

## 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.**  
A minimal balance was recaptured on this 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 No requesting to consolidate or expand?**

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

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** \$134,009

Organization	Type	Sub-Award Amount
Arundel House of Hope, Inc.	M. Nonprofit with 501C3 IRS Status	\$134,009

## 2A. Project Subrecipients Detail

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

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

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

	<b>* d. Organizational DUNS:</b>	964709000	<b>PLUS 4</b>	
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### e. Physical Address

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

**Street 2:**

**City:** Glen Burnie

**State:** Maryland

**Zip Code:** 20161

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

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

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

**i. Expected Sub-Award Amount:** \$134,009

### j. Contact Person

**Prefix:** Mr.

**First Name:** Mario

**Middle Name:**

**Last Name:** Berninzoni

**Suffix:**

**Title:** Executive Director

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

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

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

**Extension:**

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

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):** MD0238

(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:** AHOH Community Housing Program 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**

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

The Community Housing Program, administered by Arundel House of Hope, Inc., (AHOH) is a permanent supportive housing program for three homeless men and eight homeless women, all of whom meet HUD's chronically homeless definition. AHOH leases three properties from landlords in the community to provide supportive shared housing for homeless individuals.

AHOH employs the Housing First model of care, a HUD recognized best practice, in its programs and makes housing the first priority for persons served regardless of their situation. AHOH recognizes that safe, decent, and affordable housing is an important component of individual health and stability. As of November 2013, AHOH participates in the County's coordinated assessment system and receives all referrals through this process. Specifically, the County maintains a list of all homeless individuals and families prioritized by a standardized vulnerability index, the VI-SPDAT, and this list is utilized as part of the County's Coordinated Intake Process. The program accepts the highest priority or most chronically homeless, vulnerable individual from the list.

Participants sign a one-year lease agreement with AHOH and work with a case manager on individualized service plan goals geared at increasing self-sufficiency and maintaining housing. AHOH partners with and links participants to other service providers allowing them to access many different services. Supportive services are client-driven and individually tailored to the needs of each participant. Program participants are involved in setting the personal goals and the type and pace of services they need to assist with goal achievement. Program services support the participant's efforts to increase their incomes and maximize their ability to stable living include: (a) client advocacy to assist them in obtaining benefits and entitlements, including social security, public assistance, and food stamps; (b) service coordination for medical and psychiatric treatment, substance abuse treatment, counseling, and other supportive services; (c) appointment escorts; (d) employment counseling skills training, and vocational counseling; (e) budgeting and financial management to ensure essential bills such as rent is paid in a timely manner; and (f) providing opportunities for socialization.

**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,” or “N/A”?** 100% Dedicated

**(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	Weekly
Child Care		
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	Weekly
Food	Subrecipient	Daily
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Non-Partner	Weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Non-Partner	Weekly
Transportation	Subrecipient	Weekly
Utility Deposits	Non-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:** 3

**Total Beds:** 11

**Total Dedicated CH Beds:** 11

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	3	11

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 3

**b. Beds:** 11

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 11

**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:** 514 N. Crain Highway

**Street 2:**

**City:** Glen Burnie

**State:** Maryland

**ZIP Code:** 20161

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

240036 Annapolis, 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	0	11	0	11

  

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	0	11		11
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	11	0	11

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

### Persons in Households without Children

Characteristics	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	11		0	6	0	10	5	2	1	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	11	0	0	6	0	10	5	2	1	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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? 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 checked="" type="checkbox"/> |
| Rental Assistance   | <input type="checkbox"/>            |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |



## 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:	\$18,703
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$18,703

**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:**

Payment of rent by participants.

**1b. Estimate the amount of program income** \$15,000  
**that will be used as Match for this project:**

Type	Source	Contributor	Value of Commitments
Cash	Government	Arundel Community...	\$813
Cash	Private	Arundel House of ...	\$17,890

## 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:** \$813

## 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:** \$17,890

## 6E. Summary Budget

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	\$64,009
2. Rental Assistance	\$0
3. Supportive Services	\$19,850
4. Operating	\$43,649
5. HMIS	\$0
6. Sub-total Costs Requested	\$127,508
7. Admin (Up to 10%)	\$6,501
8. Total Assistance plus Admin Requested	\$134,009
9. Cash Match	\$18,703
10. In-Kind Match	\$0
11. Total Match	\$18,703
12. Total Budget	\$152,712

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AHOH Nonprofit Do...	09/10/2018
2) Other Attachment	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** AHOH 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