

## **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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 09/11/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Anne Arundel County, MD

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 52-6000878

	<b>c. Organizational DUNS:</b>	064875974	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

### d. Address

**Street 1:** 2666 Riva Road

**Street 2:**

**City:** Annapolis

**County:** Anne Arundel County

**State:** Maryland

**Country:** United States

**Zip / Postal Code:** 21401

### e. Organizational Unit (optional)

**Department Name:** Arundel Community Development Services, Inc.

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:** M

**Last Name:** Koch

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Anne Arundel County, MD

**Telephone Number:** (410) 222-7600

**Extension:** 110  
**Fax Number:** (410) 222-7619  
**Email:** [kkoch@acdsinc.org](mailto:kkoch@acdsinc.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County 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-6200-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):** Maryland  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** AHOH - Rapid Re-Housing Program

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

**a. Applicant:** MD-005, MD-003, MD-002, MD-001

**b. Project:** MD-005, MD-003, MD-002, MD-001  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2019

**b. End Date:** 06/30/2020

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:** D.

**Last Name:** Hartzell

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1312  
**(Format: 123-456-7890)**

**Fax Number:** (410) 222-1131  
**(Format: 123-456-7890)**

**Email:** mhartzell@aacounty.org

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

**Date Signed:** 09/11/2018



# 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:** Anne Arundel County, MD

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:** D.

**Last Name:** Hartzell

**Suffix:**

**Title:** Chief Administrative Officer

**Organizational Affiliation:** Anne Arundel County, MD

**Telephone Number:** (410) 222-1312

**Extension:**

**Email:** mhartzell@aacounty.org

**City:** Annapolis

**County:** Anne Arundel County

**State:** Maryland

**Country:** United States

**Zip/Postal Code:** 21401

**2. Employer ID Number (EIN):** 52-6000878

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

**4. Amount of HUD Assistance Requested/Received:** \$140,490.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

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

**Part III Interested Parties**

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Arundel House of Hope	52-1993704	subrecipient	\$391,548.00	17%
Anne Arundel County Mental Health Agency	52-1881320	subrecipient	\$394,417.00	17%
Arundel Community Development Services	52-1817557	subrecipient	\$569,525.00	25%
People Encouraging People	52-1168285	subrecipient	\$200,044.00	9%
Catholic Charities	53-0196617	subrecipient	\$150,401.00	7%

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

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Mark Hartzell, Chief Administrative Officer

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

**Date Signed:** 08/07/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Anne Arundel County, MD

**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;	

### 2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I hereby certify that all the information stated herein, as well as any information provided in**

X

**the accompaniment herewith, is true and 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:** Mark

**Middle Name:** D.

**Last Name:** Hartzell

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1312  
**(Format: 123-456-7890)**

**Fax Number:** (410) 222-1131  
**(Format: 123-456-7890)**

**Email:** mhartzell@aacounty.org

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

**Date Signed:** 09/11/2018

## **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:** Anne Arundel County, MD

**Name / Title of Authorized Official:** Mark Hartzell, Chief Administrative Officer

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

**Date Signed:** 09/11/2018

# 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:** Anne Arundel County, MD

**Street 1:** 2666 Riva Road

**Street 2:**

**City:** Annapolis

**County:** Anne Arundel County

**State:** Maryland

**Country:** United States

**Zip / Postal Code:** 21401

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

I certify that this information is true and complete.

X



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:** D.

**Last Name:** Hartzell

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1312  
**(Format: 123-456-7890)**

**Fax Number:** (410) 222-1131  
**(Format: 123-456-7890)**

**Email:** mhartzell@aacounty.org

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

**Date Signed:** 09/11/2018

## 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: \$139,650**

Organization	Type	Sub-Award Amount
Arundel House of Hope, Inc.	M. Nonprofit with 501C3 IRS Status	\$139,650

## 2A. Project Subrecipients Detail

**a. Organization Name:** Arundel House of Hope, Inc.

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

**c. Employer or Tax Identification Number:** 52-1993704

	<b>* d. Organizational DUNS:</b>	964709000	<b>PLUS 4:</b>	
--	----------------------------------	-----------	----------------	--

### e. Physical Address

**Street 1:** 514 N. Crain Highway

**Street 2:**

**City:** Glen Burnie

**State:** Maryland

**Zip Code:** 20161

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

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

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

**i. Expected Sub-Award Amount:** \$139,650

### j. Contact Person

**Prefix:** Mr.

**First Name:** Mario

**Middle Name:**

**Last Name:** Berninzoni

**Suffix:**

**Title:** Executive Director

**E-mail Address:** mberninzoni@arundelhoh.org

**Confirm E-mail Address:** mberninzoni@arundelhoh.org

**Phone Number:** 410-863-4888

**Extension:**

**Fax Number:** 410-863-7235

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

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

Arundel House of Hope, Inc. (AHOH) is an independent, nonprofit 501(c) (3) organization that serves men, women and families experiencing homelessness throughout Anne Arundel County, Maryland, empowering individuals to seize opportunity for positive change and assisting with the integration from homelessness to independence. Supported by a membership of over 70+ congregations, organizations, and over 3,500 volunteers, AHOH is one of the only homeless services group in the county that offers a continuum of assistance (Emergency, transitional, and permanent housing) to individuals from the moment they become homeless through reintegration into permanent independent living.

AHOH began serving the homeless in Anne Arundel County in 1992 as a community movement, supported by local churches and volunteers, to address the issue of homelessness. Through the inception of the Winter Relief Program, a rotating weekly shelter hosted by community churches and run from October to April, AHOH began working with those who were homeless by providing temporary shelter, meals, clothing, and other support services. Over the past twenty-one (21) years, Arundel House of Hope has grown to implement and manage an array of housing and support service programs offerings shelter, day shelter, permanent supportive housing, rapid re-housing, and other supports addressing the needs of both men and women experiencing homelessness in Anne Arundel County. These programs include the following the Fouse Center Transitional Housing Program; the Community Permanent Housing Program, a permanent supportive housing program for twelve chronically homeless; the Safe Haven Supportive Housing Program serving five chronically homeless men; the W.I.S.H. Women in Safe Haven Permanent Housing Program for up to six chronically homeless women; the Safe Haven II Supportive Housing Program serving five chronically homeless men; and Patriot House, the first transitional housing program for 7 U. S. Veterans. AHOH also operates a Resource and Day Center for homeless individuals in Anne Arundel County, the Doughy Dog Employment Training program (a food truck serving gourmet hot dogs, a free medical clinic and a Community Recovery Center (CRC) to serve and support those in recovery from substance abuse and addiction. Recently, AHOH opened the Bailey Family Project serving four homeless families.

AHOH also operates a ESG funded Rapid Re-Housing program that has helped over 50 homeless families obtain permanent housing over the past 3 years as well as successfully managed a HPRP funded Rapid Re-Housing Program.

AHOH has consistently served the chronically homeless and hard-to-house. Since its inception, the program has saved and changed many lives by

providing not only a safe and warm haven from the harsh winter weather, but comfort, friendship, and a good example for participants in the program. Many of the volunteers staffing Winter Relief have established relationships and a tremendous amount of trust with clients, striving to assist them in any way possible. Through these efforts, AHOH serves over fifty-five percent of the county's homeless population or over 980 men, women and families annually. All AHOH programs are designed and implemented to improve the quality of life for each client, as well as those of the residents and the community of Anne Arundel County.

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

Over the past twenty-one years, Arundel House of Hope has grown to implement and manage housing and support service program funded by an array of State, Federal, County, and private funds offerings in several areas, addressing the needs of both men and women experiencing homelessness in Anne Arundel County.

AHOH has successfully received federal Continuum of Care (CoC) program funds for five PSH programs including 1) Community Housing Program in 2003 & expanded in 2012; 2) the Safe Haven Supportive Housing Program in 2006, 3) the W.I.S.H. Women in Safe Haven Permanent Housing Program in 2007, and the 4) Safe Haven II Supportive Housing Program opened in 2009. AHOH receives I CDBG funds for the only Resource and Day Center for homeless individuals in Anne Arundel County opened in 2006. ESG funds for a rapid rehousing program. County funds are used to operate the Fouse Center Transitional Housing Program which opened in 2000 and serve ten men. Private foundation funds are used to operate The Doughy Dog Employment Training program (a food truck serving gourmet hot dogs) in 2009. In 2011, AHOH opened the Patriot House, the first transitional housing program for 7 U. S. Veterans with funds from the VA. AHOH opened a free medical clinic in 2012 and a new Community Recovery Center (CRC) to serve and support those in recovery from substance abuse and addiction in 2013. In 2014 we opened the Bailey Family Project serving 4 homeless families, which helps them transition from homelessness into permanent housing.

AHOH also operates a ESG funded Rapid Re-housing program that has helped over 50 homeless families obtain permanent housing over the past 3 years.

Additionally, AHOH, has received funding from the United Way of Central Maryland, Community Development Block Grant funds, and Maryland State funds.

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

Arundel House of Hope has been fortunate in attracting and retaining accomplished staff to lead the organization. The internal structure is made up of a Board of Directors, executive leadership, a highly motivated management team, case management staff, and administrative and volunteer support.

The Board of Directors of Arundel House of Hope is composed of individuals in the community with a vested interest in the organization, either through church or volunteer involvement. Additionally, the Board has been broadened in the past years with the participation of individuals from the larger Anne Arundel County business community.

The executive leadership team is comprised of the Executive Director with over 25 years of management experience, the Director of the Resource and Day Center & Director of the Winter Relief Shelter Program, and Program Managers both with more than 15 years of experience, and Case Managers for each of the respective service offering as well as an accountant and finance staff person.

AHOH has an outstanding reputation and has been great stewards of the funding it receives and maintains good financial records with consistently no findings in its financial statements. Arundel House of Hope has a significant volunteer base of over 3,500 people that support the organization both

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

### 3A. Project Detail

**1a. CoC Number and Name:** MD-503 - Annapolis/Anne Arundel County CoC

**1b. CoC Collaborative Applicant Name:** Anne Arundel County, Maryland

**2. Project Name:** AHOH - Rapid Re-Housing Program

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No



### 3B. Project Description

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

AHOH will offer a rapid re-housing program serving a minimum of eight (8) individuals experiencing homelessness including those who are or have experienced substance abuse or mental health issues or may be chronically homeless but are interested obtaining housing by participating in a short-term, rental assistance program. Participants will be referred to the agency through the CoC Coordinated Entry Process. Those in emergency shelter or on the street will be given priority.

The program will help individuals quickly identify and access housing by addressing any barriers such as poor credit history, past evictions, or other legal issues. Specifically, the program will provide three to six months of tenant based rental assistance with the goal of only providing the minimum assistance needed to help an individual become securely housed. The program will assist each participate develop a housing plan and provide comprehensive housing services, which includes security deposits, utility deposits, help with moving costs, application fees etc. Participants will be assisted in identifying affordable rental units and with the application process with landlords. AHOH has built relationships with landlords in order to help individuals obtain housing as quickly as possible.

Individuals will also be provided budgeting assistance, as well as referrals to community resources for furniture and other needs. AHOH will provide comprehensive case management to help ensure housing stability once the individual is housed and assist in the resolution of crisis. Support services are flexible to deal with each household’s unique challenges. No participant will be required to participate in any specific service to remain in the program. AHOH will conduct all housing inspections, rent reasonableness, and ensure regulatory requirements of operating a TBRA program are met.

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

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

Project Milestones	Days from	Days from	Days from	Days from
New Project Application FY2018		Page 25		09/11/2018

	Execution of Grant Agreement	Execution of Grant Agreement	Execution of Grant Agreement	Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

**(Select ALL that apply)**

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

**5. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

N/A

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

**8. Will more than 16 persons live in one structure?** No

## **3C. Project Expansion Information**

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## 4A. Supportive Services for Participants

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

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

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

Each participant with the assistance of case management staff will develop a housing plan which will identify housing needs and develop a strategy focused on the goal of obtaining and maintaining housing as well as troubleshoot any potential obstacles. Staff will help participants identify housing units based on their experience operating the ESG funded Rapid Rehousing Program, and will work with landlords to address concerns, and help participants maintain the requirements of their lease. The participant will sign the lease with landlord with the expectation they will assume responsibility for assuming full monthly payment once the program ends. In addition to assistance paying rent, AHOH will provide assistance with moving costs, rental application fees, security deposits, utility deposits, past utility payments, or current utility payments.

### 3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

The main focus of the Housing Plan is to ensure a participant will be able to afford the unit without assistance once the program ends, therefore, case Managers will work with participants to obtain employment or increase income, and benefits, apply for SSI/SSDI, as well as, link them to services and programs such as those offered by the Anne Arundel County Workforce Development Corporation, and other agency. AHOH, with its many programs, has a track record of assisting participants to obtain employment, become licensed, return to Community College to improve job prospects. Although there will be no service requirements by the program, participants will be encouraged to work

with AHOH staff to assist them in achieving their goals.

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

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

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


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

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

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

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

## 4B. Housing Type and Location

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

**Total Units: 8**

**Total Beds: 8**

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	8

## 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:** 8

**b. Beds:** 8

### 3. Address

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

**Street 1:** 514 N. Crain Highway

**Street 2:**

**City:** Glen Burnie

**State:** Maryland

**ZIP Code:** 20161

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

249003 Anne Arundel County, 240036 Annapolis



## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		8		8
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		8		8
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	8	0	8

**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										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### 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	3			4		4		2		
Adults ages 18-24										
<b>Total Persons</b>	3	0	0	4	0	4	0	2	0	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										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 5C. Outreach for Participants

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

10%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
10%	Directly from transitional housing eliminated in a previous CoC Program Competition.
	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 (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

Primarily, the program will use referrals from the CoC's ACCESS Housing list, which is a list of homeless individuals and families which have been assessed and ranked based on housing need. Individuals are placed on the list through the CoC's Coordinated Entry process either because they are seeking shelter or they been identified through street outreach or enter through one of the County's day and resource centers. If funded, the program will be integrated into the County's coordinated entry process and will prioritize those in shelter or identified on the street.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** Bonus

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

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

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

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

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$105,312
<b>Total Units:</b>			8
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	8	\$105,312

## Rental Assistance Budget Detail

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$677	x	12		=	\$0
0 Bedroom		x	\$903	x	12		=	\$0
1 Bedroom	8	x	\$1,097	x	12		=	\$105,312

<b>2 Bedrooms</b>		x	\$1,376	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$1,769	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$2,072	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$2,383	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,694	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$3,004	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$3,315	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$3,626	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$105,312
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$105,312

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

**Instructions:**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	\$100 per 4 client;	\$400
<b>3. Case Management</b>	.5 Housing locator/case manager, & supervision; fringe	\$27,688
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		



14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	\$100 utility payments x 4	\$400
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$28,488
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$28,488

**Click the 'Save' button to automatically calculate totals.**

## 6I. 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:	\$35,132
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$35,132

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Arundel House of ...	08/17/2018	\$34,287
Yes	Cash	Private	Arundel Community...	08/31/2018	\$845

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Arundel House of Hope, Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/17/2018
- 6. Value of Written Commitment: \$34,287

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Arundel Community Development Services  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/31/2018
- 6. Value of Written Commitment: \$845

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$105,312	1 Year	\$105,312
<b>4. Supportive Services</b>	\$28,488	1 Year	\$28,488
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$133,800
<b>8. Admin (Up to 10%)</b>			\$6,690
<b>9. Total Assistance Plus Admin Requested</b>			\$140,490
<b>10. Cash Match</b>			\$35,132
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$35,132
<b>13. Total Budget</b>			\$175,622

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AHOH Nonprofit Do...	09/11/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** AHOH Nonprofit Documentation

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Mark Hartzell

**Date:** 09/11/2018

**Title:** Chief Administrative Officer

**Applicant Organization:** Anne Arundel County, MD

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

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

X
---



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



## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2018	Page 50
	09/11/2018

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/14/2018
<b>1E. SF-424 Compliance</b>	08/14/2018
<b>1F. SF-424 Declaration</b>	08/14/2018
<b>1G. HUD 2880</b>	08/14/2018
<b>1H. HUD 50070</b>	08/14/2018
<b>1I. Cert. Lobbying</b>	08/14/2018
<b>1J. SF-LLL</b>	08/14/2018
<b>2A. Subrecipients</b>	08/14/2018
<b>2B. Experience</b>	09/11/2018
<b>3A. Project Detail</b>	08/14/2018
<b>3B. Description</b>	09/11/2018
<b>3C. Expansion</b>	08/14/2018
<b>4A. Services</b>	09/11/2018
<b>4B. Housing Type</b>	08/14/2018
<b>5A. Households</b>	08/14/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/11/2018
<b>6A. Funding Request</b>	08/14/2018
<b>6E. Rental Assistance</b>	08/14/2018
<b>6F. Supp Srvcs Budget</b>	08/14/2018
<b>6I. Match</b>	09/11/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/11/2018
<b>7D. Certification</b>	08/14/2018

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 13 2001

ARUNDEL HOUSE OF HOPE INCORPORATED  
6401 RITCHIE HWY  
GLENBURNIE, MD 21061

Employer Identification Number:  
52-1993704  
DLN:  
17053090928031  
Contact Person: TERRY KAYE ID# 31038  
Contact Telephone Number:  
(877) 829-5500  
Our Letter Dated:  
October, 1997  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

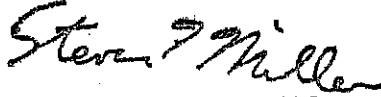
Letter 1050 (DO/CG)

ARUNDEL HOUSE OF HOPE INCORPORATED

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Steven T. Miller".

Steven T. Miller  
Director, Exempt Organizations