

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Harford County, Maryland

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000959

	c. Organizational DUNS:	069402428	PLUS 4:	
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d. Address

Street 1: 15 S. Main Street

Street 2:

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip / Postal Code: 21014

e. Organizational Unit (optional)

Department Name: Department of Housing and Community Development

Division Name: Community Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Renee

Middle Name:

Last Name: Duzan

Suffix:

Title: Grants Specialist

Organizational Affiliation: Harford County, Maryland

Telephone Number: (410) 638-3045

Extension: 1314
Fax Number: (410) 893-9816
Email: rlduzan@harfordcountymd.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SARC RRH DV Bonus

16. Congressional District(s):

a. Applicant: MD-002, MD-001

b. Project: MD-002, MD-001

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)

Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

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

Date Signed: 08/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Harford County, Maryland

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Organizational Affiliation: Harford County, Maryland

Telephone Number: (410) 638-3551

Extension:

Email: btglassman@harfordcountymd.gov

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip/Postal Code: 21014

2. Employer ID Number (EIN): 52-6000959

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$50,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Housing & Community Development 15 S. Main Street Bel Air, MD 21014	Grant-In-Aid	\$5,788.00	support services
Housing & Community Development 15 S. Main Street Bel Air, MD 21014	CDBG	\$18,878.00	support services
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Barry Glassman, Harford County Executive

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

Date Signed: 08/14/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Harford County, Maryland

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)

Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

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

Date Signed: 08/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Harford County, Maryland

Name / Title of Authorized Official: Barry Glassman, Harford County Executive

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

Date Signed: 08/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Harford County, Maryland

Street 1: 15 S. Main Street

Street 2:

City: Bel Air

County: Harford

State: Maryland

Country: United States

Zip / Postal Code: 21014

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Barry

Middle Name:

Last Name: Glassman

Suffix:

Title: Harford County Executive

Telephone Number: (410) 638-3551
(Format: 123-456-7890)


Fax Number: (410) 638-1387
(Format: 123-456-7890)

Email: btglassman@harfordcountymd.gov

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

Date Signed: 08/14/2018

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: \$50,000

Organization	Type	Sub-Award Amount
The Sexual Assault/Spouse Abuse Resource Center	M. Nonprofit with 501C3 IRS Status	\$50,000

2A. Project Subrecipients Detail

a. Organization Name: The Sexual Assault/Spouse Abuse Resource Center

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

c. Employer or Tax Identification Number: 52-1224705

	* d. Organizational DUNS:	621715069	PLUS 4:	
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e. Physical Address

Street 1: 20 N. Main Street

Street 2:

City: Bel Air

State: Maryland

Zip Code: 21014

f. Congressional District(s): 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: \$50,000

j. Contact Person

Prefix: Mrs.

First Name: Alison

Middle Name:

Last Name: Imhoff
Suffix:
Title: Safehouse Director
E-mail Address: aimhoff@sarc-maryland.org
Confirm E-mail Address: aimhoff@sarc-maryland.org
Phone Number: 410-836-8431
Extension: 229
Fax Number: 410-838-9484

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

In the summer of 1978, awareness campaigns by People Against Rape, Harford County Commission for Women, League of Women Voters & local law enforcement paved the way for the founding of the Battered Spouse Rape Crisis Center. In its first year of operation, the center treated 240 battered women, 29 sexual assault victims, and fielded hundreds of calls on its 24-hour helpline. It also adopted its present name: Sexual Assault/Spouse Abuse Resource Center (SARC). In 1996, with the assistance of Harford County Government, SARC's 28-bed Safehouse opened its doors. The twenty-eight (28) bed Safehouse provides emergency shelter for victims of domestic violence & their children.

SARC is a comprehensive victim services program that provides resources to primary & secondary victims of domestic violence, dating violence, sexual violence, child abuse, & stalking in Harford County, Maryland. We are the only full service domestic violence agency & the primary Rape Crisis center in Harford County that provides victims with counseling, legal & Safehouse services. SARC served 2,041 people in FY2018 & answered 2,241 Helpline calls. In that same time period, SARC provided 9,909 abuse-free bed nights to 81 victims of domestic violence & their 85 children. Of those 81 individuals/families who shared their exit plan with SARC, 78% of individuals exited to safe permanent housing. SARC is the only victim service agency in the county that provides a 24-hour hotline & shelter which is staffed 24 hours a day, 365 days a year.

Victims of violence are a specialized population of the homeless. They are fleeing their homes for their own safety. While in shelter, clients receive all of the community and agency services, information and referrals appropriate for their situation. The overall goal of the program is to prevent homelessness as a result of fleeing an abusive partner & the tools to heal trauma so individuals can become self-sufficient. Funding from this grant would provide a safe, affordable, permanent living environment for an individual whose only choice would be to move to a temporary living situation or become homeless. Increasingly domestic violence providers have included rapid re-housing as a strategy to assist survivors. This enables agencies to assist larger numbers of survivors, preserve emergency shelter & services for those with immediate needs, & pursue client-centered approaches to improving survivors' lives. Since the shelter was established in 1996, SARC Case Managers have worked to develop housing exit plans for clients reaching the maximum stay at the emergency shelter. This required utilizing similar skills to the rapid re-housing model such as developing relationships with landlords & assisting clients with obtaining employment necessary to maintain permanent housing.

During an individual's stay at the SARC Safehouse, each client has a primary case manager & are encouraged to attend weekly case management. The case manager works with clients in researching & obtaining permanent housing

solutions following their stay at the SARC Safehouse. SARC also works with the Harford Community Action Agency, Coordinated Entry for Harford County, in order to find more permanent solutions for housing. During the initial case management meeting, staff assist individuals in completing the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is then released to the Harford Community Action Agency, who then assists the clients in applying for additional housing options that are available to them.

SARC's Case Managers worked closely with the Housing Navigators at the Governor's Office on Crime Control & Prevention through the federally funded New Futures Bridge Program. This program assisted clients exiting SARC's Safehouse with rental assistance and SARC provided Case Management. A total of 14 families were placed in this program starting in July 2017 & supported for 12 months. Utilizing Emergency Solution Grant funds, SARC directly provided rental assistance & case management for 3 families in FY2018. For the first time in FY2018, SARC was the subrecipient of CoC funds. SARC recently participated in a 100 Day Challenge through the University of Maryland's Housing Learning Collaborative, which started on May 15, 2018, and successfully rapidly rehoused 6 families.

SARC offers clients a three tiered approach to housing: 1) emergency shelter 2) transitional housing 3) Re-housing. Safety is at the very heart of domestic violence assistance. Emergency shelter provides immediate short-term housing for survivors escaping an abusive home. Transitional Housing is a bridge that is offered to clients after emergency shelter stay when the client requires a longer period of time in order to develop self-sufficiency. SARC has a Memorandum of Understanding with Anna's House which provides transitional housing units that are reserved for SARC clients. Finally, re-housing is offered using the Housing First model. Clients that have been re-housed in the rental unit of their choice are able to work with a SARC Housing Advocate to enroll kids in school, stabilize employment, & plan for transportation needs. The Housing Advocate provides housing search assistance & has developed relationships with local landlords. All paths lead to permanent housing which is the necessary foundation to promote long-term success and well-being. Historically, one of the biggest barriers clients face is saving enough money for security deposits and first and last month of rent. Offering a program that assists with these costs is critical to securing permanent housing especially for domestic violence victims who have suffered from financial abuse rendering them no access to funds. It is important to note, that SARC is a resource for victims & as such can offer clients 24-hour support via a helpline, free legal representation, & free counseling services, which are all voluntary & survivor driven.

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

SARC has a long history of managing multiple Federal, State and local grants. The agency has applied for funding to rapidly re-house 10 families and provide case management through federal funding provided by the Victims of Crime Act. If awarded, this program would start in October 2018 and the Housing Advocate would serve as a match for the CoC funding as they would also oversee placement of CoC clients. As each survivor has unique needs, the Housing Advocate would work with the client to determine which funding source is the best fit to meet the client's needs. SARC also has several private donors that are willing to assist with any other financial barriers that are not covered by

this funding source. Some of these private donors are landlords willing to assist with rehousing, individual donors willing to assist with the purchase of small household items and additional utility assistance.

SARC currently receives grant funding that would allow for the provision of training and support to the local Point of Entry agency and CoC to develop and enhance policies for victims of violence. This can be provided by the SARC Community Educator upon request at any time.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

SARC’s programming, staffing, and fiscal systems are structured to ensure accountability to numerous sources. The program is monitored annually by at least two outside sources to ensure quality client services are being provided and that funds are being expended in an appropriate manner. SARC has been contracting with most of our current funding sources since its inception or since funding was made available to provide domestic violence, sexual violence, and stalking victim services; for most of the funding program this contractual relationship began in the late seventies or early eighties. We hold ourselves to a very high level of client and contract accountability.

The Finance Manager will be responsible for ensuring that funds from this solicitation are not commingled with other funds through the use of our accounting software Quickbooks. This software allows for a tracking number to be assigned to each funding source. Spreadsheets are maintained that accurately track program expenses according to each approved grant expenditure. Using the Quickbooks system, each expense is linked to the appropriate grant source. Client statistics are computerized for an accurate unduplicated count of clients and services.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MD-502 - Harford County CoC

1b. CoC Collaborative Applicant Name: Harford County, Maryland

2. Project Name: SARC RRH DV Bonus

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

SARC is requesting funding to assist victims of domestic violence, sexual violence and stalking an opportunity to obtain safe, affordable permanent housing after their initial entry and stay at the SARC Safehouse. After an individual has processed the initial trauma that they have most recently experienced and stabilized, the individual will utilize Safehouse case management services to connect to a local landlord and identify housing of their choice. Safehouse Director and Housing Advocate will maintain a list of landlords willing to partner with SARC in implementing this project. SARC will provide monthly rental costs on a limited basis in addition to funds for the security deposit, initial utility deposit and cost of the moving expenses, based on need. In meeting with the Housing Advocate, clients will create a customized plan that will address their current needs in regards to finances and housing. Regardless of the length of financial support that SARC provides, clients will have the option of remaining in the same unit after SARC's financial contribution has ended. Clients will also be provided weekly case management while financial assistance is being offered. Weekly case management will focus on life-skills in order to increase the individual's ability to become self-sufficient. Additional financial support with child care costs, transportation and monthly utility costs will also be provided on an as needed basis. The ultimate goal is to provide a stable home so survivors no longer need to focus their energy on day-to-day survival. Having a home allows them to heal from trauma and address other barriers to their health and well-being. This eliminates housing as a reason to stay in or return to an abusive relationship.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			

Participant enrollment in project begins?	30		
Participants begin to occupy leased units or structure(s), and supportive services begin?	60		
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?	36		
Rehabilitation started?			
Rehabilitation completed?			
New construction started?			
New construction completed?			

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

SARC serves individuals fleeing domestic violence in Harford County. In order to provide the highest quality of supportive services, individuals receiving funding would be limited to locate housing of their choosing in Harford County. The client will be able to choose the community within the county that they prefer to live.

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

Those eligible are participants from the Safehouse emergency shelter. After a resident processes their recent trauma & has stabilized, the individual will utilize case management services to connect to a local landlord to begin the process of accessing housing. Safehouse Director & Case Manager will maintain a list of willing landlords to partner with SARC. Weekly case management sessions will focus on budgeting, safety planning, education about the cycle of violence, legal services, & mental health support. The individual will be provided with referrals to partner agencies. At the end of the year, clients have the option of remaining in the same unit permanently. The goal is to have a home allowing them to heal & address other barriers to their health & well-being. Eliminating housing concerns increases the likelihood that the client will be able to obtain & maintain the highest level of independence without being dependent on the abuser or returning to the homeless population.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

There are several critical factors that inoculate survivors of violence & prevent households from returning to homelessness which includes having access to community resources that will enable the resident to obtain the highest level of independence in the community. The number one predictor of a survivor remaining in a life free from his/her abuser is having access to these resources in order to survive without him/her. Many survivors of domestic violence have trouble finding rental properties on their own because they may have poor

credit, rental, & employment histories as a result of their abuse. As a part of the weekly case management, residents will receive individual referrals to partnering community agencies to decrease barriers to independence in the community. SARC partners with the Wage Connection & the Susquehanna Workforce to provide skills training to obtain suitable long-term employment & further financial independence. The Department of Social Services, in conjunction with the WAGE Connection, will provide residents with access to the food stamps and Purchase of Care childcare vouchers, allowing clients with small children to obtain & retain suitable long-term employment. Residents will be referred to the Social Security Administration to ensure that eligible clients obtain Social Security or Disability. Housing Advocate will provide support to ensure the resident's paperwork is completed & submitted. SARC is currently seeking an alternative source of funding to create a Financial Empowerment Program to serve all SARC clients. A screening will be completed for all residents to determine if financial barriers to living independently exist so that a plan can be developed to resolve these barriers. SARC also partners with Aberdeen Proving Ground Federal Credit Union. The Housing Advocate in collaboration with APGFCU will provide financial/credit coaching & repair to address any poor credit history and provide additional support in regards to budgeting. Residents will also have access to educational opportunities through Harford County Community College. Residents who continue to struggle with residual effects of their trauma will be referred to the SARC Clinical Department. SARC Clinical staff provides crisis support, safety planning, and formulation of short-term action plans, in addition to ongoing individual & group therapeutic support & processing to assist adult clients as well as children who have witnessed domestic violence. Legal assistance in regards to cases involving ongoing child custody issues, domestic violence, sexual assault or immigration will be provided through the SARC Legal team. In addition, SARC partners with the Harford County Department of Health and Ashley Services to address the needs of those individuals struggling with substance abuse addiction.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Subrecipient	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Partner	As needed
Legal Services	Partner	As needed
Life Skills Training	Partner	Weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed

Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Subrecipient	As needed
Subrecipient	Annually

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

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

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 3

Total Beds: 6

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	3	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 project participants at the selected housing site.

a. Units: 3

b. Beds: 6

3. Address

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

Street 1: 311 Trimble Road

Street 2:

City: Joppa

State: Maryland

ZIP Code: 21085

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

249025 Harford 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	1	2	0	3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	1	2		3
Adults ages 18-24	0	0		0
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
Total Persons	4	2	0	6

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	1	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	3	0	0	0
Total Persons	0	0	0	0	0	0	4	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	2	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	0	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

0%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	Directly from safe havens.
100%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

Individuals enter the Safehouse program after they are identified as victims of domestic violence, sexual violence or stalking. SARC also partners with local law enforcement, who when responding to a domestic dispute, administer the Lethality Assessment. The Lethality Assessment is a screening tool that indicates the level of danger a victim is in from his/her abuser. Law enforcement then contacts SARC's 24 hour help line to connect victims to services, which includes the Safehouse program. SARC also receives direct referrals from the Department of Social Services, Harford Community Action Agency and local hospitals. SARC has a full-time Hospital Crisis Consultant who provides crisis support and assessment for victims at Harford Memorial Hospital and Upper Chesapeake Medical Center.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

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

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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:			\$42,840
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	3	\$42,840

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 (2400399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$677	x	12	=	\$0
0 Bedroom		x	\$903	x	12	=	\$0
1 Bedroom	2	x	\$1,097	x	12	=	\$26,328

2 Bedrooms	1	x	\$1,376	x	12	=	\$16,512
3 Bedrooms	0	x	\$1,769	x	12	=	\$0
4 Bedrooms		x	\$2,072	x	12	=	\$0
5 Bedrooms		x	\$2,383	x	12	=	\$0
6 Bedrooms		x	\$2,694	x	12	=	\$0
7 Bedrooms		x	\$3,004	x	12	=	\$0
8 Bedrooms		x	\$3,315	x	12	=	\$0
9 Bedrooms		x	\$3,626	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$42,840
Grant Term							1 Year
Total Request for Grant Term							\$42,840

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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>

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	Costs for moving supplies (boxes, tape, labels, etc.), Cost of moving company for one (1) bedroom apartment and one (1) two bedroom apartment	\$200
3. Case Management		
4. Child Care	Cost of childcare assistance for the one (1) family in the program to ensure that the adult can gain employment	\$500
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	Funds to provide bus passes, taxi cab, or Uber services in order to have access to medical appointments, work, child care, and other eligible services. This would also include mileage for the Case Manager to be able to work with the clients in a place that is convenient for the client.	\$500
16. Utility Deposits	One time payment for the three (3) units to the utility company for initial set up	\$800
17. Operating Costs	Monthly utility bill for one (2) two bedroom apartment and one (1) two bedroom apartment	\$616
Total Annual Assistance Requested		\$2,616
Grant Term		1 Year
Total Request for Grant Term		\$2,616

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$6,250
Total Value of In-Kind Commitments:	\$6,250
Total Value of All Commitments:	\$12,500

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Donated Supplies,...	08/01/2018	\$6,250
Yes	Cash	Government	Governor's Office...	08/01/2018	\$6,250

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Donated Supplies, Food and Furniture
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/01/2018
- 6. Value of Written Commitment: \$6,250

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. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: Governor's Office of Crime Control and Prevention
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/01/2018
- 6. Value of Written Commitment: \$6,250

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	\$42,840	1 Year	\$42,840
4. Supportive Services	\$2,616	1 Year	\$2,616
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$45,456
8. Admin (Up to 10%)			\$4,544
9. Total Assistance Plus Admin Requested			\$50,000
10. Cash Match			\$6,250
11. In-Kind Match			\$6,250
12. Total Match			\$12,500
13. Total Budget			\$62,500

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non-profit 501c3	08/14/2018
2) Other Attachment(s)	No	Match Letter	08/14/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: Non-profit 501c3

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In Kind Match MOU	08/14/2018

Attachment Details

Document Description: In Kind Match MOU

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Barry Glassman

Date: 08/14/2018

Title: Harford County Executive

Applicant Organization: Harford County, Maryland

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/25/2018
1F. SF-424 Declaration	07/25/2018
1G. HUD 2880	07/25/2018
1H. HUD 50070	07/25/2018
1I. Cert. Lobbying	07/25/2018
1J. SF-LLL	07/25/2018
2A. Subrecipients	08/14/2018
2B. Experience	08/02/2018
3A. Project Detail	07/25/2018
3B. Description	08/02/2018
3C. Expansion	07/25/2018
4A. Services	08/02/2018
4B. Housing Type	08/02/2018
5A. Households	08/02/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/26/2018
6A. Funding Request	07/26/2018
6E. Rental Assistance	08/02/2018
6F. Supp Srvcs Budget	08/09/2018
6I. Match	08/09/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind MOU Attachment	08/14/2018
7D. Certification	08/14/2018

Applicant: Harford County, Maryland CoC

069402428

Project: SARC RRH DV Bonus

163950

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Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
May 22, 2014 LTR 4168C 0
52-1224705 000000 00

00024881
BODC: TE

SEXUAL ASSAULT SPOUSE RESOURCE
CENTER INC
20 N MAIN ST
BEL AIR MD 21014



001560

Employer Identification Number: 52-1224705
Person to Contact: Mrs. Black
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 13, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in OCTOBER 1981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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SEXUAL ASSAULT SPOUSE RESOURCE
CENTER INC
20 N MAIN ST
BEL AIR MD 21014

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

Sincerely yours,

Susan M. O'Neill
Susan M. O'Neill, Department Mgr.
Accounts Management Operations



August 1, 2018

Ann M. Schenning
Senior CPD Representative
U.S. Department of Housing and Urban Development
Bank of America Building, Tower II
100 S. Charles Street, Suite 500
Baltimore, MD 21201

Dear Ms. Schenning:

SARC is requesting that the Governor's Office of Crime Control and Prevention provide the salary for a part-time Housing Advocate. This position will be administering the Rapid Re-housing program which will be funded through the Victims of Crime Act. A portion of this position's time will be used as a match for the CoC project. Covered in the match will be \$6,250 of the salary for the Housing Advocate.

Sincerely,

[Signature]
Luisa Caiazzo
Chief Executive Officer
SARC, Inc.

Board of Directors

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Vice President: Eric Rebbert, Express Employment Professionals
Secretary: Genevieve LaCour, APGFCU
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Vickie Luther, Genecraft Homes
Dr. Andrea Parrish, Towson University
Jeff Potter, CPA, Ciampaglio Potter Associates
Leslie Greenly-Smith, Harford County Public Library
James Tristani, Correct Rx Pharmacy
Al Williamson, Providence Properties, LLC



August 1, 2018

Ann M. Schenning
Senior CPD Representative
U.S. Department of Housing and Urban Development
Bank of America Building, Tower II
100 S. Charles Street, Suite 500
Baltimore, MD 21201

Dear Ms. Schenning:

As Chief Executive Officer of the Sexual Assault/Spouse Abuse Resource Center, I can attest that \$6,250 of donated supplies, food and furniture will be used as a match for this project.

Sincerely,

[Handwritten signature of Luisa Caiazzo]
Luisa Caiazzo
Chief Executive Officer

Board of Directors

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