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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the 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 2019 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: 09/19/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: MD0114
      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).
      Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
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: Behavioral Health Administration
      Street 2: 201 W. Preston Street
      City: Baltimore
      County: Baltimore City
      State: Maryland
      Country: United States
      Zip / Postal Code: 21201

   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, 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-6300-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: BHA PSH Anne Arundel County FY 2019

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

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: 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: Robert
Middle Name: R.
Last Name: Neall
Suffix:

Title: Secretary, Maryland Department of Health

Telephone Number: (410) 767-4639
(Format: 123-456-7890)

Fax Number: (410) 767-6489
(Format: 123-456-7890)

Email: robert.neall@maryland.gov

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

Date Signed: 09/19/2019
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Maryland Department of Health
   Prefix: Mr.
   First Name: Robert
   Middle Name: R.
   Last Name: Neall
   Suffix:
   Title: Secretary, Maryland Department of Health

   Organizational Affiliation: Maryland Department of Health
   Telephone Number: (410) 767-4639
   Extension:
   Email: robert.neall@maryland.gov
   City: Baltimore
   County: Baltimore City
   State: Maryland
   Country: United States
   Zip/Postal Code: 21201

2. Employer ID Number (EIN): 52-6002033

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $447,391.00

   (Requested amounts will be automatically entered within applications)
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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS, SAMHSA, 5600 Fisher Ln Rockville MD 20857</td>
<td>Federal (PATH Program)</td>
<td>$1,271,500.00</td>
<td>outreach, case mgmt., other</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany County Mental Health Systems</td>
<td>sub-recipient</td>
<td>$98,956.00</td>
<td>2%</td>
</tr>
<tr>
<td>Anne Arundel County Mental Health Agency</td>
<td>sub-recipient</td>
<td>$399,796.00</td>
<td>8%</td>
</tr>
<tr>
<td>Baltimore County Department of Health</td>
<td>sub-recipient</td>
<td>$833,521.00</td>
<td>17%</td>
</tr>
<tr>
<td>Calvert County Health Department</td>
<td>sub-recipient</td>
<td>$328,855.00</td>
<td>7%</td>
</tr>
<tr>
<td>Carroll County Core Service Agency</td>
<td>sub-recipient</td>
<td>$124,253.00</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Certification

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

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

**I AGREE: X**

**Name / Title of Authorized Official:** Robert Neall, Secretary, Maryland Department of Health

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

**Date Signed:** 08/01/2019
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2019

Page 12

09/23/2019
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: 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: Robert
Middle Name R.
Last Name: Neall
Suffix:
Title: Secretary, Maryland Department of Health
Telephone Number: (410) 767-4639
(Format: 123-456-7890)
Fax Number: (410) 767-6489
(Format: 123-456-7890)
Email: robert.neall@maryland.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/19/2019
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: Robert Neall, Secretary, Maryland Department of Health

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

Date Signed: 09/19/2019
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: Behavioral Health Administration
Street 2: 201 W. Preston Street
City: Baltimore
County: Baltimore City
State: Maryland
Country: United States
Zip / Postal Code: 21201

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: Robert
Middle Name: R.
Last Name: Neall

Suffix:
Title: Secretary, Maryland Department of Health

Telephone Number: (410) 767-4639
(Format: 123-456-7890)

Fax Number: (410) 767-6489
(Format: 123-456-7890)

Email: robert.neall@maryland.gov

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

Date Signed: 09/19/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
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? Yes

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? No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   BHA receives invoices from the sub-recipient the month after expenses are incurred. This causes a delay in when the draws are being made from HUD. A draw was not requested in the 1st quarter of the grant but consistent draws were made in the 2nd, 3rd and 4th quarters.

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

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $447,391

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland Department of Health</td>
<td>A. State Government</td>
<td>A. State Government</td>
<td>$447,391</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Maryland Department of Health

b. Organization Type: A. State Government

c. Employer or Tax Identification Number: 52-6002033

d. Organizational DUNS: 135218621

e. Physical Address
   Street 1: 55 Wade Avenue, Dix Building
   Street 2: Behavioral Health Administration
   City: Catonsville
   State: Maryland
   Zip Code: 21228

f. Congressional District(s):
   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: $447,391

j. Contact Person
   Prefix: Ms.
   First Name: Marian
   Middle Name: Victoria
   Last Name: Bland
Suffix: LCSW
Title: Director, Office of Clinical Services, 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
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: 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 PSH Anne Arundel County FY 2019

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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.

This permanent supportive housing (PSH) project is administered by the Core Service Agency (CSA) of Anne Arundel County, under the direction of the MD Department of Health - Behavioral Health Administration. This 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 experiencing homelessness in Anne Arundel County, Maryland. The project rental assistance will be matched with an array of support services including case management or psychiatric rehabilitation service depending on the participant's choice. Additionally, the capacity to serve participants in this project will actually exceed the budgeted number being requested due to cost savings. The program is currently serving thirty six (36) households with seven (7) of them serving families, which is ten 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 individuals experiencing chronic homelessness. It provides its program participants with a full array of supportive services, including in-kind match of $111,848 in psychiatric rehab services and 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. Individuals participating in the program who express a desire to work are also linked to supported employment service.

A key objective of the Anne Arundel County Core Service Agency is to continue providing effective, quality supportive services and housing to individuals who are experiencing homelessness and have a serious mental illness while simultaneously meeting the increased demand for assistance. Anne Arundel County continues to collaborate with community leaders and providers to find innovative and creative ways to serve the behavioral health and homeless populations throughout the county. During this most recent operating year, the average length of stay for the program participants who remained in the program was 2,771 days.

Lack of adequate and affordable housing in Anne Arundel County, Maryland continues to be the number one challenge facing individuals experiencing mental illness.

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

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

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

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. 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 agency? Yes

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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>26</td>
<td>44</td>
</tr>
</tbody>
</table>

**Total Units:** 26  
**Total Beds:** 44  
**Total Dedicated CH Beds:** 13
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for 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:

   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:  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)
   240036 Annapolis, 249003 Anne Arundel County
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td>22</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>16</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>30</td>
<td>23</td>
<td>-</td>
<td>53</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

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

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

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

Applicant: Maryland Department of Health

Project: BHA PSH Anne Arundel County FY 2019

Renewal Project Application FY2019

Page 33

09/23/2019
6A. Funding Request

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

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>MD - Baltimore-Columbia-Towson, MD MS...</td>
<td>26</td>
<td>$421,272</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $421,272

Total Units: 26
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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$689</td>
<td>$689</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$918</td>
<td>$918</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>14</td>
<td>$1,125</td>
<td>$1,125</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6</td>
<td>$1,411</td>
<td>$1,411</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>6</td>
<td>$1,815</td>
<td>$1,815</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,108</td>
<td>$2,108</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,424</td>
<td>$2,424</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,740</td>
<td>$2,740</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,057</td>
<td>$3,057</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,373</td>
<td>$3,373</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$3,689</td>
<td>$3,689</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 26

Grant Term: 1 Year

Total Request for Grant Term: $421,272

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: | $223,696 |
| Total Value of All Commitments: | $223,696 |

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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Anne Arundel Coun...</td>
<td>08/01/2019</td>
<td>$18,038</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Anne Arundel Coun...</td>
<td>08/01/2019</td>
<td>$51,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Anne Arundel Coun...</td>
<td>08/01/2019</td>
<td>$42,810</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>PDG</td>
<td>08/02/2019</td>
<td>$111,848</td>
</tr>
</tbody>
</table>
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: Anne Arundel County Mental Health Agency Inc-
Mobil Crisis Services

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $18,038

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: Anne Arundel County Mental Health Agency Inc-
Mobil Crisis Services

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: $51,000

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.
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: Anne Arundel County Mental Health Agency-Warmline
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: $42,810

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: PDG
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/02/2019
6. Value of Written Commitment: $111,848

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.
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$421,272</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$421,272</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$26,119</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$447,391</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$223,696</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$223,696</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$671,087</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  Match Documentation

Attachment Details

Document Description:
### 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td>Match Commitment ...</td>
<td>08/06/2019</td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** Match Commitment Letters
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 1), 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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.

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: Robert Neall

Date: 09/19/2019

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 Certification and to ensure compliance. 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).

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

Part 6 - Budget Information
6A. Funding Request  X
6C. Rental Assistance  X
6D. Match  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):

Made sure information was up to date.

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Maryland Department of Health
Project: BHA PSH Anne Arundel County FY 2019

Renewal Project Application FY2019 Page 50 09/23/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/12/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/01/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>08/06/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/19/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/02/2019</td>
</tr>
</tbody>
</table>
August 2, 2019

Ms. Priya Arokiaswamy  
Director, Housing and Recovery Supports  
Behavioral Health Administration  
55 Wade Avenue, Dix Building  
Catonsville, Maryland 21228

Subject: Letter of Support- Continuum of Care Housing Program

Dear Ms. Arokiaswamy;

Partnership Development Group pleased to provide Case Management and Psychiatric Rehabilitation Program Services for individuals in the Behavioral Health Administration’s and Anne Arundel County CSA’s Continuum of Care Program.

The total value of PDG’s contribution is $111,848 for 27 clients for the period July 1, 2020 – June 30, 2021. The current grant number is MD0114L3B031609, to be replaced by a new grant number at the time of funding.

Sincerely,

Please feel free to contact me should you require additional information.

Sincerely,

[Signature]

Sondra E. Tranen,  
Executive Vice President
August 1, 2019

Priya Arokiaswamy  
Director, Housing and Recovery Supports  
Behavioral Health Administration  
55 Wade Avenue, Dix Building  
Catonsville, Maryland 21228

Subject: Letter of Support- Continuum of Care Housing Program

Dear Ms. Arokiaswamy:

I am writing to express my support for the continuation of the Anne Arundel County, Maryland Continuum of Care Program which has been in our county for more than ten years. The Continuum of Care Program has been a valuable resource for Anne Arundel County citizens who are homeless and have a mental illness.

The Anne Arundel County Mental Health Agency (AACMHA) will make available several in-kind resources to support this project. Our office will provide access to the Community Warmline operated by the Anne Arundel County Mental Health Agency. The Warmline is operated 24 hours a day 7 day a week, 365 days a year. Operators can assist callers with referrals to mental health, substance abuse and medical appointments. Transportation may be provided to and from appointments if necessary. Additionally, the caller may be able access Matrix Services to enhance community stability. The total value of AACMHA’s contribution is $42,810 for the period of July 1, 2020 – June 30, 2021. The current grant number is MD0114L3B031609, to be replaced by a new grant number at the time of funding.

Sincerely,

Adrienne Mickler  
Executive Director
August 1, 2019

Priya Arokiaswamy
Director, Housing and Recovery Supports
Behavioral Health Administration
55 Wade Avenue, Dix Building
Catonsville, Maryland 21228

Subject: Letter of Support- Continuum of Care Housing Program

Dear Ms. Arokiaswamy:

I am writing to express my support for the continuation of the Anne Arundel County, Maryland Continuum of Care Program which has been in our county for more than ten years. The Continuum of Care Program has been a valuable resource for Anne Arundel County citizens who are homeless and have a mental illness.

The Anne Arundel County Mental Health Agency will make available several in-kind resources to support this project. Our office will provide a portion of two staff positions to provide fiscal oversight and invoice preparation, technical assistance in placements and maintaining placements, liaison with the Behavioral Health Administration, technical assistance to case managers, landlords and consumers. The value of these services is $9,500. In addition, the Anne Arundel County Mental Health Agency will make funding available through our purchase of service, flexible funding with a value of $8,538. The total value of AACMHAA’s contribution is $18,038 for the period of July 1, 2020 – June 30, 2021. The current grant number is MD0114L3B031609, to be replaced by a new grant number at the time of funding.

Sincerely,

Adrienne Mickler
Executive Director
August 1, 2019

Priya Arokiaswamy
Director, Housing and Recovery Supports
Behavioral Health Administration
55 Wade Avenue, Dix Building
Catonsville, Maryland 21228

Subject: Letter of Support- Continuum of Care Housing Program

Dear Ms. Arokiaswamy:

Anne Arundel County Mental Health Agency (AACMHA) is pleased to provide Mobile Crisis Services for consumers in the Behavioral Health Administration’s and Anne Arundel County CSA’s Continuum of Care Program.

This service will provide Mobile Crisis response in the community to prevent hospitalization of individuals. Mobile Crisis may also provide crisis stabilization visits after the initial crisis.

The total value of AACMHA’s contribution is $51,000 for 30 clients for the period July 1, 2020 – June 30, 2021. The current grant number is MD0114L3B031609, to be replaced by a new grant number at the time of funding.

Sincerely,

Adrienne Mickler
Executive Director