

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/29/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Westchester County Dept. of Community Mental Health

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

	c. Organizational DUNS:	072705213	PLUS 4:	1111
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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-6300-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 expansion

16. Congressional District(s):

a. Applicant: NY-016, NY-017, NY-018
b. Project: NY-016, NY-017, NY-018
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2020
b. End Date: 01/31/2021

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: 08/29/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$932,819.00

(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	\$602,562.00	Case Management and Planning staff
New York State Office of Alcoholism and Substance Abuse Services – OASAS 1450 Western Avenue, Albany, NY 12203	grant	\$75,725.00	Case Management staff
Westchester County 112 East Post Road, White Plains NY 10601	grant	\$181,483.00	Case Management staff
New York State Department of Health Corning Tower Building Empire State Plaza Albany, NY 12237	grant	\$131,433.00	Case Management staff
Department of Veterans Affairs Hudson Valley Health Care System 2090 Albany Post Road Montrose NY 10548	client-based services	\$202,336.00	Case Management, Care Coordination, Mental Health, and Medical services

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
The Guidance Center of Westchester	131839684	Permanent Supportive Housing provider	\$786,018.00	8%
Human Development Services of Westchester	133008872	Permanent Supportive Housing provider	\$3,262,350.00	33%
Lexington Center for Recovery	133131438	Permanent Supportive Housing provider	\$1,908,025.00	20%
Lifting Up Westchester	133121606	Permanent Supportive Housing provider	\$723,512.00	7%
see Other Attachments page for additional agencies				

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

Certification

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

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

I AGREE: ☒

Name / Title of Authorized Official: Michael Orth, Commissioner

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

Date Signed: 08/29/2019

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;	

2. Sites for Work Performance.

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

I certify that the information provided on this

X

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: 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: 08/29/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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: 08/29/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Westchester County Dept. of Community Mental Health

Street 1: 112 East Post Road, 2nd Floor

Street 2:

City: White Plains

County: Westchester

State: New York

Country: United States

Zip / Postal Code: 10601

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and

☒

complete. ☐

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name:

Last Name: Orth

Suffix:

Title: Commissioner

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

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

Email: mmo6@westchestergov.com

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

Date Signed: 08/29/2019

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: \$911,564

Organization	Type	Sub-Award Amount
Human Development Services of Westchester	M. Nonprofit with 501C3 IRS Status	\$455,782
Lexington Center for Recovery	M. Nonprofit with 501C3 IRS Status	\$455,782

2A. Project Subrecipients Detail

a. Organization Name: Human Development Services of Westchester

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

c. Employer or Tax Identification Number: 13-3008872

	* d. Organizational DUNS:	113275676	PLUS 4:	
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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: \$455,782

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:

2A. Project Subrecipients Detail

a. Organization Name: Lexington Center for Recovery
b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 13-3131438

	* d. Organizational DUNS:	153505441	PLUS 4:	
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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: \$455,782

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:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The applicant, the Westchester County Department of Community Mental Health (WC DCMH), is the Collaborative Applicant and largest recipient of CoC funding in Westchester's CoC. It currently manages over \$8.85 million in annual CoC funding, housing over 700 formerly homeless persons. It has successfully served as a CoC grantee since our CoC's inception in 1996. Our Program Director of Community Support Services has served as Co-Chair of the CoC for over 6 years.

WC DCMH has over 30 years' experience serving people with mental health, substance abuse and developmental disabilities and their families. Services provided directly have included treatment, case management, information and referral. Vocational, educational, housing, advocacy and other programming is provided via community partners with WC DCMH oversight. WC DCMH has been able to offer such programming using various funding streams, including federal funds from HUD, SAMHSA, the US Department of Health and Human Services, and the US Department of Justice. All contracts have been managed satisfactorily and have helped WC DCMH bring innovative and integral programming to the county.

Our subrecipients for this proposed expansion of the DCMH RA Project are two current subrecipients for DCMH RA Project. Both of the agencies have successfully worked with DCMH for many years to provide permanent supported housing to homeless households under the Shelter Plus Care and then the Continuum of Care programs.

Founded in 1968, Human Development Services of Westchester (HDSW) has a \$12 million annual budget and 100 staff. Its Finance office successfully manages funding from Medicaid, HUD, NYS OMH, NYS OTDA, NYSED, NYS HCR, NYS HTFC, NYS OAG, WCDCHM, WCDSS, and dozens of private funders. HDSW's CEO, Kathy Pandekakes, has 29 years of experience in not-for-profit administration and supportive housing. HDSW has provided HUD-funded homeless services since it won its first McKinney-Vento Homeless Assistance Grant in 1992. HDSW has provided first Shelter Plus Care and now CoC rental assistance with HUD funding since the 1990s and currently provide such housing to 111 individuals and 33 families. All of these households have met the HUD mental health or co-occurring substance use disability and homelessness criteria as specified in the regulations.

All HDSW staff are trained and supervised in harm reduction, trauma-informed service provision, motivational interviewing, recovery-oriented, person-centered and strength-based goal planning. Evidence-based practices are utilized when appropriate and on-going learning is expected. Services are based in a

culturally competent framework with an understanding of how culture impacts an individual's understanding and engagement in with work. Coordination of services addresses both health and behavioral health providers and other social and financial needs. Peer supports are a vital part of service delivery in promoting recovery goals.

Founded in 1982, Lexington Center for Recovery (LCR) offers substance abuse treatment programs licensed by NYS OASAS in three counties at 15 locations. LCR has been successfully providing CoC-funded housing and supportive services to homeless individuals and families with alcohol and substance abuse issues since 1994. Many of these people also have co-occurring mental illness disorders. The agency currently manages 78 Rental Assistance PSH apartments through the DCMH RA Project, providing case management and treatment services to this population.

Lexington Center has also been providing outpatient services to chemically dependent persons and their families for over 36 years. As such, LCR has developed long-term relationships and MOU's with many different types of community resources and agencies including medical, mental health, employment, educational, parenting, food resources, transportation and entitlement programs. This combination of experience serving targeted homeless families as both a Permanent Supportive Housing provider and as an addiction treatment agency gives LCR the staff the training and the knowledge necessary to effectively engage and address the unique issues confronting this population.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

WC DCMH currently manages over \$8.85 million in annual CoC funding, housing over 700 formerly homeless persons under 3 CoC projects. WC DCMH is able to house so many households because over 91% of the HUD PSH project funding is in the Rental Assistance or Leasing categories. For many years, the success of these projects has been possible by weaving together the HUD housing funds with services and supports from other Federal, State, local, and private sector sources.

WC DCMH uses over \$1 million annual funding from New York State Office of Mental Health, NYS Office of Alcoholism and Substance Abuse Services, NYS Department of Health, Westchester County DSS, and the U.S. Department of Veterans Affairs to provide case management services, life skill training, & housing counseling for CoC participants.

In addition, WC DCMH partners with private sector providers including Mental Health Association of Westchester, Rockland Psychiatric Center, St. Johns Riverside Hospital, St. Joseph's Medical Center, Westchester Medical Center, and Lexington Center for Recovery to ensure that participants receive the mental health and substance abuse treatment they require to live independently.

HDSW and LCR have committed a total of \$233,205 in matching funds to this expansion project using a combination of project revenue and funding from NYS Department of Health, New York State Office of Mental Health, NYS Office of

Alcoholism and Substance Abuse Services, and private contributions. We also expect that project participants will use the substance abuse and the mental health treatment, educational, and employment services offered by LCR and HDSW.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The applicant, the Westchester County Department of Community Mental Health (WC DCMH), is the lead applicant and largest recipient of CoC funding in Westchester's CoC. It currently manages over \$8.85 million in annual CoC funding, housing over 700 formerly homeless persons. It has successfully served as a CoC grantee since our CoC's inception in 1996. All of DCMH's fiscal control and accountability procedures for grants and other revenue are managed by the Westchester County Budget Department, which manages \$1.8 billion in annual County spending.

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

Our subrecipient partners also have strong management structures. Lexington Center's CoC grants are managed directly by their Director of Finance who has been with LCR since 2001. She has nearly 20 years' experience in the financial arena and has served previously in a variety of positions in the corporate world. LCR's Director of Westchester County Treatment Programs oversees the supportive services staff who work with DCMH Rental Assistance participants. She also manages all LCR clinics throughout Westchester County. She has worked at LCR since 1999, serving clients with chemical dependency.

HDSW is one of Westchester's largest and most experienced homeless housing providers. Founded in 1968, HDSW has a \$12 million annual budget and 100 staff. HDSW's Finance office successfully manages funding from Medicaid, HUD, NYS OMH, NYS OTDA, NYSED, NYS HCR, NYS HTFC, NYS OAG, WDCMH, WCDSS, and dozens of private funders. HDSW's CEO, Kathy Pandekakes, has 29 years of experience in not-for-profit administration and supportive housing. HDSW's Chief Program Officer is an LCSW with 30+ years of experience. HDSW has 5 divisions: 1) Care Management Services for over 500 persons recovering from behavioral health and other chronic medical illnesses, 2) Supportive Housing including 144 CoC-funded and 20 County-funded scattered-site PSH units, 3) Residential Services including 179 OMH-funded scattered-site PSH units and 66 OMH-funded transitional housing units, 4) Recovery Services including peer-driven Psychosocial Clubhouse, Day Respite, Peer Care Management training, education and employment, and Home and Community Based Services, and 5) HDSW's Neighborhood

Preservation Company, a HUD-approved Housing Counseling Agency.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: Westchester County Dept. of Community Mental Health

2. Project Name: DCMH RAP expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

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

Westchester's DCMH RA Project currently provides 450 units housing over 700 formerly homeless persons with serious mental illness, chronic substance use disorder, or both. We propose to use \$932,819 in Housing Bonus funding to expand this project to provide scattered-site permanent supportive housing to 28 additional DedicatedPLUS homeless families who have serious mental illness or chronic substance use disorders. This will give our project a total of 478 units for DedicatedPLUS homeless households.

Specifically we propose to use the Housing Bonus funds requested to provide DedicatedPLUS homeless families with rental assistance for 28 additional scattered-site apartments (3 two-BR, 20 three-BR and 5 four-BR units) as well as case management, life skills training, transportation and assistance with moving costs.

The additional participants will be placed in permanent supportive housing in apartment locations of the residents' choosing throughout Westchester County. We will use a Low Barrier approach to quickly connect individuals experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Human Development Services of Westchester and Lexington Center for Recovery are the subrecipients for this DCMH RAP expansion project. Both agencies together currently successfully administer 218 units using CoC Rental Assistance in the DCMH RA Project, and have extensive experience delivering quality housing, mental health, and substance abuse services to people with mental health and substance abuse issues.

The new CoC-funded staffing will include a 1.0 FTE Case Manager, a 0.3 FTE Life Skills Trainer/Peer Services Care Manager, and 0.08 FTE Clinical Supervisor at HDSW; and a 0.5 FTE Case Manager and a 0.5 FTE Life Skills Trainer/Peer Specialist at Lexington Center.

The Case Managers will conduct comprehensive assessments of each client's needs, develop an Independent Living Plan, and link each resident to all needed services and benefits. In addition, subrecipient staff will help residents find affordable and conveniently located rental housing, manage ongoing relations with landlords, and help address the numerous issues that inevitably arise as participants with mental health and chronic substance abuse disabilities endeavor to maintain housing in the community. The Life Skills Trainers/Peer Specialist will provide individual and group support with independent living skills and assist with community reintegration and development of person-centered informal support networks.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds

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requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	182			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants Yes

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into permanent housing

b. Does the project ensure that participants are not screened out based on the following items? 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"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input 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"/>

d. Will the project follow a "Housing First" approach? No
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not applicable

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

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.

10. Indicate whether the project is “100% DedicatedPLUS Dedicated,” or “DedicatedPLUS,” according to the information provided above.

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: NY0488

1b. Eligible Renewal Grant Project Name: DCMH RAP

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	639
# of units	450
# of beds	639
New effort	
# of additional persons served at a point in time that this project will provide	86
# of additional units this project will provide	28
# of additional beds this project will provide	86

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health and safety standards? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Staff at the subrecipient agencies will identify available rental units and cultivate relationships with landlords countywide. Once a project participant chooses a unit in which to live, the subrecipients will negotiate a 12-month lease for that apartment.

The Peer Specialists and Case Managers will teach residents essential independent living skills. Tailored to each resident's needs, these may include budgeting and money management, menu planning on a budget, healthy food preparation, apartment maintenance, personal hygiene, interpersonal conflict resolution, and landlord/tenant rights and responsibilities.

The Case Manager will provide crisis intervention services as needed. They will maintain close and continuing contact with each participant and will intervene swiftly with any kind of issue that could potentially threaten the participant's housing retention.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The Case Managers will provide a comprehensive psychosocial needs assessment for every participant and will negotiate an individual service plan with each resident that specifies the community resources they need to access. They will link participants to services that will help them achieve their personal education and employment goals.

Many such resources exist in Westchester. Westchester DSS funds intensive employment services for all employable public assistance recipients. These services include work readiness training, job skills training, job development, job placement, and job retention services. A countywide network of USDOL-funded One-Stop Employment Centers offer free assistance preparing resumes, learning interview skills, and finding available job openings. These Centers also fund a variety of job skills training programs. The NYS Department of Education offers free comprehensive Adult Career and Continuing Education Services – Vocational Rehabilitation services for disabled people aged 14+. The NYS Education Department also funds two Board of Cooperative Educational Services networks in Westchester. They provide adult basic and remedial education and a wide variety of vocational training programs. The State University of New York offers free academic and vocational services through a network of Westchester Community College Educational Opportunity Center sites. Our CoC has negotiated a memorandum of understanding with the Child Care Council of Westchester, who has agreed to help homeless families understand their locally available childcare options and to help them apply for all applicable childcare subsidies.

Many of our homeless participants qualify for Health and Recovery Plans (HARPs), which are specialized managed care plans that manage physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use). HARPS must be qualified by NYS and must have specialized expertise, tools and protocols that are not part of most medical plans. One of the major new benefits that HARPs can provide for their covered members are Behavioral Health Home and Community Based Services (HCBS). Available services include daily living and social skills, education and employment, peer and family supports, and Crisis Respite Services. HDSW is an approved HCBS provider.

The Case Manager will help residents navigate entitlement systems. They will carefully help residents track when recertification appointments are required. They will help residents understand and respond appropriately to written notices and advocate on their behalf when needed. They will accompany residents to appointments as needed. They will encourage residents to comply with requirements in order to avoid sanctions. If that fails, they will continue encouraging the resident to comply so that benefits may resume.

4. For all supportive services available to 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			
Education Services			
Employment Assistance and Job Training			

Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

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

4B. Housing Type and Location

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

Total Units: 28

Total Beds: 86

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	28	86

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 project participants at the selected housing site.

a. Units: 28

b. Beds: 86

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

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

4. Address:

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

Street 1: 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 new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

369119 Westchester County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	28	0	0	28
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
Adults over age 24	28	0		28
Persons ages 18-24	0	0		0
Accompanied Children under age 18	58		0	58
Unaccompanied Children under age 18			0	0
Total Persons	86	0	0	86

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				20		20	2			
Persons ages 18-24										
Children under age 18										58
Total Persons	0	0	0	20	0	20	2	0	0	58

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	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

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

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

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

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

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Not applicable - we will use the 10% de minimis rate	10%	\$182,792

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year



*** 5. Select the costs for which funding is being 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"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$728,772
Total Units:			28
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	28	\$728,772

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: SRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$885	x	12		=	\$0
0 Bedroom		x	\$1,180	x	12		=	\$0
1 Bedroom		x	\$1,384	x	12		=	\$0

2 Bedrooms	3	x	\$1,687	x	12	=	\$60,732
3 Bedrooms	20	x	\$2,167	x	12	=	\$520,080
4 Bedrooms	5	x	\$2,466	x	12	=	\$147,960
5 Bedrooms		x	\$2,836	x	12	=	\$0
6 Bedrooms		x	\$3,206	x	12	=	\$0
7 Bedrooms		x	\$3,576	x	12	=	\$0
8 Bedrooms		x	\$3,946	x	12	=	\$0
9 Bedrooms		x	\$4,316	x	12	=	\$0
Total Units and Annual Assistance Requested	28						\$728,772
Grant Term							1 Year
Total Request for Grant Term							\$728,772

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	28 moves at \$120 each	\$3,360
3. Case Management	0.5 FTE LCR Case Manager @ \$48,000 plus 30% Fringe. Cell phone@ 25/month and supplies@50/month for 12 months; 1 FTE HDSW Care Manager @ \$42,000; 0.04 FTE HDSW clinical supervision @ \$90,000 plus 33% fringe	\$92,748
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	0.50 FTE LCR Life Skills Trainer/Peer @ \$17,500 plus 30% fringe cell phone \$50/month and supplies@100/month; 0.3 FTE HDSW Life Skills Peer Services Care Manager @ \$33,28; 0.04 FTE HDSW clinical supervision @ \$90,000 plus 33% fringe	\$43,651
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff transportation to visit clients in their apartments and to transport clients to community services: 486 miles * 12 months * 0.56 per mile	\$3,262
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$143,021
Grant Term		1 Year
Total Request for Grant Term		\$143,021

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$233,205
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$233,205

1. Will this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

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

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

1b. Estimate the amount of program income \$68,880
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	New York State Of...	08/22/2019	\$44,492
Yes	Cash	Government	New York State De...	08/22/2019	\$81,402
Yes	Cash	Private	Human Development...	08/22/2019	\$31,980
Yes	Cash	Private	Human Development...	08/22/2019	\$11,651
Yes	Cash	Government	New York State Of...	08/22/2019	\$26,780
Yes	Cash	Private	Lexington Center ...	08/22/2019	\$36,900

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) New York State Office of Mental Health grant award
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$44,492

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) New York State Dept. of Health - HDSW contract
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$81,402

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) Human Development Services of Westchester Program Income - Resident Rent

office or grant program as applicable)

5. Date of Written Commitment: 08/22/2019

6. Value of Written Commitment: \$31,980

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: Human Development Services of Westchester
(Be as specific as possible and include the office or grant program as applicable) food for residents using private contributions

5. Date of Written Commitment: 08/22/2019

6. Value of Written Commitment: \$11,651

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: New York State Office of Alcoholism and
(Be as specific as possible and include the office or grant program as applicable) Substance Abuse Services award

5. Date of Written Commitment: 08/22/2019

6. Value of Written Commitment: \$26,780

Sources of Match Detail

-
- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Lexington Center for Recovery Program Income -
(Be as specific as possible and include the office or grant program as applicable) Resident Rent
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$36,900

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$728,772	1 Year	\$728,772
4. Supportive Services	\$143,021	1 Year	\$143,021
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$871,793
8. Admin (Up to 10%)			\$61,026
9. Total Assistance Plus Admin Requested			\$932,819
10. Cash Match			\$233,205
11. In-Kind Match			\$0
12. Total Match			\$233,205
13. Total Budget			\$1,166,024

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DCMH RAP expansio...	08/23/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: DCMH RAP expansion Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Michael Orth

Date: 08/29/2019

Title: Commissioner

Applicant Organization: Westchester County Dept. of Community Mental Health

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

X

aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

☐

Active SAM Status Requirement.

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

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8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/23/2019
1E. SF-424 Compliance	08/23/2019
1F. SF-424 Declaration	08/23/2019
1G. HUD 2880	08/23/2019
1H. HUD 50070	08/23/2019
1I. Cert. Lobbying	08/23/2019
1J. SF-LLL	08/23/2019
2A. Subrecipients	08/23/2019
2B. Experience	08/23/2019
3A. Project Detail	08/23/2019
3B. Description	08/28/2019
3C. Expansion	08/23/2019
4A. Services	08/23/2019
4B. Housing Type	08/23/2019
5A. Households	08/23/2019
5B. Subpopulations	08/23/2019
6A. Funding Request	08/23/2019
6E. Rental Assistance	08/23/2019
6F. Supp Srvcs Budget	08/23/2019
6I. Match	08/23/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2019
7D. Certification	08/23/2019

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

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.

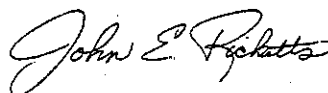
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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