

## 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 2023 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 Unique Entity Identifier (UEI) 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 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 2023 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: 08/25/2023

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: Westchester County Dept. of Community Mental Health

b. Employer/Taxpayer Identification Number (EIN/TIN): 13-6007353

c. Unique Entity Identifier: GFB7MQFAU6F2

### d. Address

Street 1: 112 East Post Road, 2nd Floor

Street 2:

City: White Plains

County: Westchester

State: New York

Country: United States

Zip / Postal Code: 10601

### e. Organizational Unit (optional)

Department Name: Community Mental Health

Division Name:

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

Prefix: Ms.

First Name: Annette

Middle Name:

Last Name: Peters-Ruvolo

Suffix: LCSW

Title: Program Director - Community Support Services

Organizational Affiliation: Westchester County Dept. of Community Mental Health

**Telephone Number:** (914) 995-5278

**Extension:**

**Fax Number:** (914) 995-6220

**Email:** [apr5@westchestergov.com](mailto:apr5@westchestergov.com)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-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):** New York  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** DCMH CaresPlus

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

**16a. Applicant:** NY-016, NY-017

**16b. Project:** NY-016, NY-017  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 11/01/2024

**b. End Date:** 02/28/2026

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Commissioner

**Telephone Number:** (914) 995-5225  
(Format: 123-456-7890)

**Fax Number:** (914) 995-5254  
(Format: 123-456-7890)

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/25/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Westchester County Dept. of Community Mental Health

**Prefix:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Commissioner

**Organizational Affiliation:** Westchester County Dept. of Community Mental Health

**Telephone Number:** (914) 995-5225

**Extension:**

**Email:** mmo6@westchestergov.com

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip/Postal Code:** 10601

**2. Employer ID Number (EIN):** 13-6007353

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

**4. Amount of HUD Assistance Requested/Received: \$602,231.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
New York State Office of Mental Health 44 Holland Avenue Albany, New York 12229	grant	\$732,031.00	Case Management and Planning staff
New York State Office of Alcoholism and Substance Abuse Services – OASAS 1450 Western Avenue, Albany, NY 12203	grant	\$48,946.00	Case Management staff
Westchester County 112 East Post Road, White Plains NY 10601	grant	\$224,680.00	Case Management and Planning staff
U.S. Department of Veterans Affairs 2090 Albany Post Road Montrose NY 10548	In-kind assistance	\$84,227.00	Supportive services
NYS Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243	grant	\$22,330.00	Supportive services staff

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below? Yes**

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.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	UNIQUE Entity ID	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Human Development Services of Westchester	TB5MLCT1Z3L6	Permanent Supportive Housing provider	\$3,586,793.00	33%
Lexington Center for Recovery	HFTMV2LKZYA9	Permanent Supportive Housing provider	\$1,645,086.00	15%
Lifting Up Westchester	YCKEUTJP9B25	Permanent Supportive Housing provider	\$1,058,186.00	10%
Mental Health Association of Westchester	HS5BZ6RY2F87	Permanent Supportive Housing provider	\$1,439,848.00	13%
see Other Attachments page for additional agencies				

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)	City of Residence	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Michael Orth, Commissioner

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

**Date Signed:** 08/25/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Westchester County Dept. of Community Mental Health

**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 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.

X
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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:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Commissioner

**Telephone Number:** (914) 995-5225  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-5254  
**(Format: 123-456-7890)**

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/25/2023

## **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:

**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:** Westchester County Dept. of Community Mental Health

**Name / Title of Authorized Official:** Michael Orth, Commissioner

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

**Date Signed:** 08/25/2023



# 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:** Westchester County Dept. of Community Mental Health

**Street 1:** 112 East Post Road, 2nd Floor

**Street 2:**

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10601

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:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Commissioner

**Telephone Number:** (914) 995-5225  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-5254  
**(Format: 123-456-7890)**

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/25/2023

## 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:

- |    |   |
|----|---|
| 1. | 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.   |
| 2. | 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.   |
| 3. | 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.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | 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).  |
| 6. | 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. |
| 7. | 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.  |
| 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: Westchester County Dept. of Community Mental Health  
Prefix: Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Commissioner

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

**Date Signed:** 08/25/2023

## 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: \$582,532**

Organization	Type	Sub-Award Amount
Human Development Services of Westchester	M. Nonprofit with 501C3 IRS Status	\$582,532

## 2A. Project Subrecipients Detail

**a. Organization Name:** Human Development Services of Westchester

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

**c. Employer or Tax Identification Number:** 13-3008872

**d. Unique Entity Identifier:** TB5MLCT1Z3L6

**e. Physical Address**

**Street 1:** 930 Mamaroneck Avenue

**Street 2:**

**City:** Mamaroneck

**State:** New York

**Zip Code:** 10543

**f. Congressional District(s):** NY-016  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$582,532

**j. Contact Person**

**Prefix:** Ms.



**First Name:** Kathy  
**Middle Name:**  
**Last Name:** Pandekakes  
**Suffix:**  
**Title:** Chief Executive Officer  
**E-mail Address:** kipandekakes@hdswh.org  
**Confirm E-mail Address:** kipandekakes@hdswh.org  
**Phone Number:** 914-835-8906  
**Extension:**  
**Fax Number:**

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## **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.**

The applicant, Westchester County Department of Community Mental Health (WC DCMH), is the Collaborative Applicant and largest recipient of CoC funding in Westchester CoC. It currently manages over \$10.2 million in annual CoC funding, housing over 700 formerly homeless persons, and it coordinates our CoC's planning. It has successfully served as a CoC grantee since our CoC's inception in 1996. WC DCMH's Program Director of Community Support Services served as Co-Chair of the CoC for 10 years, and continues to play an integral role in CoC operations as a CoC Board Member, as does WC DCMH's Director of Substance Use Disorders Unit and a DCMH Program Specialist.

WC DCMH has over 40 years' experience serving Westchester County and its residents with mental health, substance abuse and developmental disabilities. Services provided directly have included public education, treatment, case management, information and referral. Vocational, educational, outreach, housing, advocacy and other programming is provided via community partners with WC DCMH oversight.

WC DCMH has been able to offer such programming using various funding streams, including federal funds from HUD, SAMHSA, the US Department of Health and Human Services, and the US Department of Justice. All contracts have been managed satisfactorily and have helped WC DCMH bring innovative and integral programming to the county.

Human Development Services of Westchester (HDSW) is a not-for-profit community-based social service organization providing quality behavioral health, rehabilitative, health, residential and community stabilization services in Westchester County. HDSW has an annual budget of \$14 million and 90 staff. Founded in 1968, HDSW serves 3,000 individuals and families annually.

HDSW has provided HUD-funded Permanent Supportive Housing for people experiencing homelessness since 1992. HDSW is one of our CoC's largest permanent supportive housing providers. It provides 339 PSH units including 199 OMH-funded units (serving 191 single adults and 8 families) and 140 CoC-funded rental assistance units (serving 108 single adults and 32 families) for households with mental health or co-occurring mental health/substance use disabilities. HDSW also provides 66 OMH-licensed transitional housing units serving adults in two Community Residences and 12 scattered-site Treatment Apartment units.

HDSW CoC programs also serve people with developmental disabilities. We have served this population for over 20 years and have more experience serving this population than any other current CoC housing provider.

Over 50% of the 408 people in all HDSW housing programs have substance use histories. Our staff are well-trained in harm reduction and motivational interviewing skills and work collaboratively with substance use treatment programs when our clients wish to engage in such. While we encourage and facilitate our tenants to engage in treatment we do not require them to do so to retain their housing.

HDSW provides behavioral health services and housing counseling services with a unique combination of programs: HOPE House, a psychosocial clubhouse; The Living Room Crisis Day Respite program; & multi-service Care Management programs including: Adult Care Management, Homeless

Outreach, and Pre- & Post-Release Care Management services for inmates at the Westchester County Jail. HDSW also provides an array of Supported Employment and Supported Education services for adults.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

WC DCMH currently manages over \$10.2 million in annual CoC funding, housing over 700 formerly homeless persons in CoC Permanent Supportive Housing plus administering the CoC Planning grant for the Westchester CoC.

WC DCMH is able to house so many households because 90% of the HUD PSH project funding is in the Rental Assistance budget line item. For many years, the success of these projects has been possible by weaving together the HUD housing funds with services and supports from other Federal, State, local, and private sector sources.

WC DCMH uses over \$1 million in annual funding from the NYS Office of Mental Health, NYS Office of Alcoholism and Substance Abuse Services, NYS Department of Health, Westchester County DSS, and the U.S. Department of Veterans Affairs to provide case management services, life skill training, & housing counseling for CoC participants. In addition, WC DCMH partners with private sector providers including the Mental Health Association of Westchester, Rockland Psychiatric Center, St. Johns Riverside Hospital, St. Joseph’s Medical Center, Westchester Medical Center, and Lexington Center for Recovery to ensure that participants receive the mental health and substance abuse treatment they require to live independently.

HDSW has an annual budget of \$14 million and approximately 90 staff. HDSW’s major funders include HUD, Medicaid, the New York State Office of Mental Health, the New York State Office of Housing and Community Renewal, the Westchester County Department of Community Mental Health, and the Westchester County Department of Planning. HDSW annually manages over \$9 million in Federal, State and County contracts and grants, plus over \$2 million in annual Medicaid billing.

HDSW is a participating provider and board member of both of Westchester County’s behavioral health home networks: Hudson River Healthcare and the Hudson Valley Care Coalition. HDSW is a founding member of the Coordinated Behavioral Health Services IPA. HDSW is NYS-approved to provide the following Home and Community-Based Services/CORE services: Psychosocial Rehabilitation, Community Psychiatric Support and Treatment, Habilitation, Family Support and Training, Education Support Services, Empowerment Services-Peer Supports, Prevocational Services, Transitional Employment, Intensive Supported Employment, Ongoing Supported Employment, and is working to open a Supportive Crisis Stabilization Center program in White Plains.

HDSW offers NYS ACCES-VR-funded employment supports and in-house training in three fields: clerical, porter/maintenance, and culinary arts. HDSW’s HOPE House clubhouse program offers an 86-Hour Peer Care Management Training course, which offers participants support in taking and passing the NYS Academy of Peer Services Peer Certification courses.

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

The applicant, the Westchester County Department of Community Mental Health (WC DCMH), is the lead applicant and largest recipient of CoC funding in Westchester’s CoC. It currently manages over \$10.2 million in annual CoC funding, housing over 700 formerly homeless persons. It has successfully served as a CoC grantee since our CoC’s inception in 1996.

All of DCMH’s fiscal control and accountability procedures for grants and other revenue are managed by the Westchester County Finance Department. The Department of Finance is responsible for the accounts payable, purchasing, employee payroll, debt management, pension administration, revenue investment, tax collection, certiorari tax judgment processing and employee benefit functions of the Westchester County government and its \$2.3 billion annual operating budget. Westchester County is AAA rated by two bond rating agencies - Standard and Poor’s and Fitch. Westchester County is the only county in New York State with two AAA bond ratings.

WC DCMH is led by a Commissioner who reports to our County Executive. All CoC projects are managed by a designated team including our Coordinator Fiscal Operations, Program Specialist, and Program Director, Community Support Services. This team ensures that all applicable HUD and other Federal financial and program regulations are followed, and that all required documentation is available. We have designed and implemented a specific web portal system to allow subrecipients of CoC grants to make claims for HUD funds in a documented fashion according to CoC program rules. These claims are reviewed by the DCMH staff team to ensure that only eligible costs are claimed from eLOCCS.

Our subrecipient partner, HDSW, also has strong management structures. HDSW’s finances are overseen by its Board of Directors and its Board Treasurer. HDSW successfully manages funding from Medicaid, HUD, NYS OMH, NYS OTDA, NYSED, NYS HCR, NYS OAG, WCDCMH, WCDSS, and dozens of private funders. HDSW’s CEO, Kathy Pandekakes, has 35 years of experience in not-for-profit administration and supportive housing. HDSW has a full-time Chief Financial Officer, Patti Tempesta, and it is audited annually by an independent Certified Public Accountant. HDSW’s most recent financial audit found no areas of concern. HDSW uses the FundEZ fund accounting system.

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

### 3A. Project Detail

1. CoC Number and Name: NY-604 - Yonkers, Mount Vernon/Westchester County CoC

2. CoC Collaborative Applicant Name: Westchester County Dept. of Community Mental Health

3. Project Name: DCMH CaresPlus

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

9. Will this project include replacement reserves in the Operating budget? No

10. Is this project applying for Rural costs on screen 6A? No

## **3B. Project Description**

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

This project will provide Permanent Supportive Housing (PSH) for 14 homeless families and 5 homeless single individuals. The 5 individuals will be people with Serious Mental Illness (SMI) but may also have co-occurring health or behavioral health conditions. The 14 families will have disabilities such as SMI, Substance Use Disorders (SUD), developmental disabilities (DD), and/or complex medical conditions.

Rental Assistance for five of the 19 units (26%) will be provided by the locally funded Westchester County WestCARES program, not by HUD – fulfilling the HUD “Leveraging Housing Resources” goal. See screen 7A for letter of commitment from Westchester County DSS to provide the five housing subsidies.

The project will use a Housing First approach to offer eligible participants immediate access to permanent supportive housing.

The units will be scattered-site units rented from private landlords, thus enhancing the ability to accommodate participants’ choice of community of residence. There will be a mix of 5 one-bedroom units for singles, 6 two-bedroom, 6 three-bedroom, and 2 four-bedroom units for families to accommodate families of various sizes.

Services provided to HDSW PSH participants include housing supports and care management. We will assist clients to maintain their housing in the community; and develop a self-sufficiency support plan that can include teaching home care skills, social networking, and financial literacy skills. HDSW Housing Care Managers help applicants locate apartments in the community of their choice, secure furnishings and move into their new home. The Housing Care Manager works closely with the landlord to assure safe and comfortable housing, manage repairs, and resolve any other housing issues.

Care management services are provided to participants in their apartments as often as needed. The care manager helps participants design & maintain self-sufficiency plans, access all needed mainstream benefits, support services, and needed community resources, and helps residents manage their financial benefits. The care manager will refer clients to all needed services including mental health, medical, legal, vocational, educational, peer support, and childcare. The care manager intervenes with clients to prevent crises, or to help meet their emergency service needs. Such interventions include close communication with the client and with the owner of the apartment in order to identify and address any problems that threaten housing stability. At least initially, each client will be required to meet with a care manager at a minimum of twice monthly. HDSW is available to provide Representative Payee services to clients as needed.

Supported Employment services will be available to participants through the HDSW Supported Employment program. Clients will be assisted to apply for HDSW ACCES-VR vocational and educational services. Our care manager will assist with vocational objectives in the client self-sufficiency plan. The HDSW Employment Coordinator utilizes the best practices Individualized Placement and Support (IPS) model of supported employment. Additional employment services are available at HOPE House through an 86-hour Peer Care Management Training Program (led by a Peer Care Manager) and 3 career-path training opportunities in culinary arts, clerical, and porter maintenance.



HARP-eligible clients may access employment and education services that help them achieve long-term housing retention.

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	75			
Leased or rental assistance units or structure, and supportive services near 100% capacity	210			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Not applicable we are not requesting capital costs.

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 checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other (Click 'Save' to update)	<input type="checkbox"/>
-----------------------------------	--------------------------

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? **Yes**

**5. Housing First**

5a. Will the project quickly move participants into permanent housing? **Yes**

5b. Will the project enroll program participants who have the following barriers?  
 Select all that apply.

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

5d. Will the project follow a "Housing First" approach? **Yes**  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS?** DedicatedPLUS

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

## **4A. Supportive Services for Participants**

**1. Describe how program participants will be assisted to obtain and remain in permanent housing.**

HDSW will provide housing supports and care management to maintain resident housing in the community. Care Managers help clients locate apartments of their choice, secure furnishings and move into a new home. HDSW will help participants secure apartments that are conveniently located near public transportation, shopping, and other services.

The budget for this proposed new project includes funds to assist with transportation (averaging \$75 per month per household), supplemental food (averaging \$76.59 per month for each household member), and childcare subsidies (averaging \$2,200 per year per family household) to fill gaps in childcare needed for participation in job search, treatment, and other essential services. We have budgeted funding for 1.25 FTE care Managers to handle the 19 households and 43 residents in this program.

Care management services are provided directly to participants in their apartments as often as needed. The care manager helps participants design and maintain self-sufficiency plans, access all needed mainstream benefits, support services, and needed community resources, and helps residents manage their financial benefits. The care manager will refer clients to all needed services including mental health, medical, legal, vocational, educational, peer support, and childcare. At least initially, each client will be required to meet with their care manager at a minimum of twice monthly. HDSW is available to provide Representative Payee services to clients as needed.

The care manager intervenes with clients to prevent crises, or, when necessary, help meet their emergency service needs. Such interventions include close communication with the client and with the owner/manager of the apartment in order to identify and address any problems that threaten housing stability. Residents will be assisted during crises through increased visits and support, and may use HDSW's respite services as needed. With the goal of maintaining the housing placement, WC DCMH, as well as the CoC's Housing Success Workgroup will provide guidance, assistance and support as needed to HDSW staff.

Supported Employment services will be available to this project's clients through the HDSW Supported Employment program. Clients will be assisted to apply for HDSW's ACCES-VR vocational and/or educational services and to attend HOPE House to access employment services. Our care manager will assist with vocational objectives in the client self-sufficiency plan. The HDSW Employment Coordinator utilizes the best practices Individualized Placement and Support (IPS) model of supported employment. Additional employment services are available at HOPE House through an 86-hour Peer Care Management Training Program (led by a Peer Care Manager), and three career-path training opportunities in culinary arts, clerical, and porter maintenance. For those clients who are HARP-eligible, HCBS also offers employment and education services that help them achieve long-term housing retention.

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

HDSW Care Managers will review each participant’s eligibility for all applicable mainstream benefits at intake and on-going.

Care management services are provided directly to participants in their apartments as often as needed. Care Managers help participants maintain self-sufficiency plans, access all needed services and resources, and manage their financial benefits. Care Managers will refer clients to all mainstream benefits including financial, mental health, medical, legal, vocational, educational, peer support, and childcare.

The Care Manager will work with WCDSS, available legal services, the county’s SOAR Coordinator and SSA to ensure that participants are linked to all needed entitlements and benefits. The Care Manager will help participants complete written applications, arrange transportation and/or translation services when needed, provide advocacy, and remind participants of critical appointments. The Care Manager will encourage each participant to choose a primary care provider, have an annual physical exam, and follow recommended treatment regimens for all acute and chronic illnesses.

The Care Manager intervenes with clients to prevent crises, or, when necessary, help meet their emergency service needs. Such interventions include close communication with the client and with the owner/manager of the apartment in order to identify and address any problems that threaten housing stability. HDSW is available to provide Representative Payee services to clients as needed.

The Care Manager and NYS-funded Peer Specialist will use the Wellness Self-Management Plus curriculum to guide efforts to encourage incremental harm reduction choices and compliance with recommended treatment. HDSW is a participating provider and board member of both of Westchester County’s behavioral health home networks: Hudson River Healthcare and the Hudson Valley Care Coalition. HDSW is a founding member of the Coordinated Behavioral Health Services IPA. Connections to these networks will allow easier access to clinical services not provided directly by HDSW. HDSW is NYS approved to provide the following Home and Community- Based Services/CORE services: Psychosocial Rehabilitation, Community Psychiatric Support and Treatment, Habilitation, Family Support and Training, Education Support Services, Empowerment Services-Peer Supports, Prevocational Services, Transitional Employment, and is working to open a Supportive Crisis Stabilization Center program in White Plains.

Supported Employment services will be available to this project’s clients through the HDSW Supported Employment program. Clients will be assisted to apply for HDSW’s ACCES-VR vocational and/or educational services and to attend HOPE House to access employment services. The Care Manager will assist with vocational objectives in the client self-sufficiency plan. The HDSW Employment Coordinator utilizes the best practices Individualized Placement and Support (IPS) model of supported employment. Additional employment services are available at HOPE House through an 86-hour Peer Care Management Training Program (led by a Peer Care Manager), and three career-path training opportunities in culinary arts, clerical, and porter maintenance. Project participants will be able to easily access all of the above-described services.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Subrecipient	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

**Identify whether the project will include the following activities:**

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

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

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

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



## 4B. Housing Type and Location

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

Total Units: 19

Total Beds: 43

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	5	5	0
Scattered-site apartments (...)	---	14	38	0

## 4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 5

b. **Beds:** 5

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

This includes both the “dedicated” and “prioritized” beds.

### 4. Address:

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

**Street 1:** 930 Mamaroneck Avenue

**Street 2:**

**City:** Mamaroneck

**State:** New York

**ZIP Code:** 10543

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

369119 Westchester County

## 4B. Housing Type and Location Detail

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 14

**b. Beds:** 38

**3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

**This includes both the “dedicated” and “prioritized” beds.**

**4. Address:**

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

**Street 1:** 930 Mamaroneck Avenue

**Street 2:**

**City:** Mamaroneck

**State:** New York

**ZIP Code:** 10543

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

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## 5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	14	5	0	19
<b>Characteristics</b>				
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	14	5		19
Persons ages 18-24	0	0		0
Accompanied Children under age 18	24		0	24
Unaccompanied Children under age 18			0	0
Total Persons	38	5	0	43

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	5			6		11		1	1	
Persons ages 18-24										
Children under age 18										24
<b>Total Persons</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>24</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2			3		5				
Persons ages 18-24										
<b>Total Persons</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

The persons identified are homeless children who are not disabled or victims of domestic violence; they therefore do not fall under the other categories in columns 1 through 9.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? **Yes**

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

3. Does this project propose to allocate funds according to an indirect cost rate? **Yes**

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### 3a. Complete the indirect cost rate table below

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Not applicable - we will use the 10% de minimis rate	10%	\$211,444	Will use 10% de minimis rate

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

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>



**The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.**

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?  
(13 to 18 months)** Yes

**6a. Select the number of additional months requested for the initial grant term:** 16 months



## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Request:	\$371,088
Grant Term:	1 Year
Total Request for Grant Term:	\$371,088
Total Units:	14

The number of beds for which funding has been requested in the Rental Assistance budget is 38.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	14	\$371,088

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: SRA**

**Metropolitan or non-metropolitan fair market rent area: NY - Westchester County, NY Statutory Exception Area (361199999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$1,015	x	12		=	\$0
0 Bedroom		x	\$1,353	x	12		=	\$0
1 Bedroom		x	\$1,566	x	12		=	\$0

2 Bedrooms	6	x	\$1,883	x	12	=	\$135,576
3 Bedrooms	6	x	\$2,377	x	12	=	\$171,144
4 Bedrooms	2	x	\$2,682	x	12	=	\$64,368
5 Bedrooms		x	\$3,084	x	12	=	\$0
6 Bedrooms		x	\$3,487	x	12	=	\$0
7 Bedrooms		x	\$3,889	x	12	=	\$0
8 Bedrooms		x	\$4,291	x	12	=	\$0
9 Bedrooms		x	\$4,694	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	14						\$371,088
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$371,088

Click the 'Save' button to automatically calculate totals.

## 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	\$300 x 19 households	\$5,700
3. Case Management	1.25 FTE care manager @ \$60,000 plus 31.5% fringe	\$98,625
4. Child Care	14 families @ \$2,200 to fill gaps in childcare needed for participation in job search, treatment & essential services	\$30,800
5. Education Services		
6. Employment Assistance		
7. Food	\$76.59 per month per person x 12 months x 43 residents	\$39,520
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	\$75 per month x 19 household x 12 months	\$17,100
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$191,745</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$191,745</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$150,558
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$150,558

**1. Will this project generate program income** Yes  
 described in 24 CFR 578.97 to use as Match for  
 this project?

**1a. Briefly describe the source of the program income:**  
 (limit 1000 characters)

Rents collected from Sponsor-based Rental Assistance program participants per 24 CFR 578.77.

**1b. Estimate the amount of program income that** \$34,868  
 will be used as Match for this project:

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Westchester Count...	\$93,360
Cash	Private	Human Development...	\$34,868
Cash	Government	NYS OTDA 2022-202...	\$22,330

## Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** Westchester County Department of Social Services WestCARES contract for Rental Assistance for 5 one-BR units  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$93,360

## Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Human Development Services of Westchester Program Income - Resident Rent  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$34,868

## Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** NYS OTDA 2022-2026 NYSSHP grant contract with HDSW for Supportive Services  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. **Amount of Written Commitment:** \$22,330



## 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$371,088	1 Year	\$371,088
4. Supportive Services (Screen 6F)	\$191,745	1 Year	\$191,745
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$562,833
10. Admin (Up to 10% of Sub-total in #9)			\$39,398
11. HUD funded Sub-total + Admin. Requested			\$602,231
12. Cash Match (From Screen 6I)			\$150,558
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$150,558
15. Total Project Budget for this grant, including Match			\$752,789

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/21/2023
2) Other Attachment(s)	No	Commitment letter...	08/22/2023
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** Subrecipient Nonprofit Documentation for HDSW

## Attachment Details

**Document Description:** Commitment letter for Leveraged Housing Resources

## Attachment Details

**Document Description:**

## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Michael Orth

**Date:** 08/25/2023

**Title:** Commissioner

**Applicant Organization:** Westchester County Dept. of Community Mental Health

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X

## 8B. Submission Summary

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

Page	Last Updated
New Project Application FY2023	Page 62 08/25/2023

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	08/21/2023
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/21/2023
<b>1E. SF-424 Compliance</b>	08/21/2023
<b>1F. SF-424 Declaration</b>	08/21/2023
<b>1G. HUD 2880</b>	08/21/2023
<b>1H. HUD 50070</b>	08/21/2023
<b>1I. Cert. Lobbying</b>	08/21/2023
<b>1J. SF-LLL</b>	08/21/2023
<b>IK. SF-424B</b>	08/21/2023
<b>1L. SF-424D</b>	08/21/2023
<b>2A. Subrecipients</b>	08/21/2023
<b>2B. Experience</b>	08/25/2023
<b>3A. Project Detail</b>	08/21/2023
<b>3B. Description</b>	08/21/2023
<b>3C. Expansion</b>	08/21/2023
<b>4A. Services</b>	08/25/2023
<b>4B. Housing Type</b>	08/21/2023
<b>5A. Households</b>	08/21/2023
<b>5B. Subpopulations</b>	08/21/2023
<b>6A. Funding Request</b>	08/21/2023
<b>6E. Rental Assistance</b>	08/21/2023
<b>6F. Supp Srvcs Budget</b>	08/21/2023
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	08/21/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/22/2023
<b>7D. Certification</b>	08/21/2023

**Internal Revenue Service**

**Date:** September 22, 2005

HUMAN DEVELOPMENT SERVICES OF  
WESTCHESTER  
930 MAMARONECK AVE  
MAMARONECK NY 10543-1629 306

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**

Alvin Gadd 31-07339  
Customer Service Representative

**Toll Free Telephone Number:**

8:30 a.m. to 5:30 p.m. ET  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

13-3008872

Dear Sir or Madam:

This is in response to your request of September 22, 2005, regarding your organization's tax-exempt status.

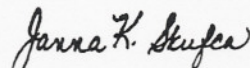
In May 1980 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services



George Latimer  
County Executive

Department of Social Services

Leonard G. Townes  
Commissioner

August 21, 2023

To Whom It May Concern,

**Re: Certification of Cash Match for new FY2023 CoC Bonus project DCMH CaresPlus**

I am writing on behalf of the Westchester County Department of Social Services to confirm our commitment of \$93,360 in matching funds for the new FY2023 CoC Bonus project DCMH CaresPlus. These matching funds consist of the following:

<i>Category</i>	<i>Activity Funded</i>	<i>Detail</i>	<i>Source or Provider</i>	<i>Value</i>
Rental Assistance	Rental Assistance	Rent subsidy for 5 one-BR units (26% of project total) for 12 months	WestCARES contract funded by Westchester County DSS	\$93,360
			<b>TOTAL</b>	<b>\$93,360</b>

This commitment is firm. The matching funds will be made available throughout the grant period.

Sincerely,



Leonard G. Townes  
Commissioner