08/17/2017
1I. Cert. Lobbying	08/17/2017
1J. SF-LLL	08/17/2017
2A. Subrecipients	08/21/2017
2B. Recipient Performance	08/17/2017
3A. Project Detail	08/17/2017
3B. Description	08/22/2017
3C. Dedicated Plus	08/17/2017
4A. Services	08/17/2017
4B. Housing Type	08/17/2017
5A. Households	08/17/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/17/2017
6A. Funding Request	08/17/2017
6C. Rental Assistance	08/17/2017
6D. Match	08/17/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/17/2017
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/22/2017
Submission Without Changes	08/17/2017

REHABILITATION SERVICES

p 410.863.7213 f 410.863.7205 www.pdgrehab.com
1110 Benfield Blvd, Suite B, Millersville, MD 21108

August 7, 2017

Marian V. Bland, LCSW-C
Director, Clinical Services Division
Behavioral Health Administration
Dix Building
55 Wade Avenue
Catonsville, MD 21228

Subject: Match Commitment Letter--Continuum of Care Housing Program

Dear Ms. Bland:

Partnership Development Group is pleased to provide Targeted Case Management services for consumers in the Behavioral Health Administration's and Anne Arundel County CSA's Continuum of Care Program.

This service will provide specialized/individualized case management with linkage to appropriate community supports and resources, connection to entitlements, assistance in accessing community resources such as furniture, food, clothing, etc. and advocacy for up to twenty participants in the Continuum of Care program. These services are based on the specific individualized needs requiring two monthly contacts with each client. The monthly rate for this service, assuming a minimum of two contacts are made, is $115.26 per visit or $230.52 per client. In addition, each client will be involved in a yearly assessment interview that determines the client's ongoing service needs.

These services, at a total value of $55,324.80 for 20 clients ($2,766.24 per client), will be available for the duration of one year for the period July 1, 2018 – June 30, 2019 The current grant number is MD0114L3B01609, to be replaced by a new number at the time of funding.

We are pleased to offer this continued partnership with the Behavioral Health Administration and Anne Arundel County Mental Health Agency (CSA) and we look forward to working with you in your efforts to assist those who have a serious mental illness that are experiencing homelessness.

Sincerely,

Morris Tranen
President & C.E.O.

REHABILITATION SERVICES

p 410.863.7213 f 410.863.7205 www.pdgrehab.com
1110 Benfield Blvd, Suite B, Millersville, MD 21108

August 7, 2017

Marian V. Bland, LCSW-C
Director, Clinical Services Division
Behavioral Health Administration
Dix Building
55 Wade Avenue
Catonsville, MD 21228

Subject: Match Commitment Letter- Continuum of Care Housing Program

Dear Ms. Bland:

The Partnership Development Group is pleased to provide Psychiatric Rehabilitation Program services for consumers in the Behavioral Health Administration's and Anne Arundel County CSA's Continuum of Care Program.

This service will provide on and off site psychiatric rehab services for approximately six supported living clients in Continuum of Care. These psychiatric rehab services will involve a minimum of six encounters per month. Based on an individualized rehabilitation plan, the service will provide as needed, skill and resource development in the following areas:

- Medication monitoring
- Daily living skills
- Transportation
- Social skills
- Education and employment skills and pursuits: support in linking constructive daily activities
- On-site vocational services Monday through Friday
- Service coordination
- Crisis intervention

These services, valued in the range of $9,689.40 per year per person ($807.45) monthly per client with a minimum of 6 encounters) for a total of $58,136.40 will be available for the duration of one year for the period for July 1, 2018 – June 30, 2019. The current grant number is MD0114L3B01609, to be replaced by a new grant number at the time of funding.

We are pleased to offer this continued partnership with the Behavioral Health Administration and Anne Arundel County Mental Health Agency (CSA) and we look forward to working with you in your efforts to assist those who have a serious mental illness that are experiencing homelessness.

Sincerely,

Morris Tranen
President & C.E.O.