



City of Lowell  
Massachusetts



Annual Action Plan  
Fiscal Year 2008-2009

**SUBSTANTIAL AMENDMENT**

For  
American Recovery and Reinvestment Act Programs  
**Homelessness Prevention/Rapid Re-Housing**

**FINAL REPORT**

Office of the City Manager  
Division of Planning and Development  
JFK Civic Center, 50 Arcand Drive  
Lowell, MA 01852  
978-446-7200

May 2009



**RECOVERY.GOV**

**Substantial Amendment to the Consolidated Plan 2008 Action Plan**

**Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

HUD Form SF 424 .....

HUD Form 40119 - HPRP Substantial Amendment .....

Non-State Certifications.....

Proposed Project Worksheets .....

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application    * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation            *Other (Specify) _____ <input type="checkbox"/> Revision
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

*a. Legal Name: City of Lowell	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6001396	*c. Organizational DUNS: 079521928

**d. Address:**

*Street 1:	<u>50 Arcand Drive</u>
Street 2:	<u>JFK Civic Center</u>
*City:	<u>Lowell</u>
County:	<u>Middlesex</u>
*State:	<u>Massachusetts</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>01852</u>

**e. Organizational Unit:**

Department Name: Office of the City Manager	Division Name: Division of Planning and Development
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: _____	*First Name: <u>Adam</u>
Middle Name: _____	
*Last Name: <u>Baacke</u>	
Suffix: _____	

Title:                      Asstistant City Manager/DPD Director
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Organizational Affiliation:
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*Telephone Number: 978-446-7200	Fax Number: 978-446-7014
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*Email: abaacke@lowellma.gov
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**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department of Housing and Urban Development**

**11. Catalog of Federal Domestic Assistance Number:**

14.257 \_\_\_\_\_

CFDA Title:

Homelessness Prevention and Rapid Re-housing \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**City of Lowell, Massachusetts**

**\*15. Descriptive Title of Applicant's Project:**

Substantial Amendment to the 2008-2009 Annual Action Plan

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: MA-5th

\*b. Program/Project: MA-5th

**17. Proposed Project:**

\*a. Start Date: 9/1/09

\*b. End Date: 9/30/12

**18. Estimated Funding (\$):**

*a. Federal	_____	\$979,048
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$979,048

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes       No

21. \*By signing 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

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: Mr.      \*First Name: Bernard

Middle Name: F.

\*Last Name: Lynch

Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 978-970-4000

Fax Number:

\* Email: blynch@lowellma.gov

\*Signature of Authorized Representative:

\*Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission: (Required):</b> Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency: (Required)</b> Enter the name of the Federal agency from which assistance is being requested with this application.
2.	<b>Type of Application: (Required)</b> Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award    B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	<b>Funding Opportunity Number/Title: (Required)</b> Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project: (Required)</b> Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	<b>Congressional Districts Of: (Required)</b> 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:	17.	<b>Proposed Project Start and End Dates: (Required)</b> Enter the proposed start date and end date of the project.
a.	<b>Legal Name: (Required):</b> Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with OCR may be obtained by visiting the Grants.gov website.		
b.	<b>Employer/Taxpayer Number (EIN/TIN): (Required):</b> Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
c.	<b>Organizational DUNS: (Required)</b> Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
d.	<b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
e.	<b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	18.	<b>Estimated Funding: (Required)</b> Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the</b>

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p> <p>20. <b>Is the Applicant Delinquent on any Federal Debt? (Required)</b> Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
9.	<p><b>Type of Applicant: (Required)</b> Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="198 436 862 987"> <tr> <td data-bbox="198 436 532 987"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="532 436 862 987"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. <b>Authorized Representative: (Required)</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			



**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange ([www.hudhre.info](http://www.hudhre.info)). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

*Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.*

Public reporting burden for this collection of information is estimated to be 16 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

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)

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**A. General Information**

<b>Grantee Name</b>	City of Lowell, Massachusetts
<b>Name of Entity or Department Administering Funds</b>	Office of the City Manager, Division of Planning and Development
<b>HPRP Contact Person</b> (person to answer questions about this amendment and HPRP)	Allison Lamey
<b>Title</b>	Senior Community Development Planner
<b>Address Line 1</b>	JFK Civic Center
<b>Address Line 2</b>	50 Arcand Drive
<b>City, State, Zip Code</b>	Lowell, MA 01852
<b>Telephone</b>	978-446-7200
<b>Fax</b>	978-446-7014
<b>Email Address</b>	alamey@lowellma.gov
<b>Authorized Official</b> (if different from Contact Person)	Bernard F. Lynch
<b>Title</b>	City Manager
<b>Address Line 1</b>	City Hall
<b>Address Line 2</b>	375 Merrimack St.
<b>City, State, Zip Code</b>	Lowell, MA 01852
<b>Telephone</b>	978-970-4000
<b>Fax</b>	978-970-4007
<b>Email Address</b>	<a href="mailto:blynch@lowellma.gov">blynch@lowellma.gov</a>
<b>Web Address where this Form is Posted</b>	www.lowellma.gov

<b>Amount Grantee is Eligible to Receive*</b>	<b>\$979,048</b>
<b>Amount Grantee is Requesting</b>	<b>\$979,048</b>

\*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

### **B. Citizen Participation and Public Comment**

**1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).**

Response: As required by the Department of Housing and Urban Development Rules and Regulations, the City complies with regulation 24 CFR 91.105, Citizen Participation Plan for local governments as outlined. The components of Lowell's citizen participation plan have been designed with the explicit intention of accommodating and encouraging participation by low- and moderate-income residents, residents of low- and moderate-income neighborhoods, members of minority groups, persons with limited English proficiency, and persons with disabilities. Consistent with the Plan, the Division of Planning and Development (DPD) advertised the availability of a Request for Proposal for the HPRP funds on March 6, 2009, on the City's website: [www.lowellma.gov](http://www.lowellma.gov), in the *Lowell Sun*, and through an email distribution list of local shelter and homeless service providers, and other subrecipients of Consolidated Plan funds. A volunteer Citizens Advisory Committee reviewed the proposals and made recommendations to the City Manager and City Council. Throughout the process, Community Development staff of DPD provided technical assistance to applicants and the Citizen Advisory Committee members.

Programs supported with HPRP funds are submitted as a Substantial Amendment to the FY 2008-09 Annual Action Plan. A complete draft of the Substantial Amendment was made available for a 30-day public comment period beginning March 30, 2009. An announcement on the availability of the Draft was made in the *Lowell Sun*, on the City's website, and in posted notices in English, Spanish, Portuguese, and Khmer (Cambodian). A summary of the draft spending plan was e-mailed to all interested parties, made available on the City's website, and available for review at the DPD office, the Office of the City Clerk, and the Pollard Memorial Library. Copies were also available at a public hearing on April 9, 2009. The hearing was held at the Lowell Senior Center, to solicit comments on the draft. This location is in the heart of one of Lowell's lowest-income neighborhoods, is a fully accessible facility and offers ample free parking.

**2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:**

- Grantee did not receive public comments.
- Grantee received and accepted all public comments.
- Grantee received public comments and did not accept one or more of the comments.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

- 3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.**

Response: The City of Lowell did not receive any public comments on the draft Substantial Amendment.

**C. Distribution and Administration of Funds**

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

- 1. Check the process(es) that the grantee plans to use to select subgrantees. Note that a subgrantee is defined as the organization to which the grantee provides HPRP funds.**

- Competitive Process
- Formula Allocation
- Other (Specify: \_\_\_\_\_)

- 2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).**

Response: The City of Lowell, DPD solicited proposals for the use of HPRP funds through a competitive Request for Proposal process. Applications were made available on March 6, 2009. Completed applications were due March 23, 2009. On several occasions throughout the process, DPD corresponded with participants by e-mail keeping them aware of important dates in the process and offering technical assistance and support with the application. In addition, DPD staff forwarded guidance and information from HUD to all applicants as it became available during the RFP process. Eleven proposals were submitted for funding and reviewed by a volunteer Citizens Advisory Committee. Funds were distributed as 3-year awards to seven applicants. The CAC selected programs for funding based on the following evaluation criteria: consistency with the City of Lowell 10-Year Plan to End Homelessness, experience and capacity of the agency to successfully operate the proposed program, proposed goals and methods of measuring outcomes, and ability of the program to become self-sustainable beyond the duration the three year grant. Approximately 40% of the City's HPRP allocation will target activities that rapidly re-housing homeless families and individuals. 45% will support homeless prevention programs. A complete list of programs recommended for funding and a description of the proposed activities is included at the end of this document.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

- 3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to subgrantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).**

Response: The City of Lowell has taken a proactive approach to planning for the use of HPRP funds. By issuing an RFP early in the HPRP process, the City has identified agencies that have the capacity and experience to execute the funds and address the needs of Lowell's homeless and at-risk populations.

DPD Staff will prepare the paperwork and grant agreement forms with its subrecipients to ensure that all documentation required by HPRP are in place. Subrecipient contracts will incorporate HUD's guidance governing the HPRP. In addition, each contractor will include a scope of services including a description of the population to be served as well as their goals and outcome measures. In addition, the contract will specify data protocols, fiscal reporting and expenditure procedures in compliance with other HUD and City of Lowell requirements. The contracting process will begin upon the City's receipt of notification by HUD of approval of its Substantial Amendment to the 2008 Action Plan.

- 4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its subgrantees (limit 500 words).**

Response: In order for the City to monitor itself, the Division of Planning and Development, the agency charged with administering and implementing HUD entitlement programs, has developed an internal management plan to assure the proper and timely implementation of the City's Consolidated Plan. Procedures have been put in place to ensure proper compliance with all federal entitlement program requirements. DPD monitors the amount of available funding utilizing the IDIS and the City's MUNIS accounting systems to ensure the uncommitted and expended funding does not exceed allowable HUD-recommended levels. These same procedures will be used during the administration of the Homeless Prevention/Rapid Re-Housing program.

DPD is currently responsible for the oversight of funds for all designated subrecipients of four HUD Entitlement Programs including CDBG, HOME, HOPWA, and ESG. Monitoring tasks include executing written agreements, periodic review of subrecipients to determine that program requirements are being met, and taking effective corrective and remedial action toward subrecipients who do not comply. DPD Staff have employed a monitoring handbook and forms to use in monitoring projects. These same steps will be used to effectively monitor programs funded through the HPRP grant. Special attention will be paid toward the expenditure deadlines as required in the HPRP regulations.

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Consistent with the management of its other entitlement programs, the City will incorporate performance-based standards in project selection and contracting processes. Contracts for the HPRP funds will be drafted to relate reimbursement more specifically to accomplishments. Where possible, the focus will be on outcome accomplishments rather than output accomplishments. The City is placing significant emphasis on the ability of programs to become self-sustainable beyond the duration of the HPRP funds. Because of this, DPD is awarding 3-year grants on a sliding scale and expects agencies to utilize the HPRP funds as seed money. The City will require subrecipients to utilize 50% of their total award during the first year, 30% during the second year, and 20% during the third year. This requirement will also ensure that the City meets the expenditure requirements of the program. Any subrecipient that fails to meet these expenditure targets will have the amount of funds not spent reallocated to another subrecipient for the subsequent year(s).

The City will require quarterly reports from HPRP subrecipients for the purpose of reviewing accomplishment goals. Reimbursement requests will also be submitted on a quarterly basis. This remote monitoring will allow DPD staff to monitor the timely expenditure of funds and evaluate the effectiveness of programs. DPD staff will conduct at least one on-site monitoring visit of each program during the 3-year duration of the grant. These visits will allow a more in depth review of the funded programs and offer an opportunity for on-site technical assistance.

### **D. Collaboration**

- 1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).**

Response: In addition to HPRP funds, the City will receive funding through several programs under the American Recovery and Reinvestment Act of 2009. \$3,000,000 will be available for lead-based paint abatement in homes occupied by low- and moderate-income families with children. In order to increase the number of affordable units in the City, the lead-based paint abatement program requires a deed restriction for all units receiving assistance. The restriction requires occupancy by low- or moderate-income households for both owner-occupies and rental units. This restriction not only ensures the affordability of units but the health and safety of its occupants.

The City has also been allocated \$639,803 in Community Development Block Grant-Recovery funds to support programs that create jobs available to low- and moderate-income individuals. Programs supported with CDBG-R will assist individuals with job training/preparedness, and help them obtain self-sufficiency.

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

In addition to the programs administered by the City, subrecipients of HPRP funds are encouraged to utilize other ARRA funds in the design of their programs. Several subrecipients have already identified a number of funding opportunities including the Department of Energy for weatherization activities, Community Services Block Grant Funding available through Massachusetts Department of Housing and Community Development, and Transitional Assistance for Victims of Domestic Violence through the Department of Justice Office of Violence Against Women. These additional dollars will support low- and moderate-income households with the services and support they need to remain in their homes or seek alternative safe housing that is affordable.

**2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).**

Response: The Lowell Continuum of Care (CoC) is an umbrella organization whose members provide services to Lowell's homeless, chronically homeless, and at-risk populations. This network of human service organizations, public agencies, and non-profit providers utilizes McKinney-Vento funding to help increase the self-sufficiency of persons with mental illness, physical disabilities, substance abuse, victims of domestic violence, and at-risk of homelessness.

The City of Lowell, DPD is the lead entity and the applicant for the CoC. A DPD staff position is dedicated to organizing the CoC planning and subcommittee meetings, grant submittals, and program initiatives. This individual was also involved in the development of the plan for the HPRP activities.

Members of the CoC were instrumental in the development of the 10-Year Plan to End Homelessness, the document used to help guide the distribution of the HPRP funds. The CoC continues to offer significant input and guidance in the implementation of the 10-Year Plan action steps. During the course of the HPRP grant program, DPD Staff will share the impacts and accomplishments of HPRP subrecipients with the CoC to help them evaluate progress toward meeting the needs identified in the 10-Year Plan.

**3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).**

Response: One of the goals outlined in the 2005-2010 Consolidated Plan is to reduce the number of persons in poverty, resulting in a person's capacity to achieve self-sufficiency and maintain stability. A particular emphasis is placed on helping people rise out of poverty rather than providing temporary relief. Examples of programs that directly influence people's ability to escape poverty include job training, micro-enterprise training and assistance, housing advocacy, homelessness

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

prevention, and homeownership assistance. Projects that indirectly affect poverty include those that upgrade the community, provide transportation and childcare services that help people access employment and services. In addition to annual distribution of Consolidated Plan funds to support these programs, the City is directing other ARRA funding, including Community Development Block Grant-Recovery funds to support employment training and job creation programs that will help households rise out of poverty.

The Consolidated Plan identifies a number of initiatives formed by local partnerships with government bodies, non-profits, and private developers to address the needs of homeless individuals and families as well as homelessness prevention strategies. Many of these initiatives are supported with Consolidated Plan funding. The City is awarding HPRP funds to programs that can demonstrate not only the experience and capacity to provide services to some of its most vulnerable residents, but to those programs that can become self-sufficient and continue beyond the duration of these grant funds. In meeting the Consolidated Plan goal of reducing the number of individuals and families living in poverty, HPRP funds are directed to programs that have services in place to help clients maintain housing stability.



**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**E. Estimated Budget Summary**

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee’s preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

<b>HPRP Estimated Budget Summary*</b>			
	<b>Homelessness Prevention</b>	<b>Rapid Re-housing</b>	<b>Total Amount Budgeted</b>
Financial Assistance <sup>1</sup>	\$ 184,967.55	\$ 247,871.55	\$ 432,839.10
Housing Relocation and Stabilization Services <sup>2</sup>	\$ 251,128.45	\$ 146,128.45	\$ 397,256.90
<b>Subtotal</b> (add previous two rows)	<b>\$ 436,096.00</b>	<b>\$ 394,000.00</b>	<b>\$830,096.00</b>

Data Collection and Evaluation <sup>3</sup>	\$99,050
Administration (up to 5% of allocation)	\$48,902
<b>Total HPRP Amount Budgeted<sup>4</sup></b>	<b>\$978,048</b>

<sup>1</sup>Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

<sup>2</sup>Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

<sup>3</sup>Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

<sup>4</sup>This amount must match the amount entered in the cell on the table in Section A titled “Amount Grantee is Requesting.”

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**F. Authorized Signature**

By signing 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)

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Signature/Authorized Official

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Date

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Title

## **Homelessness Prevention and Rapid Re-Housing Program (HPRP) Certifications**

The HPRP Grantee certifies that:

**Consolidated Plan** – It is following a current HUD-approved Consolidated Plan or CHAS.

**Consistency with Plan** – The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

**Confidentiality** – It will develop and implement procedures to ensure:

- (1) The confidentiality of records pertaining to any individual provided with assistance; and
- (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

**Discharge Policy** – A certification that the State or jurisdiction has established a policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

**HMIS** – It will comply with HUD’s standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information.

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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## **GENERAL CERTIFICATIONS FOR STATE OR LOCAL GOVERNMENT FOR THE HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)**

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the state, territory, or local government certifies that:

**Affirmatively Further Fair Housing** -- The state, territory, or local government will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

**Drug-Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about:
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. 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 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) 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;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) 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;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) 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

- (b) 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;
- 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the state, territory, or local government's knowledge and belief:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- 3. It will require that the language of paragraphs 1 and 2 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.

**Authority of Local Government, State, or Territory --** The submission of the consolidated plan is authorized under state law and local law (as applicable) and the jurisdiction or state possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with Plan --** The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

**Section 3 --** It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

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Signature/Authorized Official

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Date

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Title

## APPENDIX TO CERTIFICATIONS

### INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

#### A. Lobbying Certification

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.

#### B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The Grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).





<b>Project Name:</b>		City of Lowell - Data Collection and Evaluation					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>		MA251284 LOWELL	
Funds will be used to cover the costs associated with implementing and operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.							
<b>Location:</b>		<b>Priority Need Category</b>					
Division of Planning and Development Civic Center, 50 Arcand Drive, Lowell, Massachusetts 01852		<b>Select one:</b>		Other ▼			
<b>Expected Completion Date:</b>		<b>Explanation:</b>					
9/30/2012							
<b>National Objective Codes:</b>							
Not Applicable ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1,		▼			
<input type="checkbox"/> Help Persons with HIV/AIDS		2,		▼			
<input type="checkbox"/> Help Persons with Disabilities		3,		▼			
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
20 Planning 570.205				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$99,050.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>			Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		AIDS Action Committee - Rental Assistance Programs					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>		MA251284 LOWELL	
AAC's rental assistance program provides services to prevent homelessness and promote housing sustainability among low-income people living with HIV/AIDS. HPRP funds will support direct short- and medium-term financial assistance. Funds will target Lowell residents.							
<b>Location:</b>		<b>Priority Need Category</b>					
294 Washington St. Boston, MA 02108		<b>Select one:</b>		Rental Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Homelessness Prevention-Financial Assistance					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1,		Increase the number of homeless persons moving into permanent housing		▼	
<input type="checkbox"/> Help Persons with HIV/AIDS		2,		Improve access to affordable rental housing		▼	
<input type="checkbox"/> Help Persons with Disabilities		3,				▼	
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	04 Households ▼	<b>Proposed</b>	42		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	01 People ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$30,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>	\$901,009.00		Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	04 Households ▼	<b>Proposed Units</b>	42		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		Cambodian Mutual Assistance Assoc. - Emergency Loan & Financial Education					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>	MA251284 LOWELL		
CMAA, in partnership with the Lao Family Mutual Association and the Africare Center will use HPRP funds to prevent homelessness through a combination of services which will be offered to Lowell's cultural community. Emergency financial assistance, financial literacy, and case management services will be available.							
<b>Location:</b>		<b>Priority Need Category</b>					
120 Cross Street Lowell, MA 01854		<b>Select one:</b>		Rental Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Homelessness Prevention - Financial Assistance					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1, Improve access to affordable rental housing		▼			
<input type="checkbox"/> Help Persons with HIV/AIDS		2,		▼			
<input type="checkbox"/> Help Persons with Disabilities		3,		▼			
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	04 Households ▼	<b>Proposed</b>	15		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	01 People ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$75,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>			Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	04 Households ▼	<b>Proposed Units</b>	15		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		Coalition for a Better Acre - Home Preservation Center					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>	MA251284 LOWELL		
<p>The Foreclosure Prevention Center provides counseling and case management services to homeowners who are at imminent risk of foreclosure and at risk of homelessness. Assistance includes budget and credit counseling, loan modification, refinancing, and assistance with short sales. HPRP funds will support the expansion of counseling and case management services available to households facing foreclosure.</p>							
<b>Location:</b>		<b>Priority Need Category</b>					
450 Merrimack Street Lowell, MA		<b>Select one:</b>		Owner Occupied Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Homelessness Prevention - Relocation/Stabilization					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1, Improve access to affordable owner housing		▼			
<input type="checkbox"/> Help Persons with HIV/AIDS		2,		▼			
<input type="checkbox"/> Help Persons with Disabilities		3,		▼			
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	04 Households ▼	<b>Proposed</b>	150		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	01 People ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204 ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$100,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>	\$50,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	Private	<b>Actual Amount</b>				<b>Actual Amount</b>	
	04 Households ▼	<b>Proposed Units</b>	150		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		Community Teamwork, Inc. - Lowell Homeless Prevention Collaborative					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>	MA251284 LOWELL		
The Lowell Homeless Prevention Collaborative is made up of 8 agencies whose goal is to prevent Lowell households from becoming homeless and to rapidly re-house those who have fallen into homelessness. Participating agencies will target individuals and families and provide a combination of financial assistance and housing stabilization services.							
<b>Location:</b>		<b>Priority Need Category</b>					
450 Merrimack Street Lowell, MA		<b>Select one:</b>		Other ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Participating Agencies include: UTEC, GRIP, Lowell House, Inc., LTLC, Pathfinder, Renaissance Club, SHIFT Coalition, CTI.					
<b>National Objective Codes:</b>		Homelessness Prevention & Rapid Re-Housing - Financial Assistance & Relocation/Stabilization					
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1, Improve access to affordable owner housing			▼		
<input type="checkbox"/> Help Persons with HIV/AIDS		2, Improve access to affordable rental housing			▼		
<input type="checkbox"/> Help Persons with Disabilities		3, Increase the number of homeless persons moving into permanent housing			▼		
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	01 People ▼	<b>Proposed</b>	190		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
	Financial Assistance	<b>Complete</b>				<b>Complete</b>	
	01 People ▼	<b>Proposed</b>	162		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
	Relocation/Stabilization	<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>		<b>Actual Outcome</b>			
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204			▼ Matrix Codes ▼				
Matrix Codes			▼ Matrix Codes ▼				
Matrix Codes			▼ Matrix Codes ▼				
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$390,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>			Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	01 People ▼	<b>Proposed Units</b>	190		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	01 People ▼	<b>Proposed Units</b>	162		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		Eliot Community Human Services - Lowell Homeless Housing Stabilization					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>		MA251284 LOWELL	
<p>HPRP funds will support the rapid re-housing through housing location, financial assistance, and communit-based support services to homeless adults from the Lowell Transitional Living Center. The program will target clients residing at the shelter who would be at substantial risk of remaining homeless or would return to homelessness without appropriate supportive services.</p>							
<b>Location:</b>		<b>Priority Need Category</b>					
186 Merrimack Street Lowell, MA 01852		<b>Select one:</b>		Rental Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Rapid Re-Housing - Relocation/Stabilization					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1		Increase the number of homeless persons moving into permanent housing		▼	
<input type="checkbox"/> Help Persons with HIV/AIDS		2		End chronic homelessness		▼	
<input type="checkbox"/> Help Persons with Disabilities		3		Increase the number of homeless persons moving into permanent housing		▼	
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	01 People ▼	<b>Proposed</b>	26		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204 ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$55,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Fund Source: ▼	<b>Proposed Amt.</b>			Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	01 People ▼	<b>Proposed Units</b>	26		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	

<b>Project Name:</b>		House of Hope - Housing NOW					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>		MA251284 LOWELL	
House of Hope will use HPRP funds to address barriers to permanent housing that exist for tier 3 and 4 families who stay at House of Hope Shelters. Targeted families present the greatest complexity and most impediments to being permanently housed. Clients will be assisted to exist shelters quickly, be rapidly re-housed, and with support, sustain their tenancies while becoming increasingly self-sufficient.							
<b>Location:</b>		<b>Priority Need Category</b>					
812 Merrimack Street Lowell, MA 01854		<b>Select one:</b>		Rental Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Rapid Re-Housing - Financial Assistance					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1,		Increase the number of homeless persons moving into permanent housing		▼	
<input type="checkbox"/> Help Persons with HIV/AIDS		2,		End chronic homelessness		▼	
<input type="checkbox"/> Help Persons with Disabilities		3,				▼	
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	04 Households ▼	<b>Proposed</b>	10		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
Matrix Codes				▼ Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$144,000.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Fund Source: ▼	<b>Proposed Amt.</b>			Fund Source: ▼	<b>Proposed Amt.</b>	
		<b>Actual Amount</b>				<b>Actual Amount</b>	
	04 Households ▼	<b>Proposed Units</b>	10		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	



<b>Project Name:</b>		Merrimack Valley Catholic Charities - Basic Needs Homeless Prevention Services					
<b>Description:</b>		<b>IDIS Project #:</b>		<b>UOG Code:</b>	MA251284 LOWELL		
Catholic Charities will use HPRP funds to provide emergency financial assistance to residents of Lowell. Funds will be distributed through a Homeless Prevention Program and will be allocated to direct financial assistance for families facing eviction or moving from homelessness to permanent housing.							
<b>Location:</b>		<b>Priority Need Category</b>					
70 Lawrence Street Lowell, MA 01852		<b>Select one:</b>		Rental Housing ▼			
<b>Expected Completion Date</b>		<b>Explanation:</b>					
9/30/2012		Homelessness Prevention - Financial Assistance					
<b>National Objective Codes:</b>							
LMH ▼							
<b>Project Primary Purpose:</b>		<b>Specific Objectives</b>					
<input type="checkbox"/> Help the Homeless		1		Increase the number of homeless persons moving into permanent housing		▼	
<input type="checkbox"/> Help Persons with HIV/AIDS		2		End chronic homelessness		▼	
<input type="checkbox"/> Help Persons with Disabilities		3		Improve access to affordable rental housing		▼	
<input type="checkbox"/> Address Public Housing Needs							
<b>Project-level Accomplishments</b>	04 Households ▼	<b>Proposed</b>	36		Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
	Accompl. Type: ▼	<b>Proposed</b>			Accompl. Type: ▼	<b>Proposed</b>	
		<b>Underway</b>				<b>Underway</b>	
		<b>Complete</b>				<b>Complete</b>	
<b>Proposed Outcome</b>		<b>Performance Measure</b>			<b>Actual Outcome</b>		
Provide improved housing stability and reduced risk of homelessness		Number of persons maintaining stable housing					
05Q Subsistence Payments 570.204 ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
Matrix Codes ▼				Matrix Codes ▼			
<b>Program Year 1</b>	Other ▼	<b>Proposed Amt.</b>	\$36,096.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	HPRP	<b>Actual Amount</b>				<b>Actual Amount</b>	
	Other ▼	<b>Proposed Amt.</b>	\$207,667.00		Fund Source: ▼	<b>Proposed Amt.</b>	
	Other Federal	<b>Actual Amount</b>				<b>Actual Amount</b>	
	04 Households ▼	<b>Proposed Units</b>	36		Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	
	Accompl. Type: ▼	<b>Proposed Units</b>			Accompl. Type: ▼	<b>Proposed Units</b>	
		<b>Actual Units</b>				<b>Actual Units</b>	