

## Recipient Performance

**1. Did you submit your previous year's Annual Performance Report (APR) on time?** Yes

**2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** No

**3. Do you draw funds quarterly for your current renewal project?** Yes

**4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** Yes

**4a. If HUD recaptured funds provide an explanation.**

Slow expenditures by the CoC supportive services provider caused for the return of supportive services funds. For LFY22, ACDS identified a new supportive services provider for the SHP Program, to result in full expenditure of the grant.

## Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
  - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
  - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
  
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application requesting to consolidate or expand?** Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

**As part of the FY 2021 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 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 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).**

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

**Renewal Grant Expansion Table**

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number
Stand-Alone Renewal	ACDS - Anne Arundel Partnership for Housing (Consolidated)	\$930,584	MD0113
Stand-Alone New	ACDS - Anne Arundel Partnership for Housing (Consolidated) Expansion	\$119,497	NA

**Renewal Expansion Summary**

<b>Total Number of Grants in the Expansion</b>	2
<b>Total Requested Amount in the Expansion</b>	\$1,050,081

**I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.**

**I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.**

**Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application**

## 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: \$930,584**

Organization	Type	Sub-Award Amount
Arundel Community Development Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$930,584

## 2A. Project Subrecipients Detail

**a. Organization Name:** Arundel Community Development Services, Inc.

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

**c. Employer or Tax Identification Number:** 52-1817557

	<b>* d. Organizational DUNS:</b>	877677237	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 2666 Riva Road, Suite 210

**Street 2:**

**City:** Annapolis

**State:** Maryland

**Zip Code:** 21401

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

**g. Is the subrecipient a Faith-Based Organization?** 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:** \$930,584

### j. Contact Person

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:** M

**Last Name:** Koch

**Suffix:**

**Title:** Executive Director

**E-mail Address:** kkoch@acdsinc.org

**Confirm E-mail Address:** kkoch@acdsinc.org

**Phone Number:** 410-222-7606

**Extension:**

**Fax Number:** 410-222-7619

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** MD0113

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

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

**4. Project Name:** ACDS - Anne Arundel Partnership for Housing (Consolidated)

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**8. Does this project include Replacement Reserves as a CoC Operating Cost?** No  
(Attachment Requirement)

### 3B. Project Description

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

The Anne Arundel Partnership for Permanent Housing (Consolidated) will serve chronically homeless, vulnerable individuals and families with children. The program provides tenant based rental assistance and supportive services. Housing and services may be provided through the following agencies: the Housing Commission of Anne Arundel County, Arundel House of Hope, Inc., Anne Arundel County Department of Social Services and Arundel Community Development Services (ACDS). ACDS administers the grant on behalf of Anne Arundel County, the recipient. The Housing Commission or ACDS will provide tenant based rental assistance; Community Residences will provide intensive case management to those households receiving TBRA assistance. Arundel House of Hope uses a portion of the funds to rent three supportive community houses for single, disabled homeless men creating a total of 9 SRO units.

The program prioritizes chronically homeless persons as turnover beds become available. Additionally, a portion of the grant is provided to the Anne Arundel County Department of Social Service for the administration and operation costs of the County's HMIS system. All sub-recipients participate in the County's coordinated assessment and utilize the County's Access Housing waitlist, a list generated utilizing the VI-SPDAT tool that ranks the vulnerability of homeless individuals and families. The program also focuses on serving those who are chronically homeless or have a history of chronic homelessness. The housing programs utilize a Housing First model and provide tenants with supportive services such as case management, care coordination, and individualized service plans targeted at housing retention and tenant stability. Case managers provide person-centered services and focus on life skills including financial management, budgeting, and apartment maintenance.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

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



**3b. Does the project enroll program participants who have the following barriers? 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"/>

**3c. Will the project prevent program participant termination 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"/>

**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. Is this project “100% Dedicated,” DedicatedPLUS  
“DedicatedPLUS,” or “N/A”?**

**(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).**

## 4A. Supportive Services for Program Participants

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

**1. For all supportive services available to program 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		Partner	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Partner	As needed
Utility Deposits		Partner	As needed

**Identify whether the project includes the following activities:**

**2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs?**      Yes

**3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?**      Yes

**4. Do program participants have access to SSI/SSDI technical assistance provided by**      Yes

**this project, subrecipient, or partner agency?**

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

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

The following list summarizes 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:** 56

**Total Beds:** 78

**Total Dedicated CH Beds:** 78

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	56	78

## 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 program participants at the selected housing site.**

**a. Units:** 56

**b. Beds:** 78

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 78

**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:** 7477 Baltimore Annapolis Blvd

**Street 2:**

**City:** Glen Burnie

**State:** Maryland

**ZIP Code:** 21061

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

249003 Anne Arundel County

## 5A. Program Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	12	44	0	56

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
Persons over age 24	13	44		57
Persons ages 18-24	3	0		3
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	34	44	0	78

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

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

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	12	0	0	10	1	13	1	0	0	0
Persons ages 18-24	1									2
Children under age 18										18
<b>Total Persons</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>20</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	44			20	4	25	0	2	1	0
Persons ages 18-24										
<b>Total Persons</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>4</b>	<b>25</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										



Total Persons	0			0	0	0	0	0	0	0
---------------	---	--	--	---	---	---	---	---	---	---

**Describe the unlisted subpopulations referred to above:**

Non disabled children and family members.

## 6A. Funding Request

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

- 1. Do any of the properties in this project have an active restrictive covenant?** No
- 2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** Yes
- 3. Does this project propose to allocate funds according to an indirect cost rate?** No
- 4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year
- 5. Select the costs for which funding is requested:**
- |                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input type="checkbox"/>            |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input type="checkbox"/>            |
| HMIS                | <input checked="" type="checkbox"/> |

## 6C. Rental Assistance Budget

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

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

<b>Total Request for Grant Term:</b>		\$770,544	
<b>Total Units:</b>		56	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	56	\$770,544

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	9	x	\$688	\$688	x	12	=	\$74,304
0 Bedroom	3	x	\$917	\$917	x	12	=	\$33,012
1 Bedroom	27	x	\$1,115	\$1,115	x	12	=	\$361,260
2 Bedrooms	13	x	\$1,384	\$1,384	x	12	=	\$215,904
3 Bedrooms	4	x	\$1,793	\$1,793	x	12	=	\$86,064
4 Bedrooms	0	x	\$2,053	\$2,053	x	12	=	\$0
5 Bedrooms		x	\$2,361	\$2,361	x	12	=	\$0
6 Bedrooms		x	\$2,669	\$2,669	x	12	=	\$0
7 Bedrooms		x	\$2,977	\$2,977	x	12	=	\$0
8 Bedrooms		x	\$3,285	\$3,285	x	12	=	\$0
9 Bedrooms		x	\$3,593	\$3,593	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>56</b>							<b>\$770,544</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$770,544</b>

**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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$209,246
Total Value of In-Kind Commitments:	\$23,400
Total Value of All Commitments:	\$232,646

**1. Will this project generate program income** Yes  
**described in 24 CFR 578.97 to use as Match**  
**for this project?**

**1a. Briefly describe the source of the program income:**

Rent collected from tenants residing in Community Housing I program.

**1b. Estimate the amount of program income** \$12,685  
**that will be used as Match for this project:**

**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.**

Type	Source	Contributor	Value of Commitments
Cash	Private	Arundel House of ...	\$20,835
Cash	Private	Housing Commissio...	\$62,612
Cash	Government	Arundel Community...	\$4,312
Cash	Government	Department of Soc...	\$46,487
In-Kind	Private	Arundel House of ...	\$23,400
Cash	Government	CDBG Outreach Tea...	\$25,000
Cash	Government	County Community ...	\$50,000

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Arundel House of Hope  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$20,835

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Housing Commission of Anne Arundel County  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$62,612

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Arundel Community Development Services  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$4,312

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Department of Social Services  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$46,487

## Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Arundel House of Hope

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$23,400

**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. Type of Match Commitment:** Cash

**2. Source:** Government

**3. Name of Source:** CDBG Outreach Team Funds

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$25,000

## Sources of Match Detail

**1. Type of Match Commitment:** Cash

**2. Source:** Government

**3. Name of Source:** County Community Support Grant

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$50,000

## 6E. Summary Budget

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

**The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$770,544
3. Supportive Services	\$100,550
4. Operating	\$0
5. HMIS	\$25,000
6. Sub-total Costs Requested	\$896,094
7. Admin (Up to 10%)	\$34,490
8. Total Assistance plus Admin Requested	\$930,584
9. Cash Match	\$209,246
10. In-Kind Match	\$23,400
11. Total Match	\$232,646
12. Total Budget	\$1,163,230



## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ACDS 501c3	09/17/2019
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** ACDS 501c3

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match MOU...	11/10/2021

## Attachment Details

**Document Description:** In-Kind Match MOU AHOH

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

DEPARTMENT OF THE TREASURY

Date: APR 16 1998

Employer Identification Number:  
52-1817557

DLN:  
17053073733008

Contact Person:  
D. A. DOWNING  
Contact Telephone Number:  
(513) 241-5199

Our Letter Dated:  
April 1994

Addendum Applies:  
No

RECEIVED

APR 21 1998

Arundel Community  
Development Services

ARUNDEL COMMUNITY DEVELOPMENT  
SERVICES INC  
2660 RIVA RD STE 210  
ANNAPOLIS, MD 21401-7349

Dear Applicant:

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

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

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

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

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

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

Sincerely yours,



District Director

**Memorandum of Understanding  
Continuum of Care Program  
In-Kind Services Match**

This Memorandum of Understanding (MOU) is entered into by Arundel Community Development Services, Inc. and the Arundel House of Hope, Inc. The purpose of this MOU is to set forth the services to be provided by Arundel House of Hope, Inc., the value of which will be used to satisfy the match requirement of the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Program.

As a match to MD0113L3B032013, Arundel House of Hope, Inc., unconditionally commits, except for the award of the grant, to provide the following services to clients of the SHP program: support services from AHOH Community Resource and Day Center, and substance abuse and recovery support services from the AHOH Community Recovery Center to clients in the Housing Commission's Permanent Supportive Housing Program. The services will be available beginning July 1, 2022 through June 30, 2023 ("Services Term") and are valued at approximately \$23,400 per year (\$13,800 per year or \$115 per month for 10 persons for resources and day services; and \$9,600 per year or \$100 per month for 8 persons for substance abuse recovery services). The services will be received by the following number of program participants: 5 point in time and 12 over the grant term. Programs are staffed by trained employees with appropriate backgrounds.

During the Grant Term, Arundel Community Development Services, Inc. and the Arundel House of Hope, Inc., agree to maintain and make available for inspection records documenting the hours of service provided in order to fulfill recordkeeping requirements of the CoC Program. A request for such documentation or inspection must be provided in a timely manner.


1. Arundel Community Development Services, Inc. address is 2666 Riva Road, Suite 210, Annapolis, MD 21401, phone number is 410-222-7600, and point of contact is Kathleen M. Koch.
2. Arundel House of Hope address is 514 North Crain Highway, Suite K, Glen Burnie, MD 21061, phone number is (410) 863-4888, and point of contact is Mario Berninzoni.

Arundel House of Hope, Inc.

By:   
Name: Mario Berninzoni  
Title: Executive Director

Date: 10-7-2021

Arundel Community Development Services, Inc.

By:   
Name: Kathleen M. Koch  
Title: Executive Director

Date: 10/15/21