

## 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 and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, 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).
- 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 2019 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:** 09/27/2019

**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>	
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### 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) 222-7606

**Applicant:** Anne Arundel County, Maryland - ACDS

877677237

**Project:** Catholic Charities\_Project Home Free

178280

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**Extension:**

**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-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:** Catholic Charities\_Project Home Free

**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:** 07/01/2020

**b. End Date:** 06/30/2021

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 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:** Benjamin

**Middle Name:** J.

**Last Name:** Birge

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1074  
**(Format: 123-456-7890)**

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

**Email:** exbirg99@aacounty.org

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

**Date Signed:** 09/27/2019



# 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:** Anne Arundel County, MD

**Prefix:** Mr.

**First Name:** Benjamin

**Middle Name:** J.

**Last Name:** Birge

**Suffix:**

**Title:** Chief Administrative Officer

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

**Telephone Number:** (410) 222-1074

**Extension:**

**Email:** exbirg99@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:** \$149,009.00

(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	\$256,941.00	12%
Anne Arundel County Mental Health Agency	52-1881320	subrecipient	\$517,697.00	23%
Arundel Community Development Services	52-1817557	subrecipient	\$939,236.00	42%
People Encouraging People	52-1168285	subrecipient	\$203,944.00	9%
Catholic Charities	53-0196617	subrecipient	\$304,770.00	14%

**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 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:**

**Name / Title of Authorized Official:** Benjamin Birge, Chief Administrative Officer

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

**Date Signed:** 09/27/2019

# 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 certify that the information provided on this form and in any accompanying**

X

**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.**



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:** Benjamin

**Middle Name:** J.

**Last Name:** Birge

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1074  
**(Format: 123-456-7890)**

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

**Email:** exbirg99@aacounty.org

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

**Date Signed:** 09/27/2019

## **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
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**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:** Benjamin Birge, Chief Administrative Officer

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

**Date Signed:** 09/27/2019

# 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:** 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:** Benjamin

**Middle Name:** J.

**Last Name:** Birge

**Suffix:**

**Title:** Chief Administrative Officer

**Telephone Number:** (410) 222-1074  
**(Format: 123-456-7890)**

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

**Email:** exbirg99@aacounty.org

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

**Date Signed:** 09/27/2019

## 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: \$149,009**

Organization	Type	Sub-Award Amount
Catholic Charities	M. Nonprofit with 501C3 IRS Status	\$149,009

## 2A. Project Subrecipients Detail

**a. Organization Name:** Catholic Charities

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 52-0591538

	<b>* d. Organizational DUNS:</b>	080559461	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 2015 20th Street

**Street 2:**

**City:** Fort Meade

**State:** Maryland

**Zip Code:** 20755

**f. Congressional District(s):** MD-003  
(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:** \$149,009

### j. Contact Person

**Prefix:** Ms.

**First Name:** Amy

**Middle Name:**

**Last Name:** Collier

**Suffix:**

**Title:** Director of Community Services

**E-mail Address:** acollier@cc-md.org

**Confirm E-mail Address:** acollier@cc-md.org

**Phone Number:** 667-600-3337

**Extension:** 13,560

**Fax Number:** 667-600-4029

## 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.

Associated Catholic Charities, Inc. (known as Catholic Charities) programs currently receive more than \$90,000,000 in federal, state and local government funding, annually. The Agency has extensive experience in managing large federal grants including utilizing the U. S. Department of Housing and Urban Development (HUD) 202 program to build and operate 22 housing complexes for senior citizens with low-incomes.

Catholic Charities' Community Services Division (CSD) has been providing services to individuals and families since 1981 when it opened Our Daily Bread in Baltimore City. Today, Catholic Charities' CSD operates the full spectrum of housing options including: emergency and day shelters, Rapid Re-Housing Programs housing and permanent housing as well as an emergency shelter for survivors of domestic violence, in Harford County named Anna's House. Currently, Catholic Charities has HUD funded housing programs in Baltimore City, as well as Anne Arundel, Baltimore and Harford counties. Specific programs include: Christopher Place Employment Academy, Holden Hall, My Sister's Place Lodge, Project REACH, and Project FRESH Start in Baltimore City; Anna's House in Harford County; Hosanna House and Promise Permanent Housing in Baltimore County; and, Sarah's House in Anne Arundel County. Collectively, these programs served nearly 700 homeless adults and children in FY 2019. Notably, all of these programs have successfully performed all relevant activities including delivering case management services, employment assistance, meals, life-skills training, linkage to public benefits such as Supplemental Nutrition Assistance Program (SNAP), housing assistance and more.

Sarah's House has provided emergency shelter for families and individuals experiencing homelessness in Anne Arundel County since 1987. In addition to food and shelter, Catholic Charities offer case management, employment services, transportation, and a Licensed Childcare Center. What makes Sarah's House unique from other programs is our capacity to serve families as well as individuals on-site. In FY19, we served 471 clients (including 254 children in 185 families) with emergency shelter, supportive housing, case management, comprehensive children's services, and opportunities for employment and education. Catholic Charities also served 24,256 meals to the residents, and placed 157 clients into better-paying jobs. Because Sarah's House serves many female head of household families in its Emergency Shelter, the staff has a wealth of experience in working with survivors of domestic violence and served 58 survivors in FY2019 alone.

By participating in the County's Continuum of Care Homeless Coalition, Catholic Charities offers critical services that help clients gain employment, increase their earning capacity, find stable housing, and achieve long-term sustainability. Sarah's House has 35 staff members. All direct service staff have been trained in the best-practices of Trauma-Informed Care and Motivational

Interviewing. Catholic Charities has the capacity to offer shelter, meals, case management, and childcare on-site, serving approximately 500 Anne Arundel County residents every year.

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

Since 1923, Catholic Charities has secured funding to sustain needed services for underserved Marylanders. In 1973, Catholic Charities operated 22 programs with an annual budget of \$2.8 million dollars. Through the years the Agency has been effective at building and sustaining government partnerships that provide resources for the vulnerable populations we serve. Today, we operate 80 programs and have an annual budget of more than \$153 million. Catholic Charities programs currently receive more than \$90,000,000.00 in federal, state and local government funding. In addition, Catholic Charities' Development Team conducts fundraising events, direct mail solicitations, public federated campaigns and effective grantsmanship to raise over \$16 million dollars annually. In many instances the private funds raised serve as matching dollars for government funding and/or support program needs not covered by other sources.

For example, Catholic Charities has committed the required cash match for each of the eight applications submitted for the 2019 Continuum of Care NOFA. Moreover, Catholic Charities has secured at least 150% of leverage in the form of donated services from private sources totaling more than \$2.5 million dollars. Specifically, in Anne Arundel County, Catholic Charities has strong support from the United Way of Central Maryland, the United States Army, Anne Arundel County Government, the Judy Family Fund, the Clayton Fund, Maryland Live! Casino and over 2,000 local donors, churches, volunteers and businesses.

**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.**

Organizational Structure: Catholic Charities is governed by a Board of Trustees that provides support and full engagement in the organization activities. Board members are selected based on commitment to the mission of the organization, and the potential to either bring a specific expertise or life experience to their board service. The areas of expertise can include management, fiscal services, marketing, development, or an allied field. Executive Director William J. McCarthy, Jr., serves as Secretary of the Board of Trustees and is the Agency's Chief Executive Officer. He manages a stellar Leadership Team comprised of an Assistant Director & Chief Administrative Officer, Chief Financial Officer, and four Division Chiefs. Amy N. Collier is the Director of the Community Services Division and provides executive oversight to 18 programs, including Sarah's House. Ms. Collier supervises Chris Kelly, the Associate Administrator and Mr. Kelly directly supervises Ms. Kathryn Philliben, the Director of Sarah's House. In this role, she provides administrative and programmatic oversight for the Center's Emergency Shelter, Transitional Housing and Children's Services Programs. Budget development, supervision, and strategic planning are several duties within her scope of responsibility. She leads a team of 35 employees and over 1,000 volunteers. Eileen Meagher, Manager of Housing and Employment Services, is currently pursuing a Master's degree and holds Bachelor's degree

in Criminal Justice and was employed in the Juvenile Justice system before coming to Sarah's House 14 years ago.

Coordination and Financial Accounting system: Catholic Charities' audits have determined that the agency is fiscally sound using general accounting principles in all audits. The Agency is subjected to an Single Audit, which was performed by KPMG and encompassed both financial and compliance components. As a program of Catholic Charities, Project Home Free will utilize the larger agency's accounting and payroll department. To ensure accurate accounting procedures, this department operates a record management program for all of its fiscal services that meets Generally Accepted Accounting Principles (GAAP) standards. All program-related accounting services are handled in-house. Each of the Agency's 80 programs is maintained under an automated ledger system that requires revenues and expenditures to be identified by program and funding source. This ledger system charts three major elements: 1. Revenue/Expenses; 2. Program Accounting Codes; and, 3. Funding Sources. This system ensures that Catholic Charities can identify and track all HUD funds awarded to our Rapid Re-Housing Program. In FY2015, Associated Catholic Charities, Inc., managed more than \$110 million dollars in federal, state, and local government grants. Catholic Charities has a line of credit in excess of \$19 million. In addition, Catholic Charities has reserve funds available for use, subject to Board approval.

**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:** Catholic Charities\_Project Home Free

**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 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**



### 3B. Project Description

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

Utilizing a housing first model and integrating the best practices of Trauma Informed Care and Motivational Interviewing, Sarah’s House would support six families with children who are currently experiencing (or have experienced within the last 6 months) domestic violence. These families would be provided one year of rental assistance and supportive case management services and would be rapidly re-housed in the community. With supportive services in place, the goal is for the family to regain their safety, become self-sufficient and remain stably housed as a single head of household family unit. Sarah’s House currently has established relationships with property management companies, landlords, realtors, and apartment complexes that will aid in the rehousing of survivors of domestic violence utilizing the housing first model. To promote self-sufficiency, the family will be expected to pay 30% of their income towards their rent. The case manager will conduct home visits, meet with landlords, advocate for assistance, and provide wrap around services that will promote the family’s safety and success. Services at Sarah’s House will be available to all families participating in this program. Services for families include:

1. Safety assessment and planning
2. Housing Counseling
3. Housing Search Assistance
4. Rental Assistance
5. Employment Support
6. Landlord/Tenant Affairs
7. Legal Resources and referrals to YWCA DV legal services
8. Benefit Support
9. Counseling Services and Resources and referrals to YWCA DV counseling services
10. Budgeting Assistance
11. Child Care Resources

The Director of Sarah’s House, Kathryn Philliben, along with the Manager of Housing and Employment Services, Eileen Meagher, will oversee this program. Kathryn Philliben has 30 years of experience in higher education and 12 years of experience in human and homeless services. Ms. Philliben oversees the Manager of Housing and Employment Services and the various programs/services being offered at Sarah’s House. Eileen Meagher has 18 years of experience in human and homeless services. Sarah’s House utilizes ServicePoint HMIS system to enter case notes and monitor performance of all of its programs. Staff also use ServicePoint to track the progress their clients are making toward their housing goals. For Project Home Free, would use a separate program to ensure client safety. Catholic Charities accounting department will assist in ensuring the proper utilization of all funds.

**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**

New Project Application FY2019	Page 25	09/30/2019
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**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 Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
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 type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" 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** Yes

**into permanent housing**

**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. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** 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.

Sarah's House (SH) will provide rental assistance for 6 families with children who experienced domestic violence in the past 6 months or are currently fleeing domestic violence. A new part time case manager will assist families with DV specific safety planning, application fees, moving expenses, and utility deposits . SH has established relationships with property management companies, landlords, realtors, and apartment complexes who will aid in rehousing the families with the housing first model. To promote self-sufficiency, the family will pay around 30% of their income towards their rent. The case manager will conduct home visits, meet with landlords, advocate for client, and provide wrap around services to promote safety and success. Available services will include: housing counseling; housing search assistance; rental assistance; employment support; landlord/tenant affairs; legal resources; benefit support; counseling services; budgeting assistance; and child care resources.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Catholic Charities uses a co-active coaching model to develop and implement case plans that link clients to services and resources that help them achieve their goals. Participants will be linked to continuing education courses, assisted in obtaining affordable childcare opportunities for them. The program will work with families to employment opportunities, partnering with the County's Workforce Development Corporation to ensure that they have access to mainstream employment opportunities. Families will be referred to the County's

SOAR worker and to the Department of Social Services to ensure they access all eligible benefits. Sarah's House will provide comprehensive case management. In addition to case management, each family will be linked with other mainstream services, security deposits, first months's rent, and receive rental assistance.

**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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Non-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: 6**

**Total Beds: 12**

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	6	12



## 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:** 6

**b. Beds:** 12

### 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:** 2015 20th St

**Street 2:**

**City:** Ft Meade

**State:** Maryland

**ZIP Code:** 20755

**\*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

## 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	6	0	0	6
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	4	0	0	4
Persons ages 18-24	2	0	0	2
Accompanied Children under age 18	6	0	0	6
Unaccompanied Children under age 18	0	0	0	0
<b>Total Persons</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>12</b>

**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	0	0	0	0	0	0	4	0	0	0
Persons ages 18-24	0	0	0	0	0	0	2	0	0	0
Children under age 18	0			0	0	0	6	0	0	0
<b>Total Persons</b>	0	0	0	0	0	0	12	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### 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

### 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Health and Human Services	11%	25,000

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term: 1 Year

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

- Rental Assistance
- Supportive Services

**HMIS**

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 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>			\$100,080
<b>Total Units:</b>			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	6	\$100,080

## 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 (2402899999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$848	x	12	=	\$0
0 Bedroom		x	\$1,130	x	12	=	\$0
1 Bedroom	6	x	\$1,390	x	12	=	\$100,080

<b>2 Bedrooms</b>		x	\$1,740	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$2,240	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$2,600	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$2,990	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$3,380	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$3,770	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$4,160	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$4,550	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	6						\$100,080
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$100,080

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



## 6F. Supportive Services Budget

**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>	6 families/year @ \$500/move and \$150/application fee	\$3,900
<b>3. Case Management</b>	1 part time CM @ 20 hours/week plus benefits	\$28,229
<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>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	mileage for staff costs for weekly CM visits for 6 families	\$1,500
<b>16. Utility Deposits</b>	6 utility deposits @ \$300/each	\$1,800
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$35,429
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$35,429

**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:	\$37,252
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$37,252

**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	Government	Arundel Community...	08/19/2019	\$37,252

## Sources of Match Detail

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** Cash

**3. Type of source:** Government

**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:** 08/19/2019

**6. Value of Written Commitment:** \$37,252

## 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)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$100,080	1 Year	\$100,080
4. Supportive Services	\$35,429	1 Year	\$35,429
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$135,509
8. Admin (Up to 10%)			\$13,500
9. Total Assistance Plus Admin Requested			\$149,009
10. Cash Match			\$37,252
11. In-Kind Match			\$0
12. Total Match			\$37,252
13. Total Budget			\$186,261

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Catholic Charitie...	08/19/2019
2) Other Attachment(s)	No	Catholic Charitie...	08/19/2019
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Catholic Charities Nonprofit Documentation

## **Attachment Details**

**Document Description:** Catholic Charities Approved Indirect Cost Rate

## **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:** Benjamin Birge

**Date:** 09/27/2019

**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
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**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.**

**Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date: October 24, 2018**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

**Group Exemption Number:**

0928

Dear Sir/Madam:

This responds to your October 12, 2018, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2018*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2018* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Stephen a. martin". The signature is written in a cursive style with a lowercase 'a' and 'm'.

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA  
• ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA •  
• IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •  
• GEORGIA • DELAWARE • ILLINOIS • KANSAS • NORTH CAROLINA • OREGON • NEBRASKA • KENTUCKY  
• NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS  
• NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS  
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1817



2018

# The Official Catholic Directory

Anno  
Domini  
2018

Published Annually by  
P. J. Kennedy & Sons







**NONPROFIT RATE AGREEMENT**

EIN: 52-0591538

DATE:02/21/2019

ORGANIZATION:

FILING REF.: The preceding agreement was dated 01/29/2018

Associated Catholic Charities, Inc.  
1966 Greenspring Dr., Suite 200  
Timonium, MD 21093

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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**SECTION I: INDIRECT COST RATES**

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RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2017	06/30/2018	11.32	On Site	All Programs
PROV.	07/01/2018	06/30/2020	11.32	On Site	All Programs

\*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.



ORGANIZATION: Associated Catholic Charities, Inc.

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means article of nonexpendable, tangible personal property having a useful life of more than one year(s) and an acquisition cost of \$5,000 or more per unit.

Fringe Benefits -  
FICA  
Retirement  
Disability Insurance  
Worker's Compensation  
Unemployment Insurance  
Health Insurance  
Life Insurance

The indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF-PI-HS-08-03) dated 5/12/2008, which precludes recipients of Head Start grants to use any Federal funds to pay for any part of the compensation of an individual either as a direct cost or any pro-ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January 2019, the rate of compensation for an Executive Level II is \$189,600 per year.

The next indirect cost rate proposal, based on actual costs for the fiscal year ending 06/30/19, is due in our office on 12/31/19.

ORGANIZATION: Associated Catholic Charities, Inc.

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**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Associated Catholic Charities, Inc.

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

2/21/2019

(DATE) 1398

HHS REPRESENTATIVE: Wheatford Ashby

Telephone: (214) 767-3261