

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 via 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: PA0793

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Gaudenzia Foundation, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 23-2141307

	c. Organizational DUNS:	012403887	PLUS 4	
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d. Address

Street 1: 1910 N. Second Street

Street 2:

City: Harrisburg

County: Dauphin

State: Pennsylvania

Country: United States

Zip / Postal Code: 17102

e. Organizational Unit (optional)

Department Name: Delta Housing

Division Name:

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

Prefix: Mrs.

First Name: JoAnn

Middle Name:

Last Name: Wallace

Suffix:

Title: Director of Finance

Organizational Affiliation: Gaudenzia Foundation, Inc.

Telephone Number: (717) 238-4200

Extension: 114
Fax Number: (717) 238-9206
Email: jwallace@gaudenzia.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6100-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): Pennsylvania
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: DELTA Communities RRH

16. Congressional District(s):

a. Applicant: PA-011, PA-004, PA-015
(for multiple selections hold CTRL key)

b. Project: PA-011, PA-004, PA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

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: Mark

Middle Name:

Last Name: Sarneso

Suffix:

Title: Regional Director

Telephone Number: (717) 238-4200
(Format: 123-456-7890)

Fax Number: (717) 238-9206
(Format: 123-456-7890)

Email: msarneso@gaudenzia.org

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

Date Signed: 09/19/2017

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: Gaudenzia Foundation, Inc.

Prefix: Mr.

First Name: Mark

Middle Name:

Last Name: Sarneso

Suffix:

Title: Regional Director

Organizational Affiliation: Gaudenzia Foundation, Inc.

Telephone Number: (717) 238-4200

Extension: 119

Email: msarneso@gaudenzia.org

City: Harrisburg

County: Dauphin

State: Pennsylvania

Country: United States

Zip/Postal Code: 17102

2. Employer ID Number (EIN): 23-2141307

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$37,420.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: DELTA Communities RRH 1910 N. Second Street Harrisburg Pennsylvania

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. No

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: Mark Sarneso, Regional Director

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Gaudenzia Foundation, Inc.

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 Federal agency 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;	

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 the accompaniment herewith, is true and

X

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: Mark

Middle Name

Last Name: Sarneso

Suffix:

Title: Regional Director

Telephone Number: (717) 238-4200
(Format: 123-456-7890)

Fax Number: (717) 238-9206
(Format: 123-456-7890)

Email: msarneso@gaudenzia.org

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

Date Signed: 09/19/2017

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: Gaudenzia Foundation, Inc.

Name / Title of Authorized Official: Mark Sarneso, Regional Director

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

Date Signed: 09/19/2017

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: Gaudenzia Foundation, Inc.

Street 1: 1910 N. Second Street

Street 2:

City: Harrisburg

County: Dauphin

State: Pennsylvania

Country: United States

Zip / Postal Code: 17102

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: Mark

Middle Name:

Last Name: Sarneso

Suffix:

Title: Regional Director

Telephone Number: (717) 238-4200
(Format: 123-456-7890)

Fax Number: (717) 238-9206
(Format: 123-456-7890)

Email: msarneso@gaudenzia.org

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

Date Signed: 09/19/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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:

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: PA0793

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

2a. CoC Number and Name: PA-501 - Harrisburg/Dauphin County CoC

2b. CoC Collaborative Applicant Name: Capital Area Coalition on Homelessness

3. Project Name: DELTA Communities RRH

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

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

DELTA Communities RRH is designed to serve 3 Rapid Re-Housing clients with medium-term rental assistance. the 3 RRH program units are to assist quickly as possible into permanent housing and achieve stability in that housing through a combination of rental assistance, housing search and supportive services. We will also provide supportive services to homeless individuals and families with disabilities, mental health, dual diagnosed , substance abuse and person of domestic violence with a particular emphasis on women and their children. Programming addresses appropriate treatment/intervention services for parents, as well as children's healthy emotion, social, and cognitive development with a particular emphasis on early childhood issues. Services are provided through a comprehensive integrated service system that addresses health care, mental health treatment, child development, life skills development, transportation, and an array of other wrap around service coordination and collaboration.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

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

3b. 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"/>

3c. 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"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? RRH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? Yes

4A. Supportive Services for Participants

**1. 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	Applicant	As needed
Assistance with Moving Costs	Partner	As needed
Case Management	Applicant	Bi-weekly
Child Care	Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. Use of a single application form for four or more mainstream programs? Yes



2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

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: 9

Housing Type	Units	Beds
Scattered-site apartments (...)	3	9

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: 9

3. Address

Street 1:

Street 2:

City: Harrisburg

State: Pennsylvania

ZIP Code:

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

429043 Dauphin County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	3	0	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	0		1
Adults ages 18-24	2	0		2
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	9	0	0	9

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	1	0	0	0
Adults ages 18-24	0	0	0	1	0	0	1	0	0	0
Children under age 18	0			2	0	0	4	0	0	0
Total Persons	0	0	0	3	0	0	6	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			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.
34%	Directly from emergency shelters.
0%	Directly from safe havens.
66%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in the FY 2017 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.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No



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

4. Renewal 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"/>

6C. 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:		\$29,712	
Total Units:		3	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Harrisburg-Carlisle, PA MSA (420...	3	\$29,712

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: PA - Harrisburg-Carlisle, PA MSA (4204199999)

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	\$447	\$447	x	12	=	\$0
0 Bedroom		x	\$596	\$596	x	12	=	\$0
1 Bedroom	1	x	\$704	\$704	x	12	=	\$8,448
2 Bedrooms	2	x	\$886	\$886	x	12	=	\$21,264
3 Bedrooms		x	\$1,132	\$1,132	x	12	=	\$0
4 Bedrooms		x	\$1,214	\$1,214	x	12	=	\$0
5 Bedrooms		x	\$1,396	\$1,396	x	12	=	\$0
6 Bedrooms		x	\$1,578	\$1,578	x	12	=	\$0
7 Bedrooms		x	\$1,760	\$1,760	x	12	=	\$0
8 Bedrooms		x	\$1,942	\$1,942	x	12	=	\$0
9 Bedrooms		x	\$2,125	\$2,125	x	12	=	\$0
Total Units and Annual Assistance Requested	3							\$29,712
Grant Term								1 Year
Total Request for Grant Term								\$29,712

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 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:	\$7,912
Total Value of In-Kind Commitments:	\$26,273
Total Value of All Commitments:	\$34,185

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

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	YWCA Greater Harr...	08/22/2017	\$9,338
Yes	In-Kind	Private	Tri County OIC	08/21/2017	\$11,000
Yes	In-Kind	Government	Dauphin County MH ID	08/18/2017	\$2,335
Yes	Cash	Private	Gaudenzia	08/21/2017	\$7,912
Yes	In-Kind	Private	The Bethesda Mission	08/21/2017	\$3,600

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:** YWCA Greater Harrisburg
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/22/2017
- 6. Value of Written Commitment:** \$9,338

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:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Tri County OIC
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2017
- 6. Value of Written Commitment:** \$11,000

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:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Dauphin County MH ID
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/18/2017
- 6. Value of Written Commitment:** \$2,335

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:** Private
- 4. Name the Source of the Commitment:** Gaudenzia
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2017
- 6. Value of Written Commitment:** \$7,912

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:** The Bethesda Mission
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2017

6. Value of Written Commitment: \$3,600

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.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	\$29,712
3. Supportive Services	\$7,708
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$37,420
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	\$37,420
9. Cash Match	\$7,912
10. In-Kind Match	\$26,273
11. Total Match	\$34,185
12. Total Budget	\$71,605

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2880 Forms	08/28/2017
3) Other Attachment	No	Match	08/28/2017

Attachment Details

Document Description:

Attachment Details

Document Description: 2880 Forms

Attachment Details

Document Description: Match

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. 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 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

For 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 provided.

C. Explanation.

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 Mark Sarneso

Date: 09/19/2017

Title: Regional Director

Applicant Organization: Gaudenzia Foundation, Inc.

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

There will be no changes

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/23/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/19/2017
Renewal Project Application FY2017	Page 47 09/20/2017

1E. SF-424 Compliance	08/23/2017
1F. SF-424 Declaration	08/23/2017
1G. HUD-2880	08/28/2017
1H. HUD-50070	08/23/2017
1I. Cert. Lobbying	08/23/2017
1J. SF-LLL	08/23/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/23/2017
3A. Project Detail	08/24/2017
3B. Description	08/24/2017
4A. Services	08/24/2017
4B. Housing Type	08/23/2017
5A. Households	08/23/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/23/2017
6A. Funding Request	08/23/2017
6C. Rental Assistance	08/23/2017
6D. Match	08/28/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/28/2017
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/24/2017
Submission Without Changes	08/28/2017

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Gaudenzia Foundation, Inc. 106 West Main Street, Norristown, PA 19401	2. Social Security Number or Employer ID Number: 23-2141307
3. HUD Program Name Supportive Housing Program	4. Amount of HUD Assistance Requested/Received 31,648.00
5. State the name and location (street address, City and State) of the project or activity: DELTA 2041 North Second Street, Harrisburg, PA 17102	

Part I Threshold Determinations

- | | |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|---|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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
- 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 in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: <i>x Mark Samco</i>	Date: (mm/dd/yyyy) 8/23/2017
-----------------------------------	---------------------------------

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Gaudenzia Foundation, Inc. 106 West Main Street, Norristown, PA 19401	2. Social Security Number or Employer ID Number: 23-2141307
3. HUD Program Name Supportive Housing Program	4. Amount of HUD Assistance Requested/Received 85,668.00
5. State the name and location (street address, City and State) of the project or activity: DELTA 2041 North Second Street, Harrisburg, PA 17102	

Part I Threshold Determinations

- | | |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|---|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

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- 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
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(Note: Use Additional pages if necessary.)

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I certify that this information is true and complete.

Signature: x <i>Mark Sarveso</i>	Date: (mm/dd/yyyy) 8/23/2017
---	-------------------------------------

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> NA a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> NA a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> NA a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Not Applicable
6. Federal Department/Agency: Not Applicable		7. Federal Program Name/Description: Not Applicable CFDA Number, if applicable: _____
8. Federal Action Number, if known: Not Applicable	9. Award Amount, if known: \$ Not Applicable	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> NA a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> NA a. bid/offer/application b. initial award c. post-award	3. Report Type: <input type="checkbox"/> NA a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Not Applicable Congressional District, if known:	
6. Federal Department/Agency: Not Applicable	7. Federal Program Name/Description: Not Applicable CFDA Number, if applicable: _____	
8. Federal Action Number, if known: Not Applicable	9. Award Amount, if known: \$ Not Applicable	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Gaudenzia, Inc

Program/Activity Receiving Federal Grant Funding

Supportive Housing 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.

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.

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.;

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;

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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

Check here if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official

Mark Sarneso

Title

Regional Director

Signature

X *Mark Sarneso*

Date

8/23/2017

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Gaudenzia, Inc

Program/Activity Receiving Federal Grant Funding

Supportive Housing 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.

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.

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.;

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;

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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

Check here if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official

Mark Sarneso

Signature

X 

Title

Regional Director

Date

8/23/2017

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	GAUDENZIA, Inc
Applicant's DUNS Name:	012403881
Federal Program:	Supportive Housing Program
CFDA Number:	14.261

1. Has the applicant ever received a grant or contract from the Federal government?

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant a secular organization?

Yes No

4. Does the applicant have 501(c)(3) status?

Yes No

5. Is the applicant a local affiliate of a national organization?

Yes No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or fewer 15-50
 4-5 51-100
 6-14 over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

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DAUPHIN COUNTY
P E N N S Y L V A N I A
Mental Health - Intellectual Disabilities Program

100 CHESTNUT STREET, 1ST FLOOR
HARRISBURG, PA 17101
(717) 780-7050
(717) 780-7061 FAX

BOARD OF COMMISSIONERS
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MIKE PRIES, VICE CHAIRMAN
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RANDIE YEAGER

HUMAN SERVICES SOLICITOR
FREDRICK W. LIGHTY, ESQUIRE

MH/ID ADMINISTRATOR
DANIEL E. EISENHAUER

August 18, 2017

Mr. Mark Sarneso
Director of the Central and Western Region
Gaudenzia/DELTA Inc.
2930 Derry St.
Harrisburg, PA 17111

RE: Gaudenzia/DELTA Rapid Re-Housing HUD Renewal Application 2017

Dear Mr. Sarneso:

The Dauphin County MH/ID Program is pleased to provide a letter of leverage for Gaudenzia/DELTA Community to support the DELTA Rapid Re-Housing application for funding through the Department of Housing and Urban Development. Housing with supportive services such as the Rapid Re-Housing Program proposed by Gaudenzia at DELTA meets an urgent need in Dauphin County. We appreciate the collaborative efforts between Gaudenzia/ DELTA, and the community-based mental health service system in Dauphin County including our Crisis Intervention Program, as well as collaborative efforts with our contracted mental health Base Service Unit, CMU, and other MH service providers.

The Dauphin County MH/ID Program is able to commit Mental Health Services valued at \$7,005 for the one-year term of the HUD grant renewal based on serving three residents at \$2,335 per year. These mental health funded services are currently available and will continue to be available for the length of the grant period, which is expected to be from September 1, 2018 through August 31, 2019. These services will allow the Dauphin County Mental Health/Intellectual Disabilities Program and its consumers to participate in the DELTA Community Rapid Re-Housing program. Please contact me at 717-780-7050 if you need additional information.

Sincerely,

Daniel E. Eisenhauer
Administrator

C: Rose M. Schultz, MSW, Deputy MH Administrator
Deb Clayton, Grant Manager



GAUDENZIA, INC.

CENTRAL REGION OFFICE
2930 Derry Street
Harrisburg, PA 17111

(717) 238-4200
Fax: (717) 238-9206

Richard Z. Freeman, Jr., Esq.
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President/Chief Executive Officer

August 21, 2017

Mark Sarneso
Regional Director
2930 Derry Street
Harrisburg, PA 17111

RE: DELTA COMMUNITY RAPID RE-HOUSING – Match

Dear Mr. Sarneso,

Gaudenzia Foundation, Inc. supports the efforts of DELTA Community Transitional Apartments to assist ten families to achieve full self-sufficiency. We are writing to express our ongoing support for the HUD renewal grant for this program.

Gaudenzia Foundation, Inc. agrees to provide matching support of \$7,912 for unmet Operating Cost during the grant period.

Sincerely,

Michael Harle
President/CEO

Helping people help themselves since 1968



*We train people
for life.*

500 Maclay Street
Harrisburg, PA 17110

phone 717 238 7318
fax 717 238 6251
www.tricountyoic.org

August 21, 2017

JoAnn Wallace
Director of Finance for Central Region
Gaudenzia Inc. DELTA
2930 Derry Street
Harrisburg, PA 17111

Re: Gaudenzia/Delta Rapid Rehousing HUD Renewal Application 2017

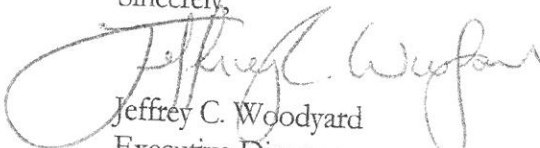
Dear Ms. Wallace:

I am writing in support of your application for funding for Gaudenzia Community Permanent Apartments housing program for the homeless. This important program will assist clients to obtain and maintain permanent housing. This project will allow Gaudenzia to continue to collaborate with local employers, agencies, educational institutions and foundations to promote opportunities for education, training, employment, mental health and drug and alcohol services for homeless individuals throughout Dauphin County.

In an effort to support these valuable services, Tri-County OIC provides GED/HiSET test preparation classes and supportive academic services for your clients. Our classes are designed to meet the specific needs of your target population. We estimate that over the one year project period we will provide 80 instructional sessions a year for a minimum of 3 clients per year. The cost associated with this service is \$1,100 per student per year, for a one year total of \$3,300.

Gaudenzia provides vital services for the Greater Harrisburg community. This proposed homeless housing project is an important component. OIC fully supports your efforts to secure funding for the time frame beginning October 1, 2018 thru September 30, 2019

Sincerely,



Jeffrey C. Woodyard
Executive Director

BETHESDA MISSION

*Men's Mission
Women's Mission
Community Center
Medical/Dental Clinics
Mobile Mission
Outreach Ministries*

August 21, 2017

JoAnn Wallace
Director of Finance
Gaudenzia, Inc.
2930 Derry Street
Harrisburg, PA 17111

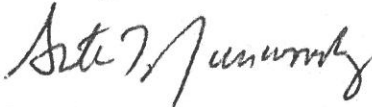
Re: Delta Community Housing
Delta Community Rapid Rehousing Application-2017

Dear Ms. Wallace:

Bethesda Mission would like to express its support for the DELTA Community's renewal of its transitional housing program for the homeless and request for continued funding from HUD for the grant period September 1, 2018 through August 31, 2019.

Bethesda Mission, a faith-based non-profit organization, currently provides shelter and transitional housing to 85 men and 25 women at a time. Our normal capacity is 85 men at the Men's Shelter. If the DELTA Community is successful in its application, Bethesda Mission will provide an annual value of \$3600 (\$1800 x 2 clients) for shelter or transitional housing, case management and food for our program clients who are also part of the DELTA Community Housing program.

Sincerely,



Scott T. Dunwoody
Executive Director

YWCA IS ON A MISSION

August 22, 2017

JoAnn Wallace
Director of Finance for Central Region
Gaudenzia Inc. DELTA
2930 Derry Street
Harrisburg, PA 17111

Re: Gaudenzia/Delta Community Rapid Rehousing Apartments HUD Rapid Rehousing Application 2017

Dear Ms. Wallace

The YWCA Greater Harrisburg supports the efforts of the DELTA Transitional Housing's request for funding through the Department of Housing and Urban Development in the grant period September 1, 2018 through August 31, 2019.

The YWCA refers an average of five homeless families a year from our Emergency Shelter to DELTA Community's Housing Program. The provision of Emergency Shelter services to an average family has a value of \$1,867.60 per year. The total for five families is \$9,338 for one year.

We commend DELTA Community, their transitional housing program and their collaborative efforts to end homelessness in the Greater Harrisburg region.

Sincerely,



Mary Quinn, MPA, CEO



United
Way



eliminating racism
empowering women

ywca

Greater Harrisburg

YWCA Greater Harrisburg

1101 Market Street, Harrisburg, PA 17103

P 717.234.7931 F 717.234.1779

www.ywcahbg.org

The official registration and financial information for the YWCA Greater Harrisburg can be obtained from the PA Department of the State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.