

## 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.**

Due to resident turnover, some rental assistance funds were recaptured from the PEP Housing First Program.

## **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: \$202,708**

Organization	Type	Sub-Award Amount
People Encouraging People, Inc.	M. Nonprofit with 501C3 IRS Status	\$202,708

## 2A. Project Subrecipients Detail

**a. Organization Name:** People Encouraging People, Inc.

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

**c. Employer or Tax Identification Number:** 52-1168285

	<b>* d. Organizational DUNS:</b>	051536084	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 22 South Howard Street

**Street 2:**

**City:** Baltimore

**State:** Maryland

**Zip Code:** 21211

**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:** \$202,708

### j. Contact Person

**Prefix:** Ms.

**First Name:** Tonia

**Middle Name:**

**Last Name:** Stokes

**Suffix:**

**Title:** VP, Asset Management

**E-mail Address:** ToniaS@peponline.org

**Confirm E-mail Address:** ToniaS@peponline.org

**Phone Number:** 410-768-0123

**Extension:**

**Fax Number:** 410-768-1716

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):** MD0271

(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:** PEP Housing First (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 Consolidated Housing First Program will serve homeless males and females with a primary diagnosis of mental illness who are chronically homeless as defined by HUD. This project operates scattered site one bedroom apartments. The target population served are persons with severe mental illness (SMI). 100% of the individuals/persons served by the project are unaccompanied disabled persons without dependent children. This comprises the main characteristic of the homeless population served, with substance abuse as a secondary disability. All have little or no family support or other support and have difficulty maintaining housing and income due to their illness.

PEP will provide an evidenced based practice for support services called Assertive Community Treatment (ACT). The program works to engage the homeless participant and to provide needed services as accepted by the individual. These services include street outreach and engagement, encouragement to accept services, provide access to housing, psychiatric evaluation, medication management, independent living skills assessment, health promotion and training, psychotherapy and supportive counseling, substance abuse treatment, vocational counseling, 24-hour crisis intervention, case management and advocacy. Services occur wherever it is necessary to advance the engagement process and treatment outcomes.

The staff works as a team to engage the participant and to provide needed services as accepted by the individual and / or family. All staff are trained in entitlement eligibility processes and work with each individual to apply for all benefits as soon as possible. Once housing is established, then services are scaffold around the consumer with home visits, assistance in attaining independent living skills training from providers, and skills training in home management and maintenance. PEP is an approved provider for Medicaid and Medicare services in the public mental health system. PEP employs the Housing First model of care, an Evidenced Based Practice identified by SAMHSA. This approach used in all of PEP programs and services and makes housing the first priority for homeless people served. PEP has always recognized that safe, attractive and affordable housing is an important component of individual and family health. Whenever PEP works with a consumer, we focus on the basic needs first, with housing being second only to food or emergent medical care. PEP staff handles all property management responsibilities. Once housing is established, then services are scaffold around the consumer with home visits, assistance in attaining independent living skills

training from providers, skills training in home management and maintenance, assistance and provision of mental health treatment, substance abuse treatment, access and obtainment of somatic services, and access to vocational services.

**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	Semi-annually
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	Subrecipient	Monthly
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Non-Partner	Annually
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	Monthly
Transportation	Non-Partner	As needed
Utility Deposits	Subrecipient	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: 13

Total Beds: 13

Total Dedicated CH Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	13	13

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 13

**b. Beds:** 13

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 13

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 2301 Dorsey Road

**Street 2:** Suite 200

**City:** Glen Burnie

**State:** Maryland

**ZIP Code:** 21061

**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	13	0	13

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	13		13
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	13	0	13

**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	13		0	8	0	13	0	1	0	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	13	0	0	8	0	13	0	1	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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 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 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.

Total Request for Grant Term:		\$166,812	
Total Units:		13	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	13	\$166,812

## 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		x	\$688	\$688	x	12	=	\$0
0 Bedroom	3	x	\$917	\$917	x	12	=	\$33,012
1 Bedroom	10	x	\$1,115	\$1,115	x	12	=	\$133,800
2 Bedrooms		x	\$1,384	\$1,384	x	12	=	\$0
3 Bedrooms		x	\$1,793	\$1,793	x	12	=	\$0
4 Bedrooms		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>	13							\$166,812
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$166,812

**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

<b>Total Value of Cash Commitments:</b>	\$52,224
<b>Total Value of In-Kind Commitments:</b>	\$0
<b>Total Value of All Commitments:</b>	\$52,224

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

Type	Source	Contributor	Value of Commitments
Cash	Private	People Encouragin...	\$50,986
Cash	Government	Arundel Community...	\$1,238

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** People Encouraging People  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$50,986

## 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:** \$1,238

## 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	\$166,812
3. Supportive Services	\$25,992
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$192,804
7. Admin (Up to 10%)	\$9,904
8. Total Assistance plus Admin Requested	\$202,708
9. Cash Match	\$52,224
10. In-Kind Match	\$0
11. Total Match	\$52,224
12. Total Budget	\$254,932

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	People Encouaging...	01/27/2014
2) Other Attachment	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** People Encouaging People Nonprofit status

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



Department of the Treasury  
Internal Revenue Service

FRESNO, CA 93888

In reply refer to: 8916608585  
Apr. 06, 2000 LTR 858C N  
52-1168285 199912 10 000  
01073

PEOPLE ENCOURAGING PEOPLE INC  
% M S DIEHL DEPT OF PSYCHIATRY  
4201 PRIMROSE AVE  
BALTIMORE MD 21215-3305017

Taxpayer Identification Number: 52-1168285  
Tax Period(s): Dec. 31, 1999

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501(c)(3) of the Internal Revenue Code; therefore, you are exempt from paying Federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make tax deposits for Federal unemployment tax.

We will send you a refund for your payments for the current year. You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return due date, or within two years from the date you paid the tax, whichever is later.

Even though you are not liable for the Federal tax, you could be liable for the state tax. States establish and operate their own systems. Therefore, you should contact your state to find out whether you are required to make contributions under the state unemployment compensation law.

If you do not owe any other taxes, we will refund the money you paid with your return or by Federal tax deposit in six to eight weeks.

If you have any questions, please call MARY ROBERTS at 559-443-5034 between the hours of 5:30 AM and 3:30 PM. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_





Department of the Treasury  
Internal Revenue Service

8916608585  
Apr. 06, 2000 LTR 858C N  
52-1168285 199912 10 000  
01074

PEOPLE ENCOURAGING PEOPLE INC  
% M S DIEHL DEPT OF PSYCHIATRY  
4201 PRIMROSE AVE  
BALTIMORE MD 21215-3305017

We apologize for any inconvenience, and thank you for your cooperation.

Sincerely yours,

DAVID R. MARTIN  
CHIEF, TAXPAYER RELATIONS BRANCH

Enclosure(s):  
Copy of this letter