

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 10/14/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Family Service Association of Bucks County

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 23-1427224

	<b>c. Organizational DUNS:</b>	183093533	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 4 Cornerstone Drive

**Street 2:**

**City:** Langhorne

**County:** Bucks

**State:** Pennsylvania

**Country:** United States

**Zip / Postal Code:** 19047

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Michelle

**Middle Name:**

**Last Name:** Evans

**Suffix:**

**Title:** Director of Quality Improvement

**Organizational Affiliation:** Family Service Association of Bucks County

**Telephone Number:** (215) 757-6916

**Applicant:** Family Service Association of Bucks County

23-1427224

**Project:** Bucks County Housing Link, Centralized Intake/Coordinated Assessment-  
Reallocation FY2021

189741

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**Extension:** 212

**Fax Number:** (215) 757-7628

**Email:** [mevans@fsabc.org](mailto:mevans@fsabc.org)

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** Bucks County Housing Link, Centralized  
Intake/Coordinated Assessment- Reallocation  
FY2021

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

**16a. Applicant:** PA-001

**16b. Project:** PA-001

**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 02/01/2022

**b. End Date:** 01/31/2023

**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:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Dees

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (215) 757-6916  
**(Format: 123-456-7890)**

**Fax Number:** (215) 757-7628  
**(Format: 123-456-7890)**

**Email:** jdees@fsabc.org

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

**Date Signed:** 10/14/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Family Service Association of Bucks County

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Dees

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** Family Service Association of Bucks County

**Telephone Number:** (215) 757-6916

**Extension:** 204

**Email:** jdees@fsabc.org

**City:** Langhorne

**County:** Bucks

**State:** Pennsylvania

**Country:** United States

**Zip/Postal Code:** 19047

**2. Employer ID Number (EIN):** 23-1427224

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

### 4. Amount of HUD Assistance Requested/Received

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4a. Total Amount Requested for this project: \$92,405.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Table with 4 columns: Department/Local Agency Name and Address, Type of Assistance, Amount Requested / Provided, Expected Uses of the Funds. Rows include Family Service Association of Bucks County with SSO and PSH project types.

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

**Part III Interested Parties**

You must disclose:

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

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

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

**Certification**

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Julie Dees, Chief Executive Officer

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

**Date Signed:** 10/14/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Family Service Association of Bucks County

**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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### 2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this 

X
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**form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Julie

**Middle Name**

**Last Name:** Dees

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (215) 757-6916  
**(Format: 123-456-7890)**

**Fax Number:** (215) 757-7628  
**(Format: 123-456-7890)**

**Email:** jdees@fsabc.org

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

**Date Signed:** 10/14/2021

## **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:** Family Service Association of Bucks County

**Name / Title of Authorized Official:** Julie Dees, Chief Executive Officer

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

**Date Signed:** 10/14/2021

# 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:** Family Service Association of Bucks County

**Street 1:** 4 Cornerstone Drive

**Street 2:**

**City:** Langhorne

**County:** Bucks

**State:** Pennsylvania

**Country:** United States

**Zip / Postal Code:** 19047

**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.**

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Dees

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (215) 757-6916  
**(Format: 123-456-7890)**

**Fax Number:** (215) 757-7628  
**(Format: 123-456-7890)**

**Email:** jdees@fsabc.org

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

**Date Signed:** 10/14/2021

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |           |  |
|-----------|--|
| <b>1.</b> | <b>Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.</b>   |
| <b>2.</b> | <b>Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.</b>   |
| <b>3.</b> | <b>Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</b>  |
| <b>4.</b> | <b>Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</b>  |
| <b>5.</b> | <b>Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</b>  |
| <b>6.</b> | <b>Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</b> |
| <b>7.</b> | <b>Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.</b>  |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** Family Service Association of Bucks County  
**Prefix:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Dees

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 10/14/2021

## **1L. SF-424D**

**Are you requesting CoC Program funds for construction costs in this application?** No

**No SF-424D is required. Select "Save and Next" to move to the next screen.**

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

### 1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Family Service Association of Bucks County has considerable experience in effectively utilizing Federal Funds. The agency receives Federal Funding for Housing Opportunities for Persons with AIDS (HOPWA), providing financial aid for rental assistance services for persons living with AIDS. The HOPWA program aids 30 households with financial aid annually.

Family Service receives funding from the Department of Housing and Urban Development for Bucks Villa, Inc., a group residence for adults living with HIV/AIDS, operated by Family Service. Through the Housing Continuum of Care (CoC) of Bucks County, Family Service receives HUD funding which supports the County’s Coordinated Entry System, Housing Link Centralized Intake and Assessment for County residents facing homelessness.

Family Service receives pass-through funding from the Department of Health and Human Services. Funding through Philadelphia Health Management supports services for persons living with HIV/AIDS in the community. Funding through Bucks County Children and Youth Social Services Agency supports a Fatherhood/Child Abuse Prevention program and a Family Reunification program for families whose children have been removed from the home. Family Service is a recipient of HUD Community Development Block Grant funding to support operations and periodic renovations at Bucks Villa and the Shelter.

For each funding source, Family Service utilizes all monies effectively and efficiently. Reports are submitted within the expected timeframe. Accounting processes carefully monitor and manage expenditures, ensuring efficient use of resources in accord with grant regulations and expectations.

Family Service has considerable experience in performing the activities proposed in this application:

- Assessment of Service Needs: Bucks County Emergency Homeless Shelter (BCEHS), a program of Family Service since 2012, typically operates at or over capacity with 80+ residents. The shelter provides meals and a range of supportive services. Upon admission, shelter case managers and the shelter nurse conduct an assessment of resident needs including financial, housing, physical & mental health, and other needs. Likewise, Family Service community based case managers in other programs assess needs of new and continuing clients on a regular basis.

- Case Management: Family Service is experienced in providing case management in institutional and community settings. Shelter Case Managers

work with homeless shelter residents to address barriers to housing and to achieve goals of increased income and safe, stable housing in the community. Case managers in the Blended Case Management program (BCM) support adults who have been diagnosed with a serious mental illness and are living in the community. Medical Case Managers offer ongoing support to persons in the community living with HIV/AIDS. For each of these programs, services include connection to educational & vocational services, medication monitoring & education, coordination with health care providers, and housing referrals.

- **Housing/Counseling Services:** Family Service is a member of the Housing CoC of Bucks County, and is closely linked with organizations and agencies in the County that serve the County’s homeless populations. Family Service provides intake and referral through Housing Link, the County’s Coordinated Entry project. The shelter’s case managers collaborate with county agencies and have established relationships with private landlords in the area, to assist shelter residents in identifying housing. Family Service’s Center of Excellence (COE) program provides housing opportunities for recently paroled individuals. The BCM program began providing Housing First to chronically homeless individuals with a suspected mental health or substance use disorder.

- **Life Skills:** Throughout their stay at the shelter, residents meet with case managers who assist with various life skills including budget development and money management. The nurse assists residents in learning to manage their own health care needs and those of their children. BCM case managers, Peers, HIV/AIDS Medical Case Managers and Parent Educators with Family Service’s Family Support programs all provide training in life skills including financial management, wellness, social relationships and interpersonal skills.

- **Mental Health Services:** Family Service is licensed by the Commonwealth of PA to provided outpatient mental health care. The agency offers outpatient counseling and therapy for children, families and adults. Specially trained staff members provide evidence-based treatment using the basic strategies of behavior therapy. Family Service’s Psychiatrists provide services for clients in the Family Service offices and remotely through tele-psychiatry.

- **Substance Use Treatment Services:** Family Service is licensed by the Commonwealth of Pennsylvania to provide drug and alcohol treatment services. The agency has a long history of providing counseling specifically for persons with co-occurring disorders (i.e. mental health and drug/alcohol). Family Service also provides substance use treatment through the agency’s Intensive Outpatient Drug and Alcohol Treatment program, with customized treatment for adults with Substance Use Disorders. The agency’s Care Coordination program supports clients with Substance Use Disorders, assisting them connect with treatment and providing support to help clients maintain continue in recovery. Family Service is also an Opioid Use Disorder Center of Excellence, providing peer services and supporting recovery.

- **Transportation:** Family Service provides transportation for clients in agency owned vehicles, driving clients to medical appointments, and job and housing interviews, when clients have no other transportation resources.

**2. Describe your organization’s (and subrecipient(s) if applicable)**



**experience in leveraging Federal, State, local and private sector funds.**

Family Service programs depend not only on Federal funding and fee-for-service income, but also on funding from private donations and corporation and foundation grants. In the last fiscal year, the agency raised more than \$2.6 million in grants, contracts, and donations. Family Service has also have an active corps of volunteers at the Bucks County Emergency Homeless Shelter, Housing Link, and other programs and administrative offices throughout the agency. Family Service volunteers average more than 14,000 hours of volunteer service valued at nearly \$210,000 per year.

For more than 65 years, Family Service has provided a wide range of services for adults and children living in Bucks County, PA. The mission of Family Service is “We listen, care and help. Every day.” Our programs are designed to improve the overall health and welfare of those we serve through innovative, evidence based approaches. We empower individuals to effectively manage their social, emotional and health care needs. Family Service programs meet the rigorous standards of the Council on Accreditation. The agency provides more than then 29,000 services annually, face to face and through virtual programs. Family Service collaborates with a number of local agencies to address the needs of those who are homeless or at risk of homelessness. The agency’s 20+ programs collaborate with one another and work in close cooperation with more than 50 local agencies and Bucks County Government offices in addressing a wide range of needs throughout the County.

Family Service is led by a volunteer Board of Directors which hires and supervises the agency’s CEO. Reporting to the CEO are Chief Operations Officer who oversees the shelter, all supportive housing operations, all behavioral health care and substance use disorder treatment programs; Chief Financial Officer; Director of HR, Development, and Director of Quality Improvement. Program and Administrative staff report to a program coordinator, program director or directly to one of the Chief positions.

Financial Accounting at Family Service is managed by the Chief Financial Officer, with oversight by the Board of Directors. The CFO has considerable experience working with non-profit organizations and with grants management. The agency maintains internal controls to ensure continued reliability of accounting systems. These controls include: Separation of duties to control access to different parts of the accounting and Electronic Health Record system; Physical audits including hand-counting cash and physical assets tracked in the accounting system; Monthly accounting reconciliations of all Balance Sheet accounts and selected large income statement accounts; Approval authority processes that require specific managers to authorize certain types of transactions ensuring that transactions have been seen, analyzed and approved by appropriate authorities.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Financial Accounting at Family Service is managed by the Chief Financial Officer, with oversight by the Board of Directors. The CFO has considerable experience working with non-profit organizations and with grants management. The agency maintains internal controls to ensure continued reliability of

accounting systems. These controls include: Separation of duties to control access to different parts of the accounting and Electronic Health Record system; Physical audits including hand-counting cash and physical assets tracked in the accounting system; Monthly accounting reconciliations of all Balance Sheet accounts and selected large income statement accounts; Approval authority processes that require specific managers to authorize certain types of transactions ensuring that transactions have been seen, analyzed and approved by appropriate authorities. Family Service maintains agency policies that outline procedures for management of donations, assets, grants, insurance based contracts, and purchasing procedures. The Board of Directors holds regular Budget and Finance reviews and a group of Board members serve on the Audit committee to take part in the annual fiscal audit.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** No

### 3A. Project Detail

**1. CoC Number and Name:** PA-511 - Bristol, Bensalem/Bucks County CoC

**2. CoC Collaborative Applicant Name:** County of Bucks

**3. Project Name:** Bucks County Housing Link, Centralized  
Intake/Coordinated Assessment- Reallocation  
FY2021

**4. Project Status:** Standard

**5. Component Type:** SSO

**5a. Select the type of SSO Project:** Coordinated Entry

**6. Is your organization, or subrecipient, a  
victim service provider defined in 24 CFR  
578.3?** No

**7. Is this new project application requesting  
to transition from eligible renewal project(s)  
that was awarded to the same recipient and  
fully eliminated through reallocation in this  
CoC Program Competition?  
(Attachment Requirement)** No

**8. Will funds requested in this new project  
application replace state or local government  
funds (24 CFR 578.87(a))?** No

### 3B. Project Description

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

The Bucks County Housing Link Centralized Intake and Coordinated Assessment (CI/CA) serves as the central point of intake for individuals & families seeking homeless services in Bucks County. The CoC & FSA worked together to create this CI/CA System, funded in part by this grant, and five Assessment Centers. The Housing Link serves all populations facing homelessness; Uses a standardized assessment/screening tool (VI-SPDAT) at three sites and through Street Outreach workers throughout the County to provide ease of access; Has protocols to insure that the needs of individuals and families who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers are met; Integrates prevention and shelter diversion activities into Housing Link operation; Has a referral process detailing responsibilities of the Housing Link and CoC member agencies; and has successfully applied for and received private grants to supplement available federal funds.

From 2/1/20-1/31/2021, 3,010 households accessed the Housing Link. Staff referred over 90%, 2,723, of callers to the CA sites to receive an assessment and referrals to homeless services. The remaining callers were provided with Information and Referrals (I&R) for other services including Food Pantries, Health Care, Fair Housing/Legal Aid, Education and Career Services, Mental Health and/or Drug & Alcohol, Utility Assistance, and other Community Services.

Housing Link will serve approximately 4,500 households in the next grant period. The Housing Link CI/CA program was able to hire new staff with the Expansion dollars awarded in FY 2018. The additional staff allowed Housing Link to answer more calls in real-time and maintain a callback rate of less than one day for those calls that go to voicemail. The public health emergency known as COVID-19, caused a significant increase in calls as eviction moratoriums were put in place and lifted in the last 18 months. The County has created a separate helpline to assist residents with emergency rental funds through the Bucks Emergency Rental Assistance program. The Housing Link CI information is widely marketed so it often remains a first point of contact with many of those seeking rental assistance. This application would aid the Housing Link in maintaining staff at the current hours to meet the continued needs of the community as more people are facing a housing crisis as a result of the pandemic.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. As an SSO-Coodinated Entry project answer the following questions:**

**4a. Will the coordinated entry process cover the CoC's entire geographic area?** Yes

**4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?** Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

Housing Link is advertised by the network of public and private agencies in Bucks County, by schools, health care providers, faith based organizations, and

elected officials. Housing Link has a web page, www.buckshousinglink.org and major human service providers list the service on their websites and voicemail's. Business Cards with basic program information are distributed by street outreach providers and others. Many agencies help individuals and families contact Housing Link from their offices and they allow those callers to use their contact information to reach those who are transient or have limited access to cell phones.

**4d. Will the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.**

Individuals and families that reside in Bucks County and who are facing homelessness call the Bucks County Housing Link Centralized Intake Helpline, the County's Coordinated Entry (CE) line. The CE is available via a toll-free number, through walk-in assessment sites, or through Street Outreach teams. Each entry point screens for eligibility and those who are determined eligible are referred to a Coordinated Assessment site. The majority of Intakes for each household occurs via phone. Two tools are used as part of the CE process. The initial Intake Screening Tool, and Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT).

The first step is for the household to complete an Intake Screening. The Intake Screening tool is a series of questions that staff ask the person to determine their housing crisis. This screening is the first step of the process for an individual or family facing a housing crisis in Bucks County. The result of this screening tool directs staff to refer the caller to the appropriate housing service provider based on the experiences of the caller. The household may be referred to Housing Planning/Diversion, Street Outreach, and/or Prevention.

The next step in the CE process is a more comprehensive assessment by one of the service providers mentioned above. The VI-SPDAT is a national, standardized tool used by staff during the second step in the CE process and also used by the service providers to assess and make referrals and placement decisions in this process. The VI-SPDAT provides a "score" which determines the level of vulnerability and housing need. As a standardized tool, the results should be the same from provider to provider ensuring that the most vulnerable households are given priority. The second assessment determines if the household meets criteria to be placed on the Community Waitlist.

If a household is determined to be high priority and falls into a vulnerable population, the CE process is designed to provide a full Intake and Assessment at the first step in the process to quickly assess the most vulnerable. The Community Waitlist serves as a starting point for all housing providers to determine who is the most vulnerable with the highest barrier to achieving permanent housing. The process and the Waitlist are designed to place those households with the highest priority and that are determined to be most vulnerable based on the VI-SPDAT at the top of the Waitlist that the housing

providers utilize.

This Waitlist is the tool used for the Case Conferencing Selection Committee, this Committee makes the placement into housing providers such as Rapid-Rehousing, Transitional Housing, Mainstream and Family Unification Program Housing Choice Vouchers. Households in need of Emergency Shelter are listed on this Waitlist as well, staff from the Emergency Shelter review the list and admit those in need, as appropriate, outside of the Committee. The households that have the highest vulnerability and the greatest barriers to securing permanent housing on their own are served first from the waitlist. Should an emergent situation arise between monthly conferences, the household becomes a priority and are served, as needed.

**4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups:** Yes

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

**4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?** Yes

### 3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: PA0637

1b. Eligible Renewal Grant Project Name: Bucks County Housing Link, Centralized Intake/Coordinated Assessment- FY2021

2. Will this expansion project increase the Coordinated Entry process? No



## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

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

4. Select a grant term: 1 Year

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

Supportive Services

HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	Supportive Services Only	\$84,005
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$84,005
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$84,005

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$23,101
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$23,101

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Family Service As...	\$23,101

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Family Service Association of Bucks County-  
Permanent Supportive Housing\_FY2021  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$23,101

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$84,005	1 Year	\$84,005
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$84,005
8. Admin (Up to 10%)			\$8,400
9. Total Assistance Plus Admin Requested			\$92,405
10. Cash Match			\$23,101
11. In-Kind Match			\$0
12. Total Match			\$23,101
13. Total Budget			\$115,506

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 c3	10/12/2021
2) Other Attachment(s)	No	Housing Link Real...	10/14/2021
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** 501 c3

## **Attachment Details**

**Document Description:** Housing Link Reallocation Cash Match

## **Attachment Details**

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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



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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Julie Dees

**Date:** 10/14/2021

**Title:** Chief Executive Officer

**Applicant Organization:** Family Service Association of Bucks County

**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**

X
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**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).**

**Active SAM Status Requirement.  
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

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

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>	10/12/2021

<b>1E. SF-424 Compliance</b>	10/11/2021
<b>1F. SF-424 Declaration</b>	10/11/2021
<b>1G. HUD 2880</b>	10/11/2021
<b>1H. HUD 50070</b>	10/11/2021
<b>1I. Cert. Lobbying</b>	10/11/2021
<b>1J. SF-LLL</b>	10/11/2021
<b>IK. SF-424B</b>	10/11/2021
<b>1L. SF-424D</b>	10/11/2021
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	10/12/2021
<b>3A. Project Detail</b>	10/11/2021
<b>3B. Description</b>	10/12/2021
<b>3C. Expansion</b>	10/11/2021
<b>6A. Funding Request</b>	10/14/2021
<b>6F. Supp Srvcs Budget</b>	10/14/2021
<b>6I. Match</b>	10/14/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/14/2021
<b>7D. Certification</b>	10/12/2021

Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date:

OCT 05 2006

FAMILY SERVICE ASSOC OF BUCKS COUNTY  
4 CORNERSTONE DR  
LANGHORNE, PA 19047

Person to Contact:

Gregory Renier

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

23-1427224

Dear Sir or Madam:

This is in response to your request of August 16, 2006, regarding your address change. We have updated our records as indicated above.

Our records indicate that a determination letter was issued in November 1955 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations



*Stronger today. Brighter tomorrow.*

Family Service Association of Bucks County  
4 Cornerstone Drive | Langhorne, PA 19047  
215.757.6916 (p) | 215.757.7628 (f)  
[www.fsabc.org](http://www.fsabc.org)

October 12, 2021

Stefanie D. Bodman  
Program Manager, Homeless Services  
County of Bucks  
Department of Housing and Community Development  
1260 Almshouse Road  
Doylestown, PA 18901

RE: HUD FY 2021 Continuum of Care Program Competition (CoC Program Competition)

Dear Stef:

Family Service is pleased to submit our renewal application for the Bucks County Housing Link, Centralized Intake/Coordinated Assessment. I certify that the following funding sources have been committed, or are anticipated, to support a cash match of \$23,101 for the Bucks County Housing Link: individual donations, private foundations, and corporate grants. We also have grants or contracts with the County, that cannot be used to match CoC funding, but which contributed to the fiscal and programmatic strength of the Bucks County Housing Link.

If you have any questions or need additional information regarding Bucks County Housing Link funding, please contact me at 215-710-0180.

Sincerely,

Julie Dees, MBA, LPC  
Chief Executive Officer