

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.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to 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.
- 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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/24/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NY0488

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: 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

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 RAP

16. Congressional District(s):

a. Applicant: NY-016, NY-017
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 03/01/2023

b. End Date: 02/28/2024

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: 08/24/2023

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: \$9,819,022.00

(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	\$131,320.00	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

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	\$3,004,261.00	29%
Lexington Center for Recovery	HFTMV2LKZYA9	Permanent Supportive Housing provider	\$1,645,086.00	16%
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	14%
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

Name / Title of Authorized Official: Michael Orth, Commissioner

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

Date Signed: 08/24/2023

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:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

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

I 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

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: 08/24/2023

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: 08/24/2023

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 Official: Considered signed upon submission in e-snaps.

Date Signed: 08/24/2023

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: 08/24/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? **No**

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Screens 2A, 3B, 4B, 5A, 5B, and 7A MOU Attachment must be updated to reflect expansion of this project for FY2022.

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

Recipient Performance

- 1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

- 2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

- 3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

DCMH was been delayed by several months in submitting the initial claim to HUD for the current DCMH RAP grant NY0488L2T042215 which started 03/01/2023.

Claims were delayed while DCMH waited for a Grant Agreement from HUD. DCMH received the Grant Agreement from HUD on July 6 – over four months after the start of the operating period. DCMH returned the executed copy to HUD on July 25 after approval from the County Board of Legislators.

While we waited for the Grant Agreement from HUD and for the grant to become active in LOCCS, voucher claims from all six subrecipients for March through May have been submitted, reviewed, corrected, and approved - so that we have now already made an initial claim in LOCCS in August.

We will make claims at least monthly following this initial claim for the rest of the grant period.

We hope that any renewal Grant Agreement is forwarded to us next year before the start of the FY2023 grant period.

- 4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The FY2021 grant DCMH RA Project NY0488L2T042114 had a remaining balance of \$1,247,379.56 (including \$972,625.26 in Rental Assistance) – 12.7% of grant funds were unspent.

This is a significant reduction in unspent funding from the previous grant where 18% of the awarded funds were recaptured.

The major reason for the unspent balance is grant savings due to client share of rent, but we have not been able to use those savings to house more participants because of a lack of Supportive Services to help participants obtain and remain in housing.

Therefore, for FY2022 DCMH reallocated \$150,336 Rental Assistance funds from DCMH RAP into a DCMH RAP Expansion which provides additional funding for Supportive Services necessary to maintain disabled homeless individuals in their community-based housing - thereby enabling DCMH to house more participants and we expect to use approximately \$445,000 additional Rental Assistance funds.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below 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: \$9,710,045

Organization	Type	Sub-Award Amount
Human Development Services of Westchester	M. Nonprofit with 501C3 IRS Status	\$3,004,261
Lexington Center for Recovery	M. Nonprofit with 501C3 IRS Status	\$1,645,086
Lifting Up Westchester, Inc.	M. Nonprofit with 501C3 IRS Status	\$1,058,186
Westhab, Inc	M. Nonprofit with 501C3 IRS Status	\$1,928,812
The Guidance Center, Inc.	M. Nonprofit with 501C3 IRS Status	\$633,852
The Mental Health Association of Westchester, Inc.	M. Nonprofit with 501C3 IRS Status	\$1,439,848

2A. Project Subrecipients Detail

a. Organization Name: Human Development Services of Westchester

b. Organization Type: M. Nonprofit with 501C3 IRS Status

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: \$3,004,261

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

- a. Organization Name:** Lexington Center for Recovery
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 13-3131438
- d. Unique Entity Identifier:** HFTMV2LKZYA9
- e. Physical Address**
- Street 1:** 2875 Route 35
Street 2: Suite 6N-1
City: Katonah
State: New York
Zip Code: 10536

f. Congressional District(s): NY-017
(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: \$1,645,086

j. Contact Person

Prefix: Dr.

First Name: Suzanne

Middle Name:

Last Name: Tisne

Suffix:

Title: Associate Director

E-mail Address: stisne@lexingtonctr.org

Confirm E-mail Address: stisne@lexingtonctr.org

Phone Number: 914-666-0191

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Lifting Up Westchester, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 13-3121606

d. Unique Entity Identifier: YCKEUTJP9B25

e. Physical Address

Street 1: 35 Orchard Street

Street 2:

City: White Plains

State: New York

Zip Code: 10603

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: \$1,058,186

j. Contact Person

Prefix: Ms.

First Name: Anahaita

Middle Name:

Last Name: Kotval

Suffix:

Title: Executive Director

E-mail Address: akotval@liftingupwestchester.org

Confirm E-mail Address: akotval@liftingupwestchester.org
Phone Number: 914-949-3098
Extension: 9,750
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

- a. Organization Name:** Westhab, Inc
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 06-1064281
- d. Unique Entity Identifier:** HS5BZ6RY2F87
- e. Physical Address**
Street 1: 8 Bashford Street
Street 2:
City: Yonkers
State: New York
Zip Code: 10701
- 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: \$1,928,812

j. Contact Person

Prefix: Mr.

First Name: Richard

Middle Name:

Last Name: Nightingale

Suffix:

Title: President

E-mail Address: richard.nightingale@westhab.org

Confirm E-mail Address: richard.nightingale@westhab.org

Phone Number: 914-345-2800

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: The Guidance Center, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 13-1839684

d. Unique Entity Identifier: HAZFKJMK6RJ3

e. Physical Address

Street 1: 256 Washington Street

Street 2:

City: Mount Vernon

State: New York

Zip Code: 10550

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: \$633,852

j. Contact Person

Prefix: Mr.

First Name: Ronald

Middle Name:

Last Name: Colavito

Suffix:

Title: Executive Director

E-mail Address: rcolavito@asfl.org

Confirm E-mail Address: rcolavito@asfl.org

Phone Number: 914-636-4440

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: The Mental Health Association of Westchester, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 13-1740002

d. Unique Entity Identifier: K6HTJZQSUUU6

e. Physical Address

Street 1: 580 White Plains Road

Street 2:

City: Tarrytown

State: New York

Zip Code: 10591

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: \$1,439,848

j. Contact Person

Prefix: Ms.

First Name: Stacey

Middle Name:

Last Name: Roberts

Suffix:

Title: Chief Executive Officer

E-mail Address: robertss@mhawestchester.org

Confirm E-mail Address: robertss@mhawestchester.org

Phone Number: 914-345-5900

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** NY0488
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** NY-604 - Yonkers, Mount Vernon/Westchester County CoC
- 3. CoC Collaborative Applicant Name:** Westchester County Dept. of Community Mental Health
- 4. Project Name:** DCMH RAP
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** PSH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No
(Attachment Requirement)

3B. Project Description

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

This Rental Assistance project provides 490 housing units to homeless individuals and families diagnosed with and affected by severe mental illness. Individuals served by the project may be experiencing substance abuse issues, developmental disabilities as well as other disabling health conditions. The subrecipients administering this project on behalf of The Westchester County Department of Community Mental Health (DCMH) are The Lexington Center for Recovery, Human Development Services of Westchester, Westhab, The Guidance Center of Westchester, Mental Health Association of Westchester, and Lifting Up Westchester.

All of these subrecipients have extensive experience providing housing and other services to persons with mental health and/or substance abuse issues, and have demonstrated a capacity to deliver quality care. Subrecipients meet regularly with DCMH contract management staff/CoC members to develop and monitor plans to effectively identify and address the needs and issues of the individuals and families served by this project, and to remain aligned with the overall goals of the CoC. DCMH, acting as recipient for this project, conducts annual monitoring visits to ensure adherence to HUD regulations in administering the project. Findings are reported back to the subrecipients and follow-up is conducted as needed.

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

These services are delivered in partnership with Westchester County DCMH, the subrecipients and numerous mental health, substance abuse, health, vocational, advocacy and school- and community-based programs throughout the county providing supportive services to facilitate success in each individual's recovery process. The project consists of studio, 1BR, 2BR, 3BR, and 4BR units. The project serves to secure and maintain permanent housing in apartment locations of the residents' choosing throughout Westchester County.

2. 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 checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>

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

3. Housing First

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

3b. Does 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"/>

3c. 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"/>

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

3C. Dedicated Plus

Dedicated and 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.

**1. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or “N/A”?**

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. 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	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Partner	As needed

Identify whether the project includes the following activities:



2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. 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: 490

Total Beds: 692

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	490	692

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:** 490

b. **Beds:** 692

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 112 East Post Road

Street 2:

City: White Plains

State: New York

ZIP Code: 10601

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

369119 Westchester County

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	129	361	0	490

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	120	331		451
Persons ages 18-24	14	30		44
Accompanied Children under age 18	197		0	197
Unaccompanied Children under age 18			0	0
Total Persons	331	361	0	692

Click Save to automatically calculate totals

5B. Program 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	4		1	48	1	98	10	2	5	
Persons ages 18-24				5		10				
Children under age 18										197
Total Persons	4	0	1	53	1	108	10	2	5	197

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	32	2	36	185	14	283	10	13	11	
Persons ages 18-24				5		30				
Total Persons	32	2	36	190	14	313	10	13	11	0

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										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations 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

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

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.

a. Please complete the indirect cost rate schedule 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%	\$882,376	Will use 10% de minimis rate

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

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"/>

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.

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Request for Grant Term:	\$8,827,668
Total Units:	430

The number of beds for which funding has been requested in the Rental Assistance budget is 619.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	412	\$8,504,748
SRA	NY - Westchester County, NY Statutory...	12	\$225,504
SRA	NY - Westchester County, NY Statutory...	6	\$97,416

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: NY - Westchester County, NY Statutory Exception Area (3611999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$1,015	\$1,015	x 12 =	\$0
0 Bedroom	33	x \$1,353	\$1,353	x 12 =	\$535,788
1 Bedroom	263	x \$1,566	\$1,566	x 12 =	\$4,942,296
2 Bedrooms	55	x \$1,883	\$1,883	x 12 =	\$1,242,780
3 Bedrooms	49	x \$2,377	\$2,377	x 12 =	\$1,397,676
4 Bedrooms	12	x \$2,682	\$2,682	x 12 =	\$386,208
5 Bedrooms		x \$3,084	\$3,084	x 12 =	\$0
6 Bedrooms		x \$3,487	\$3,487	x 12 =	\$0
7 Bedrooms		x \$3,889	\$3,889	x 12 =	\$0
8 Bedrooms		x \$4,291	\$4,291	x 12 =	\$0
9 Bedrooms		x \$4,694	\$4,694	x 12 =	\$0
Total Units and Annual Assistance Requested					\$8,504,748
Grant Term					1 Year
Total Request for Grant Term					\$8,504,748

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: NY - Westchester County, NY Statutory Exception Area (3611999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$1,015	\$1,015 x	12 =	\$0
0 Bedroom		x \$1,353	\$1,353 x	12 =	\$0
1 Bedroom	12	x \$1,566	\$1,566 x	12 =	\$225,504
2 Bedrooms		x \$1,883	\$1,883 x	12 =	\$0
3 Bedrooms		x \$2,377	\$2,377 x	12 =	\$0
4 Bedrooms		x \$2,682	\$2,682 x	12 =	\$0
5 Bedrooms		x \$3,084	\$3,084 x	12 =	\$0
6 Bedrooms		x \$3,487	\$3,487 x	12 =	\$0
7 Bedrooms		x \$3,889	\$3,889 x	12 =	\$0
8 Bedrooms		x \$4,291	\$4,291 x	12 =	\$0
9 Bedrooms		x \$4,694	\$4,694 x	12 =	\$0
Total Units and Annual Assistance Requested					\$225,504
Grant Term					1 Year
Total Request for Grant Term					\$225,504

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: NY - Westchester County, NY Statutory Exception Area (3611999999)



Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$1,015	\$1,015 x	12 =	\$0
0 Bedroom	6	x \$1,353	\$1,353 x	12 =	\$97,416

1 Bedroom		x	\$1,566	\$1,566	x	12	=	\$0
2 Bedrooms		x	\$1,883	\$1,883	x	12	=	\$0
3 Bedrooms		x	\$2,377	\$2,377	x	12	=	\$0
4 Bedrooms		x	\$2,682	\$2,682	x	12	=	\$0
5 Bedrooms		x	\$3,084	\$3,084	x	12	=	\$0
6 Bedrooms		x	\$3,487	\$3,487	x	12	=	\$0
7 Bedrooms		x	\$3,889	\$3,889	x	12	=	\$0
8 Bedrooms		x	\$4,291	\$4,291	x	12	=	\$0
9 Bedrooms		x	\$4,694	\$4,694	x	12	=	\$0
Total Units and Annual Assistance Requested	6							\$97,416
Grant Term								1 Year
Total Request for Grant Term								\$97,416

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for 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 Value of Cash Commitments:	\$2,370,529
Total Value of In-Kind Commitments:	\$84,227
Total Value of All Commitments:	\$2,454,756

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

1a. Briefly describe the source of the program income:

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

1b. Estimate the amount of program income that will be used as Match for this project: \$1,452,404

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Contributor	Value of Commitments
Cash	Government	New York State Of...	\$732,031
Cash	Government	New York State Of...	\$48,946
Cash	Government	Westchester Count...	\$131,320
Cash	Private	Mental Health Ass...	\$236,052
Cash	Private	Lexington Center ...	\$221,832
Cash	Private	The Guidance Cent...	\$96,696
Cash	Private	Westhab - Program...	\$312,840
Cash	Private	Human Development...	\$398,160
Cash	Private	Lifting Up Westch...	\$186,824
In-Kind	Government	Veterans Administ...	\$84,227
Cash	Private	Westhab general r...	\$5,828

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: New York State Office of Mental Health grant award
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$732,031

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: New York State Office of Alcoholism and Substance Abuse Services award
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$48,946

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Westchester County Department of Social Services local MHA program contracts
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$131,320

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private

- 3. Name of Source:** Mental Health Association of Westchester
(Be as specific as possible and include the office or grant program as applicable) Program Income - Resident Rent
- 4. Amount of Written Commitment:** \$236,052

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Lexington Center for Recovery Program Income -
(Be as specific as possible and include the office or grant program as applicable) Resident Rent
- 4. Amount of Written Commitment:** \$221,832

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** The Guidance Center- Program Income from
(Be as specific as possible and include the office or grant program as applicable) Resident Rent
- 4. Amount of Written Commitment:** \$96,696

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Westhab - Program Income from Resident Rent
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$312,840

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Human Development Services of Westchester
(Be as specific as possible and include the office or grant program as applicable) Program Income - Resident Rent
- 4. Amount of Written Commitment: \$398,160

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Lifting Up Westchester Program Income -
(Be as specific as possible and include the office or grant program as applicable) Resident Rent
- 4. Amount of Written Commitment: \$186,824

Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: Veterans Administration supportive services
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$84,227

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Westhab general revenue
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$5,828

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$8,827,668
3. Supportive Services (Enter)	\$446,468
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Sub-total of CoC Program Costs Requested	\$9,274,136
8. Admin (Up to 10% of Sub-total in #7)	\$544,886
9. HUD funded Sub-total + Admin. Requested	\$9,819,022
10. Cash Match (From Screen 6D)	\$2,370,529
11. In-Kind Match (From Screen 6D)	\$84,227
12. Total Match (From Screen 6D)	\$2,454,756
13. Total Project Budget for this grant, including Match	\$12,273,778

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DCMH RAP FY2023 S...	08/25/2022
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: DCMH RAP FY2023 Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	DCMH RAP FY2023 I...	08/14/2023

Attachment Details

Document Description: DCMH RAP FY2023 In-Kind Match MOU

7B. 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: 08/24/2023

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

Page	Last Updated
1A. SF-424 Application Type	08/14/2023
1B. SF-424 Legal Applicant	08/14/2023

Renewal Project Application FY2023	Page 67	08/24/2023
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2023
1E. SF-424 Compliance	08/14/2023
1F. SF-424 Declaration	08/14/2023
1G. HUD 2880	08/14/2023
1H. HUD-50070	08/14/2023
1I. Cert. Lobbying	08/14/2023
1J. SF-LLL	08/14/2023
IK. SF-424B	08/14/2023
Submission Without Changes	08/14/2023
Recipient Performance	08/14/2023
Renewal Grant Consolidation or Renewal Grant Expansion	08/14/2023
2A. Subrecipients	08/24/2023
3A. Project Detail	08/14/2023
3B. Description	08/14/2023
3C. Dedicated Plus	08/14/2023
4A. Services	08/14/2023
4B. Housing Type	08/14/2023
5A. Households	08/14/2023
5B. Subpopulations	08/14/2023
6A. Funding Request	08/14/2023
6C. Rental Assistance	08/14/2023
6D. Match	08/14/2023
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2023
7A. In-Kind Match MOU Attachment	08/14/2023
7B. Certification	08/14/2023

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

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P.O. BOX 1680
BROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

Date: MAR 06 1995

WESTHAB, INC.
35 EXECUTIVE BLVD.
ELMSFORD, NY 10523-1326

Employer Identification Number:
06-1064281
Case Number:
114357005
Contact Person:
FRANCES E MCKENNA
Contact Telephone Number:
(718) 488-2318
Our Letter Dated:
March 12, 1991
Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

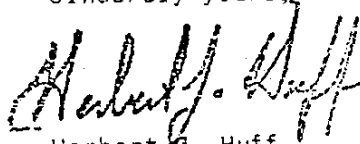
If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

WESTHAB INC

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Herbert G. Huff
District Director

Enclosure:
Addendum

BESTHAB INC

As per Income Tax Regulations 1.509(a)-6, if an organization is described in section 509(a)(1) and also in another paragraph of section 509 it will be treated as a 509(a)(1) organization.

Although you were treated as an organization described in section 509(a)(2) during your advance ruling period, you now qualify under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code and therefore, you have reclassified accordingly.

Internal Revenue Service

Date: September 28, 2007

THE GUIDANCE CENTER INC
70 GRAND ST
NEW ROCHELLE NY 10801-5606

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

Person to Contact:

Miss Csinsi 17-56980
Customer Service Representative

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:
13-1839684

Dear Sir or Madam:

This is in response to your request of September 28, 2007, regarding your organization's tax-exempt status.

In April 1942 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 section 509(a)(2) 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,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: April 12, 2001

Lexington Center For Recovery
24 Smith Ave.
Mt. Kisco, NY 10549-2814

Person to Contact:
Tracy Garrigus #31-07307
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
13-3131438

Dear Sir or Madam:

We have received the copy of the Amended Articles of Incorporation filed with the State of New York, on February 12, 2001 indicating that your name has been changed from The Week-End Center, Inc. to the name shown above.

Our records indicate that a determination letter issued in August 1983, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Lexington Center For Recovery, Inc
13-3131438

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

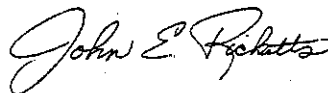
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.


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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674151
Feb. 24, 2011 LTR 4168C E0
13-1740002 000000 00
00026576
BODC: TE


MENTAL HEALTH ASSOCIATION OF
WESTCHESTER INC
580 WHITE PLAINS ROAD
TARRYTOWN NY 10591

021642

Employer Identification Number: 13-1740002
Person to Contact: MS. HANK
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Feb. 14, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JUNE 1962.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 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.

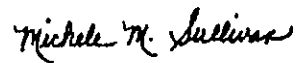
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674151
Feb. 24, 2011 LTR 4168C E0
13-1740002 000000 00
00026577

MENTAL HEALTH ASSOCIATION OF
WESTCHESTER INC
580 WHITE PLAINS ROAD
TARRYTOWN NY 10591

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

Sincerely yours,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Internal Revenue Service

Department of the Treasury

District
Director

10 Metro Tech Center
625 Fulton Street
Brooklyn, NY 11201

▷

Date: DEC 01 1995

Grace Church
Community Center, Inc.
171 E Post Road Suite 219
White Plains, NY 10601-4901

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-3121606

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Grace Church Community Center, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Grace Church Community Center, Inc.

Date of Exemption Letter: October 1982

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in section 509(a)(2) of the Internal Revenue Code.

FILING RECEIPT

=====

ENTITY NAME: LIFTING UP WESTCHESTER, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)
PROCESS NAME

COUNTY: WEST

=====

FILED:04/13/2015 DURATION:***** CASH#:150413000480 FILM #:150413000440

FILER:

PAUL ANDERSON-WINCHELL
EXECUTIVE DIRECTOR
35 ORCHARD STREET
WHITE PLAINS, NY 10603

ADDRESS FOR PROCESS:

THE CORPORATION
35 ORCHARD STREET
WHITE PLAINS, NY 10603

REGISTERED AGENT:



=====

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00

FEEs 55.00

FILING 30.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 55.00

CASH 0.00
CHECK 55.00
CHARGE 0.00
DRAWDOWN 0.00
OPAL 0.00
REFUND 0.00

New York State
Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF**

Grace Church Community Center, Inc.

(Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is

Grace Church Community Center, Inc.

If the name of the corporation has been changed, the name under which it was formed is

SECOND: The certificate of incorporation was filed by the Department of State on

August 30, 1079

THIRD: The law the corporation was formed under is

NYS Not-for-Profit Corporation Law

FOURTH: The corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the Not-for-Profit Corporation Law.

FIFTH: The certificate of incorporation is amended as follows:

Paragraph 1st of the Certificate of Incorporation regarding

The name of the corporation.

is hereby [*check the appropriate box*] added amended to read in its entirety as follows:

The undersigned, for the purposes of amending the certificate of a not-for-profit corporation under Section 402 of the Not-For-Profit Corporation Law of the State of New York, hereby certify:

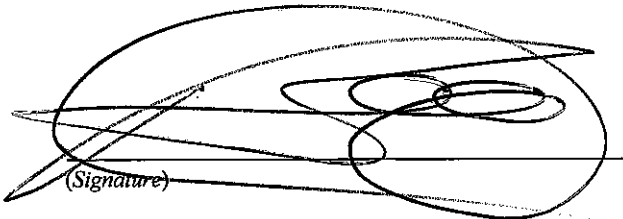
1. The amended name of the corporation is:
Lifting Up Westchester, Inc.

SIXTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is

Grace Church Community Center
35 Orchard Street
White Plains, NY 10603

SEVENTH: The certificate of amendment was authorized by *(Check the appropriate box)*

- a vote of a majority of the members at a meeting.
- the unanimous written consent of the members entitled to vote thereon.
- a vote of a majority of the entire board of directors. The corporation has no members.



(Signature)

Board President

(Capacity of Signer)

Brion Hayman

(Print or Type Signer's Name)

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

Grace Church Community Center, Inc

(Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name Paul Anderson-Winchell, Executive Director

Address 35 Orchard Street

City, State and Zip Code White Plains, NY 10603

NOTE: The certificate must be submitted with a \$30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. **Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.**

For Office Use Only

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through April 17, 2015.

Selected Entity Name: LIFTING UP WESTCHESTER, INC.

Selected Entity Status Information

Current Entity Name: LIFTING UP WESTCHESTER, INC.

DOS ID #: 578704

Initial DOS Filing Date: AUGUST 30, 1979

County: WESTCHESTER

Jurisdiction: NEW YORK

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

LIFTING UP WESTCHESTER, INC.

35 ORCHARD STREET

WHITE PLAINS, NEW YORK, 10603

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not

recorded and only available by [viewing the certificate.](#)

*Stock Information

# of Shares	Type of Stock	\$ Value per Share
No Information Available		

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
APR 13, 2015	Actual	LIFTING UP WESTCHESTER, INC.
AUG 30, 1979	Actual	GRACE CHURCH COMMUNITY CENTER, INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

[Search Results](#) | [New Search](#)

[Services/Programs](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Disclaimer](#) | [Return to DOS Homepage](#) | [Contact Us](#)

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on April 17, 2015.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



Certificate of Assumed Name

Pursuant to General Business Law §130

20150416074

1. REAL NAME OF ENTITY: Lifting Up Westchester, Inc.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Education Law
- Other (specify law):
- Limited Liability Company Law
- Not-for-Profit Corporation Law
- Religious Corporations Law
- Revised Limited Partnership Act

3. ASSUMED NAME: Grace Church Community Center

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

35 Orchard Street
White Plains, New York 10603

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input checked="" type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

86 East Post Rd.
White Plains, NY 10601

33 Church Street
White Plains, NY 10601

Name of Signer: Brion Hayman, Board President

Signature: 

Capacity of Signer (Check one): Officer of the Corporation General Partner of the Limited Partnership
 Member of the Limited Liability Company Manager of the Limited Liability Company
 Authorized Person

Filer: Name: Paul Anderson-Winchell, Executive Director

Mailing Address: 35 Orchard Street

City, State and Zip Code: White Plains, New York 10603

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

RECEIVED
2015 APR 16 PM 1:08

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

074

148 Hamilton Ave.
White Plains, NY 10601

234 Martin Luther King Blvd.
White Plains, NY 10601

(For office use only)

A602652-8

FILED

2015 APR 16 PM 3:17

1cc
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED APR 16 2015
TAXS 347686
BY: MBK

NEW YORK STATE DEPARTMENT OF STATE
Division of Corporations, State Records and UCC
One Commerce Plaza, 99 Washington Ave, Albany, NY 12231

TO: GRACE CHURCH COMMUNITY CENTER
ATTN PAUL ANDERSON-WINCHELL
35 ORCHARD STREET
WHITE PLAINS, NY 10603



**Department of Veterans Affairs
Hudson Valley Health Care System
PO Box 100
Montrose, New York 10548**

Castle Point Campus
Castle Point, NY 12511

FDR Campus
Route 9A
Montrose, NY 10548

August 1, 2023

Annette M. Peters-Ruvolo, LCSW
Program Director, Community Support Services
Department of Community Mental Health
112 East Post Road
White Plains, NY 10601

**HUD Project:
FY2023 DCMH Rental Assistance Project
Grant Number: NY0488L2T042316
Grant Operating Period/MOU Term: 03/01/24 - 02/28/25**

Dear Ms. Peters-Ruvolo:

The VA Hudson Valley Health Care staff will continue to provide WC DCMH, through their Rental Assistance housing providers, the documentation necessary to fulfill the current HUD requirement for supportive services match.

The VA Hudson Valley HCS provides social work case management services to eligible veterans. These case management services include, but are not limited to, referring veterans to VA clinical programs, providing individual counseling services, and acting as liaison to VA and Non-VA programs to obtain services which will assist the veteran in remaining housed. Upon request and with participant consent, VA Hudson Valley Health Care staff will submit on a monthly basis documentation to support services rendered to rental assistance recipients. This information shall be submitted to the Sub-Recipient for filing in each individual participant's chart. This information shall include the date, the type of service, and the profession of the individual providing the service.

The WC DCMH, with their sub-recipient housing providers, shall continue to administer all grant requirements, including oversight and monitoring activities, administer rental assistance to eligible participants, coordinate participant intake, referral, and service delivery, and coordinate services between housing providers and service providers, deliver technical assistance and training to providers as needed.

WC DCMH staff will communicate any changes to requirements to Sub-Recipient and Provider as information becomes available.

If you have any questions or concerns please feel free to contact me at 914-737-4400 ext. 203740.

Sincerely,

Paul B Stolz LCSW
Manager Homeless Programs

VA Hudson Valley shall render the following services

PROJECT: DCMH RA Project
 GRANT NUMBER: NY0488L2T042316
 GRANT PERIOD: 03/01/24 - 02/28/25

Description of Services to be Provided	Estimated # of Hours to be Spent During Grant Period	Profession of Person Providing Service	Hourly Cost of Service to be Provided	MATCH \$
b. Case Management/Care Coordination	240	LMSW, LCSW	\$ 200	\$ 48,000
e. Alcohol and Drug Abuse Services:	80	CASAC, LMSW, LCSW	\$ 200	\$ 16,000
f. Mental Health Service	120	LMSW, LCSW, PhD, PsyD	\$ 200	\$ 24,000
h. Health Care	80	Physicians, mid-level practitioners, Registered Nurses, Physical Therapists	\$ 150	\$ 12,000
1. Clinic	80	Physicians, mid-level practitioners, Registered Nurses, Physical Therapists	\$ 200	\$ 16,000
TOTAL EXPECTED SUPPORTIVE SERVICES MATCH =				\$116,000.00