



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: \$119,497

Organization	Type	Sub-Award Amount
ACDS	M. Nonprofit with 501C3 IRS Status	\$119,497

2A. Project Subrecipients Detail

a. Organization Name: ACDS

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

c. Employer or Tax Identification Number: 52-1817557

	* d. Organizational DUNS:	877677237	PLUS 4:	
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e. Physical Address

Street 1: 2666 Riva Rd

Street 2: Suite 210

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: \$119,497

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: 410-222-7619

Extension:

Fax Number:

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

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

This project application is an expansion on the existing ACDS Partnership for Permanent Housing (Consolidated) project. The Anne Arundel Partnership for Permanent Housing serves homeless families and individuals. The program provides leasing assistance and support services through three different agencies, the Housing Commission of Anne Arundel County, Arundel House of Hope, Inc. and the Anne Arundel County Department of Social Services (DSS). Arundel Community Development Services is the project subrecipient. The Housing Commission provides tenant based rental assistance and DSS provides intensive case management to those households receiving the rental 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 DSS 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 wait list, a list generated utilizing the VI-SPDAT tool that ranks the vulnerability of homeless individuals and families. The program also focus on serving those who have are chronically homeless or have a history of chronic homelessness using a Housing First model.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

ACDS serves as the lead agency for Continuum of Care funds, and also serves as the housing and community development agency on behalf of the County. ACDS, on behalf of the County, has over 20 years of administering and leveraging federal funds including CDBG, ESG, HOME, and CoC funds. ACDS also administers local County funds and State funds including Maryland State Homelessness Solutions Program (HSP) funds. In response to COVID-19, ACDS administered CARES Act, ERAP, and ARPA funds.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

ACDS is governed by a Board of Directors and the financial management structure is directly managed by the Chief Operating Officer, who has over 20 years of experience. The agency is subjected to annual financial and program audit, which have determined that the agency is fiscally sound and in programmatic compliance. To ensure accurate accounting procedures, the

finance department operates its fiscal services in compliance with Generally Accepted Accounting Principles (GAAP) standards. All program-related accounting services are handled in-house.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

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

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

3. Project Name: ACDS - Anne Arundel Partnership for Housing (Consolidated) Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

The Anne Arundel Partnership for Permanent Housing (Consolidated) expansion will build upon the existing Anne Arundel Partnership for Permanent Housing (Consolidated) by adding additional permanent supportive housing subsidies. The project 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., and Arundel Community Development Services (ACDS), or another homeless service provider identified at a later date. ACDS administers the grant on behalf of Anne Arundel County, the recipient. The program will prioritize chronically homeless persons as turnover beds become available. This project will 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 will also focus on serving those who are chronically homeless or have a history of chronic homelessness. The project will 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 will provide person-centered services and focus on life skills including financial management, budgeting, and apartment maintenance.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or 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				
Start rehabilitation				
Complete rehabilitation				

Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

3. 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	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will 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"/>

5c. 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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or 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.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MD0113

1b. Eligible Renewal Grant Project Name: ACDS - Anne Arundel Partnership for Housing (Consolidated)

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)	
	Number of persons (From renewal application Screen 5A)	78
	Number of units (From renewal application Screen 4B)	56
	Number of beds (From renewal application Screen 4B)	78
2b.	New Requested Numbers to Add (from this “Stand-alone New” project application)	
	Number of additional persons (From this new application Screen 5A)	6
	Number of additional units (From this new application Screen 4B)	5
	Number of additional beds (From this new application Screen 4B)	6

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Each participant is assigned a case manager, who can transport them to see units within the participant’s requested location. Participants look at units with the case manager before selecting a unit. Once the unit has been identified, the individual and case manager review the lease and address any concerns prior to signing the lease. The case manager continues to provide support after the individual is housed by assisting with their identified goals. As needed, participants will be referred to the Mental Health Agency for assistance with SOAR applications for those that are eligible, and for those that are not, the case manager will assist with SSI/SSDI applications. As this is a Housing First Model, the case manager takes an active role with the participant to resolve and address issues as they arise. By being proactive, the severity of the issue is minimized as they are addressed immediately.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Through a partnership with the Anne Arundel County Department of Social Services, case workers provide entitlement reviews and renewals at the case management program for all program participants, which prevents lapses in benefit coverage. Anne Arundel County Workforce Development participates in the CoC and eligible clients are referred to their programs as needed, including Supported Employment or Career Restart Programs.

**3. 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	Subrecipient	As needed
Case Management	Subrecipient	Monthly
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	Monthly
Legal Services	Non-Partner	As needed

Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Partner	As needed
Non-Partner	As needed
Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

Identify whether the project will include the following activities:



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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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: 5

Total Beds: 6

Total Dedicated CH Beds: 6

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	5	6	6

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.

2a. Units: 5

2b. Beds: 6

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 6

This includes both the “dedicated” and “prioritized” beds.

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: 2666 Riva Road

Street 2: Suite 210

City: Annapolis

State: Maryland

ZIP Code: 21401

***5. 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		5		5
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		5		5
Persons ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	6	0	6

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	5					2				
Persons ages 18-24	1					0				
Total Persons	6	0	0	0	0	2	0	0	0	0

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

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

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

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is 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 type="checkbox"/>

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 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.

Total Request for Grant Term:			\$93,120
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	5	\$93,120

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	\$915	x	12	=	\$0
0 Bedroom		x	\$1,220	x	12	=	\$0
1 Bedroom	4	x	\$1,480	x	12	=	\$71,040

2 Bedrooms	1	x	\$1,840	x	12	=	\$22,080
3 Bedrooms		x	\$2,380	x	12	=	\$0
4 Bedrooms		x	\$2,730	x	12	=	\$0
5 Bedrooms		x	\$3,139	x	12	=	\$0
6 Bedrooms		x	\$3,549	x	12	=	\$0
7 Bedrooms		x	\$3,959	x	12	=	\$0
8 Bedrooms		x	\$4,368	x	12	=	\$0
9 Bedrooms		x	\$4,778	x	12	=	\$0
Total Units and Annual Assistance Requested	5						\$93,120
Grant Term							1 Year
Total Request for Grant Term							\$93,120

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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	additional .25FTE case manager	\$15,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	2 utility deposits	\$565
17. Operating Costs		
Total Annual Assistance Requested		\$15,565
Grant Term		1 Year
Total Request for Grant Term		\$15,565

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 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 Amount of Cash Commitments:	\$29,875
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$29,875

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	ACDS - County	\$1,352
Cash	Government	ACDS Moving Home	\$28,523

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** ACDS - County
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$1,352

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** ACDS Moving Home
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$28,523

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	\$93,120	1 Year	\$93,120
4. Supportive Services	\$15,565	1 Year	\$15,565
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$108,685
8. Admin (Up to 10%)			\$10,812
9. Total Assistance Plus Admin Requested			\$119,497
10. Cash Match			\$29,875
11. In-Kind Match			\$0
12. Total Match			\$29,875
13. Total Budget			\$149,372

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ACDS Nonprofit Do...	11/09/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: ACDS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

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