

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/11/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Somerville

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 04-6001414

<b>c. Organizational DUNS:</b>	076621572	PLUS 4	
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### d. Address

**Street 1:** 93 Highland Avenue

**Street 2:**

**City:** Somerville

**County:**

**State:** Massachusetts

**Country:** United States

**Zip / Postal Code:** 02143

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:** Housing Division

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

**Prefix:** Ms.

**First Name:** Heidi

**Middle Name:**

**Last Name:** Burbidge

**Suffix:**

**Title:** Housing Programs Coordinator

**Organizational Affiliation:** City of Somerville, MA Housing Division

**Telephone Number:** (617) 625-6600

**Extension:** 2587

**Fax Number:** (617) 625-0722

**Email:** [hburbridge@somervillema.gov](mailto:hburbridge@somervillema.gov)

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township 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):** Massachusetts  
(for multiple selections hold CTRL+Key)

**15. Descriptive Title of Applicant's Project:** MA-517 CoC Planning Application FY2018

**16. Congressional District(s):**

**a. Applicant:** MA-007  
**b. Project:** MA-007  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 07/11/2019  
**b. End Date:** 07/10/2020

**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:** Mayor

**First Name:** Joseph

**Middle Name:** A.

**Last Name:** Curtatone

**Suffix:**

**Title:** Mayor

**Telephone Number:** (617) 625-6600  
**(Format: 123-456-7890)**

**Fax Number:** (617) 666-8035  
**(Format: 123-456-7890)**

**Email:** Kdonato@somervillema.gov

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

**Date Signed:** 09/11/2018



# 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:** City of Somerville

**Prefix:** Ms.

**First Name:** Joseph

**Middle Name:** A.

**Last Name:** Curtatone

**Suffix:**

**Title:** Mayor

**Organizational Affiliation:** City of Somerville

**Telephone Number:** (617) 625-6600

**Extension:** 2560

**Email:** Kdonato@somervillema.gov

**City:** Somerville

**County:**

**State:** Massachusetts

**Country:** United States

**Zip/Postal Code:** 02143

**2. Employer ID Number (EIN):** 04-6001414

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$63,883

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** MA-517 CoC Planning Application FY2018 93  
Highland Avenue Somerville Massachusetts

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:** Joseph Curtatone, Mayor

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

**Date Signed:** 08/22/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Somerville

**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;	

### 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:** Mayor

**First Name:** Joseph

**Middle Name:** A.

**Last Name:** Curtatone

**Suffix:**

**Title:** Mayor

**Telephone Number:** (617) 625-6600  
**(Format: 123-456-7890)**

**Fax Number:** (617) 666-8035  
**(Format: 123-456-7890)**

**Email:** Kdonato@somervillema.gov

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

**Date Signed:** 09/11/2018

## **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
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**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:** City of Somerville

**Name / Title of Authorized Official:** Joseph Curtatone, Mayor

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

**Date Signed:** 09/11/2018

# 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:** City of Somerville  
**Street 1:** 93 Highland Avenue  
**Street 2:**  
**City:** Somerville  
**County:** Middlesex  
**State:** Massachusetts  
**Country:** United States  
**Zip / Postal Code:** 02143

**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:** Mayor

**First Name:** Joseph

**Middle Name:** A.

**Last Name:** Curtatone

**Suffix:**

**Title:** Mayor

**Telephone Number:** (617) 625-6600  
**(Format: 123-456-7890)**

**Fax Number:** (617) 666-8035  
**(Format: 123-456-7890)**

**Email:** Kdonato@somervillema.gov

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

**Date Signed:** 09/11/2018



## 2A. Project Detail

- 1a. CoC Number and Name:** MA-517 - Somerville CoC
- 1b. Collaborative Applicant Name:** City of Somerville
- 2. Project Name:** MA-517 CoC Planning Application FY2018
- 3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

The Somerville-Arlington CoC will use the planning funds for the following eligible planning activities allowed under 24 CFR 578.39(b): Coordination of CoC activities and CoC system. Facilitation of CoC meetings and committee processes that involve diverse CoC partners including homeless and formerly homeless individuals. Strategic planning including planning for and providing support to a merger process. Evaluations of performance outcomes for CoC and ESG funded projects with technical assistance follow-up as needed. Completion of CoC NOFA application.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The CoC will be prepared to start the activities on June 1, 2019 and complete them by May 31, 2020. We expect to work with a consultant with a strong background in homelessness programs and HUD policy, as well as familiarity with other local CoCs and with mergers between CoCs. A work plan will be developed and the City of Somerville's Housing Programs Coordinator, Heidi Burbidge, will supervise in order to ensure timely completion of work.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Our goal is to target CoC and ESG funds within our housing and service system toward the most needed and efficient activities that prevent, reduce, and end homelessness. The planning funds will improve the CoC's ability to evaluate project outcomes by doing the following: Assess and recommend updates to the CoC's system for using performance-based criteria in project evaluation process. Use project evaluations to identify and provide needed technical assistance and coordination. Establish system performance objectives. Lead steps toward collaboration with other CoCs to meet local and regional performance objectives and to support a merger process with adjacent CoCs, in order to create a CoC with greater planning and evaluation capacity.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Building internal capacity of the CoC and implementation of a merger will allow work activities to effectively continue beyond this planning grant through a larger and stronger CoC. The project evaluation process described in question 3 will continue to be conducted in subsequent years. Using more accurate and robust information about project outcomes, the CoC will better advise each

project provider and will make efficient use of HUD funding to advance the goal to end homelessness.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Governance	The Governance Committee Serves as a problem-solving group to identify and address issues in detail relating to the operation of the CoC and Board. The Governance Committee takes on issues primarily related to ensuring compliance with HUD HEARTH Act CoC (Interim) Rule and ESG Rule, and ensuring effective monitoring. It makes recommendations to the Board for their review and input.	Annually	Committee members: City of Somerville, Town of Arlington and three CoC and/or ESG recipients (or subrecipients): Somerville Homeless Coalition, Respond, Heading Home
Evaluation	The duties of the Evaluation Committee are to: conduct annual site visits to agencies receiving CoC and ESG funding; review client files; organize for annual program evaluations; review new and renewal project applications; and generate project scoring using the CoC rating tool in order to make ranking recommendations to the Board.	Quarterly	Committee members: City of Somerville, one rotating CoC general board member who is not a CoC/ESG recipient or subrecipient
HMIS	The HMIS Committee's role is to: improve the usefulness/accuracy of HMIS data available on homeless and 'at risk' populations/sub-populations in the CoC by identifying and addressing data quality and reporting issues; ensure an accurate annual PIT count; and ensure all HUD HMIS data requirements are met (e.g. AHAR, SPMS). The committee makes recommendations to the Board on: how to increase accuracy and timeliness of reporting and how to achieve other HMIS improvements. The Committee conducts quarterly performance reviews of programs.	Monthly	Committee members: Somerville Homeless Coalition, City of Somerville, Catholic Charities, Wayside, Just-AStart, Heading Home, Volunteers of America
CoC-wide Planning	The committee's mission is to engage in broad planning for housing and the related needs of homeless people and those at risk of homelessness through the 5-year strategic plan. The goals include to: develop a comprehensive resource list for the CoC geographic area; increase affordable housing and develop strategies for this; and develop a 5 year strategic plan for the CoC.	Semi-Annually	City of Somerville, Town of Arlington, two CoC and/or ESG recipients or subrecipients and one rotating CoC general board member who is not a CoC/ESG recipient or subrecipient

## 4A. 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:	\$0
Total Value of In-Kind Commitments:	\$15,971
Total Value of All Commitments:	\$15,971

1. Does 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	Government	Mayor's Office of...	09/18/2018	\$15,971

## Sources of Match Details

- 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:** Mayor's Office of Strategic Planning and Community Development  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/18/2018
- 6. Value of Written Commitment:** \$15,971

**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.**

## 4B. Funding Request

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

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

**3. Select a grant term:** 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Technical Assistance provider to complete 104 hours @ \$125 per hour to: Lead and participate in CoC meetings. Establish system performance objectives. Guide systems improvements, including to Coordinated Entry. Lead steps toward collaboration with other CoCs to meet local and regional performance objectives.	\$13,000
<b>2. Project Evaluation</b>	Technical Assistance provider to complete 48 hours @ \$125 per hour to: Assess and recommend updates to the CoC's system for using performance-based criteria in project evaluation process. Conduct evaluations of performance outcomes for CoC and ESG funded projects. Use project evaluations to identify and provide needed technical assistance and coordination.	\$5,883
<b>3. Project Monitoring Activities</b>		
<b>4. Participation in the Consolidated Plan</b>		
<b>5. CoC Application Activities</b>	Technical Assistance provider to complete 152 hours @ \$125 per hour to: Develop and carry out collaborative process in which the CoC completes and submits the CoC funding application to HUD including drafting narrative responses and ranking the project applications.	\$19,000
<b>6. Determining Geographical Area to Be Served by the CoC</b>	Technical Assistance provider to complete 152 hours @ \$125 per hour to: Assess alternatives to the geographic area currently served by the CoC, including projected outcomes of a possible merger. Develop and initiate plans and strategies to address the CoC's challenges that result from its geography and size.	\$19,000
<b>7. Developing a CoC System</b>	Technical Assistance provider to complete up to 56 hours @ \$125 per hour to: Conduct coordinated CoC strategic planning. Technical Assistance provider to provide stipends or other incentives to cultivate engagement of CoC members or Board members who may be otherwise unable to participate, such as homeless or formerly homeless individuals.	\$7,000
<b>8. HUD Compliance Activities</b>		
<b>Total Costs Requested</b>		\$63,883
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$15,971
<b>Total Match</b>		\$15,971
<b>Total Budget</b>		\$79,854



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**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 5A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Joseph Curtatone

**Date:** 09/11/2018

**Title:** Mayor

**Applicant Organization:** City of Somerville

**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).**

X

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/22/2018
<b>1E. SF-424 Compliance</b>	08/22/2018
<b>1F. SF-424 Declaration</b>	08/22/2018
<b>1G. HUD 2880</b>	09/06/2018
<b>1H. HUD 50070</b>	09/06/2018
<b>1I. Cert. Lobbying</b>	09/06/2018
<b>1J. SF-LLL</b>	09/06/2018



<b>2A. Project Detail</b>	09/06/2018
<b>2B. Description</b>	09/06/2018
<b>3A. Governance and Operations</b>	09/06/2018
<b>3B. Committees</b>	09/06/2018
<b>4A. Match</b>	09/06/2018
<b>4B. Funding Request</b>	09/06/2018
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	09/11/2018