

## 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:** 08/22/2019

**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 Social Services

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

	<b>c. Organizational DUNS:</b>	072705213	<b>PLUS 4:</b>	1112
--	--------------------------------	-----------	----------------	------

### d. Address

**Street 1:** 112 East Post Road

**Street 2:**

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10601

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Craig

**Middle Name:**

**Last Name:** Wong

**Suffix:**

**Title:** Program Administrator-Homeless Services

**Organizational Affiliation:** Westchester County Dept. of Social Services

**Telephone Number:** (914) 995-1014

**Applicant:** Westchester County Department of Social Services

NY604

**Project:** First Steps expansion

178512

---

**Extension:**

**Fax Number:** (914) 995-5334

**Email:** [cqw1@westchestergov.com](mailto:cqw1@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:** First Steps 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:** 12/01/2020

**b. End Date:** 11/30/2021

**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: Kevin

Middle Name:

Last Name: McGuire

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5501  
(Format: 123-456-7890)

Fax Number: (914) 995-3015  
(Format: 123-456-7890)

Email: kmm9@westchestergov.com

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

Date Signed: 08/22/2019



## 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 Social Services

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name:**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

**Organizational Affiliation:** Westchester County Dept. of Social Services

**Telephone Number:** (914) 995-5501

**Extension:**

**Email:** kmm9@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:** \$45,158.00

(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
Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601	direct staffing, grants, and contracts	\$553,039.00	Supportive services staff and HMIS data entry staff
Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605	grant	\$11,113.00	Supportive services staff

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

**Part III Interested Parties**

New Project Application FY2019	Page 10	08/22/2019
--------------------------------	---------	------------

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 (%)
Caring for the Homeless of Peekskill	133437332	PSH and Coordinated Entry provider	\$875,771.00	13%
Children's Village	131739945	Transitional Housing provider	\$319,124.00	5%
Daniel Gore Consulting	901137448	HMIS Administrator	\$128,400.00	2%
Eccovia	870412185	HMIS Software provider	\$97,401.00	1%
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:** Kevin McGuire, Commissioner

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

**Date Signed:** 08/22/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Westchester County Dept. of Social Services

**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 form and in any accompanying**

X

**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:** Kevin

**Middle Name**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

**Telephone Number:** (914) 995-5501  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-3015  
**(Format: 123-456-7890)**

**Email:** kmm9@westchestergov.com

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

**Date Signed:** 08/22/2019

## **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 Social Services

**Name / Title of Authorized Official:** Kevin McGuire, Commissioner

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

**Date Signed:** 08/22/2019

## 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 Social Services

**Street 1:** 112 East Post Road

**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.**

X



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name:**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

**Telephone Number:** (914) 995-5501  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-3015  
**(Format: 123-456-7890)**

**Email:** kmm9@westchestergov.com

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

**Date Signed:** 08/22/2019

## 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: \$43,681**

Organization	Type	Sub-Award Amount
Westhab, Inc.	N. Nonprofit without 501C3 IRS Status	\$43,681

## 2A. Project Subrecipients Detail

**a. Organization Name:** Westhab, Inc.

**b. Organization Type:** N. Nonprofit without 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 06-1064281

	<b>* d. Organizational DUNS:</b>	131372450	<b>PLUS 4:</b>	
--	----------------------------------	-----------	----------------	--

**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:** \$43,681

**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:**

## 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 Social Services (WCDSS), manages TANF, state/county-funded Safety Net assistance for childless adults and families who have exceeded the 5-year TANF time limits, Food Stamps, Medicaid (Family Assistance, Old Age Assistance, and Aid to the Disabled), Child Welfare (Child Protective Services, Preventive Services, adoption, and foster care), Child Care subsidies, and homeless services (prevention, outreach, emergency shelter, transitional shelter, and some state/locally-funded permanent housing rent subsidies). It helps fund county services for women, the disabled, senior citizens, veterans, and youth. It helps fund services provided by the county Departments of Health, Probation, and Community Mental Health. It manages over \$167 million in Federal Aid and over \$100 million in State Aid.

WCDSS has unparalleled capacity to manage a project as large as our CoC-wide Coordinated Entry System. WCDSS has over 1,200 employees and an annual budget of \$603 million. WCDSS already coordinates over \$83 million in non-CoC annual funding – far more than any other local partner – for homelessness prevention, homeless services, emergency shelter, transitional shelter, and permanent housing.

WCDSS has coordinated homeless services in Westchester since 1983. WCDSS staff are the people responsible for determining homeless people's eligibility for TANF-funded, NYS Safety Net-funded, and locally funded shelter, housing and services. No other organization in Westchester has such broad responsibility for providing the full range of emergency, transitional and permanent housing needed by every subpopulation of homeless adults, families and youth.

WCDSS has managed CoC funding since 1995. WCDSS currently manages 9 CoC grants with annual budgets totaling \$6.8 million. These CoC grants are managed by a full-time DSS Program Administrator to ensure HUD targets are met, and full compliance with HUD regulations.

The subrecipient, Westhab, Inc., is Westchester's largest and most experienced homeless housing provider. It has provided housing for homeless people with intensive service needs for 38 years. Since its founding in 1981 Westhab has helped over 7,000 homeless households move into their own homes. Westhab houses more homeless single adults than anyone else in Westchester. It has provided permanent supportive housing exclusively targeted to chronically homeless adults since 2007. It owns or manages 850 housing units located in 14 Westchester communities. They include SROs and rooming houses for recovering substance abusers and the mentally ill and two Tier II family

shelters.

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

WCDSS manages a \$603 million annual operating budget. This represents 33% of Westchester County's \$1.825 billion annual operating budget. WCDSS manages TANF, state/county-funded Safety Net assistance for childless adults and families who have exceeded the 5-year TANF time limits, Food Stamps, Medicaid (Family Assistance, Old Age Assistance, and Aid to the Disabled), Child Welfare (Child Protective Services, Preventive Services, adoption, and foster care), Child Care subsidies, and homeless services (prevention, outreach, emergency shelter, transitional shelter, and some state/locally-funded permanent housing rent subsidies). It helps fund county services for women, the disabled, senior citizens, veterans, and youth. It helps fund services provided by the county Departments of Health, Probation, and Community Mental Health. It manages over \$167 million in Federal Aid and over \$100 million in State Aid.

Westhab has 38 years of experience and a \$54 million annual budget. It successfully manages contracts with the U.S. Veterans Administration, NYS Office of Temporary & Disability Assistance, NYS Office of Mental Health, NYS Department of Education, Westchester County Department of Social Services, Westchester County Department of Community Mental Health, Westchester County Workforce Investment Board, Westchester County District Attorney's Office, City of Yonkers Department of Planning & Development, Municipal Housing Authority for the City of Yonkers, City of Mount Vernon, New York City Department of Youth & Community Development, and New York City Department of Homeless Services.

**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.**

WCDSS is led by a Commissioner who reports to our County Executive. WCDSS' community services are provided through 4 district offices in Yonkers (our largest city), White Plains (our central county seat), Mt. Vernon (our poorest city), and Peekskill (our northernmost city). WCDSS recently reorganized all of its homeless services. Traditionally responsibility for serving homeless households had been fractured among 4 district offices, central shelter placement units located in White Plains, and a program office located at another facility in White Plains. In late 2013 an Office of Temporary Housing Assistance (OTHA) was created with 3 divisions led by one senior manager.

The Eligibility Division makes eligibility determinations at application and recertification. The Program Division manages contracts with providers, matches customers with resources, and authorizes payments to providers.

OTHA's Services Division provides long-term, intensive and flexible assistance for homeless people with complex needs. This is a dramatic change from the low-intensity income maintenance services WCDSS traditionally provides. Services Division caseworkers have low caseloads like those found in child welfare units. They are focused on helping the highest-need homeless

households secure and retain permanent housing.

The Westchester Department of Finance is responsible for the accounts payable, purchasing, employee payroll, debt management, pension administration, revenue investment, tax collection, certiorari tax judgment processing and employee benefit functions of the Westchester County government. Westchester County is AAA rated by two bond rating agencies - Standard and Poor's and Fitch. Westchester County is the only county in New York State with two AAA bond ratings.

Westhab's Senior VP of Services is a member of our CoC's Board of Directors. Our CoC also has 4 workgroups consisting of CoC-funded subrecipient agencies convened by the applicant agency that receives and manages their CoC grants. The three largest CoC grantees are WCDSS, Westchester County Department of Community Mental Health, and the Municipal Housing Authority for the City of Yonkers. Westhab is an active member of all 3 of these CoC subrecipient workgroups. Westhab's staff participate in Patriot Housing's weekly case conference meetings at which outreach, engagement, service and housing plans are developed, monitored and revised as needed for every homeless veteran living on the streets or in an emergency shelter in Westchester.

Westhab has 38 years of experience and a \$54 million annual budget. Its well-developed accounting system successfully manages contracts with the VA, NYS (Office of Temporary & Disability Assistance, Office of Mental Health, Department of Education), Westchester County (WCDSS, Department of Community Mental Health, Workforce Investment Board, District Attorney's Office), City of Yonkers, City of Mount Vernon, and New York City.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** Yes

**4b. Describe the unresolved monitoring or audit findings.**

HUD conducted an on-site monitoring review of FY2010 SHP grant NY0624B2T041002 Domestic Violence TH administered by Westchester County DSS on 05/02/2013.

The subsequent HUD findings letter was dated 07/26/2013. Two Findings were noted, including insufficient tracking of Cash Match in financial records, and ineligible activities charged to the grant.

Westchester County DSS responded to the HUD letter on 10/04/2013, but no final determination has been received from HUD.

## 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:** First Steps 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.

Westhab's current First Steps program provides permanent housing subsidies and intensive case management to 32 parenting young adults (ages 18-24) and their children plus 3 single chronically homeless youth (ages 18-24) through the provision of housing subsidies and supportive case management. This proposed First Steps expansion will add funding for housing subsidies and case management for 1 chronically homeless parenting young adult (ages 18-24) and 1 single chronically homeless youth (ages 18-24).

We will use a Low Barrier approach to offer eligible participants immediate access to permanent supportive housing. This project will continue to serve all eligible households; neither family composition, nor age or gender of children is used as a basis for project entry. The two homeless youth households added through this proposed expansion project will both meet the current HUD definition of chronic homelessness.

Many of these youth have mental health problems, patterns of substance abuse, and/or developmental issues. Many also have prior involvement with the juvenile justice or foster care systems. Many lack basic skills in reading and/or math. Few have job skills or substantial work experience. Most need instruction in basic life skills and parenting skills.

The young adults receive a housing subsidy to obtain one-bedroom or studio apartments and receive intensive case management with a robust case manager-to resident ratio of 1:16.4, with 2.25 FTE Case Managers for 37 households. The Case Managers are trained in Positive Youth Development and have expertise in the unique issues facing young adults. Each youth is assigned to a specific Case Manager who coordinates all necessary services for participating adults and children.

Our Case Managers complete a comprehensive assessment of each youth household (family and single) that identifies the participant's strengths, interests, and service needs. The Case Manager works with each resident to develop a written Independent Living Plan that includes specific, incremental, and realistic goals relating to education and vocational needs, accessing services and entitlements, personal health, and independent living skills. The Case Manager works with the young adults to develop interim goals and action steps to reach these longer-term goals. The Case Manager maintains frequent contact with each youth, including frequent home visits and spending time in the apartments, to help swiftly identify and resolve any problems that may arise before they become crises threatening housing stability.

### 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 requested in this project application. If a milestone is not applicable, leave

New Project Application FY2019	Page 25	08/22/2019
--------------------------------	---------	------------

**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 checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input 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 into permanent housing** Yes

New Project Application FY2019	Page 26	08/22/2019
--------------------------------	---------	------------

**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% Dedicated,” or “DedicatedPLUS,” according to the information provided above.** 100% Dedicated

## 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: NY0862

1b. Eligible Renewal Grant Project Name: First Steps

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	67
# of units	35
# of beds	67
New effort	
# of additional persons served at a point in time that this project will provide	3
# of additional units this project will provide	2
# of additional beds this project will provide	3

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.

We will use a Low Barrier approach to offer eligible participants immediate access to permanent supportive housing.

Our staff will help participants identify appropriate and affordable housing units in the neighborhood where they choose to live. Westhab maintains relationships with a large pool of landlords throughout Westchester to have access to as many units as possible. We often rent multiple units from the same landlord, building trust with that property owner over time so that we can access new units when needed.

Our Case Managers will help the youth learn how to manage money, develop realistic budgets, cook, maintain their apartment, and understand their rights & responsibilities as tenants. Our Case Managers will provide crisis intervention services, help resolve landlord/tenant disputes, and address any issue that may cause a return to homelessness.

Case Managers are trained in Positive Youth Development and have expertise in the unique issues facing young adults.

### 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?

Our Case Managers complete a comprehensive assessment of each youth that identifies the participant's strengths, interests, and service needs. The Case Manager works with each resident to develop a written Independent Living Plan that includes specific, incremental, and realistic goals relating to education and vocational needs, accessing services and entitlements, personal health, and

independent living skills. The Case Manager works with the young adults to develop interim goals and action steps to reach these longer-term goals. The Case Manager maintains frequent contact with each youth, including frequent home visits and spending time in the apartments, to help swiftly identify and resolve any problems that may arise before they become crises threatening housing stability.

Westhab's Case Manager will help youth participants secure all available mainstream benefits including SSI, Food Stamps, Earned Income Tax Credits, and NYS Home Energy Assistance Program. They will help participants develop realistic budgets and learn how to shop economically and use local food pantries and/or soup kitchens to stretch their food budgets. They will teach independent living skills, e.g. how to plan and prepare nutritious meals on a budget, how to maintain a sanitary apartment, how to establish and manage a checking account, etc.

First Steps project has had great success increasing employment and other income of participants. Over the last 12 months, 65% of participants have increased income since enrollment, and 57% have increased employment income.

Our Case Managers assess each youth's educational and vocational needs as part of the development of their Independent Living Plan. Our Case Managers will refer the youth to appropriate educational and vocational services providers. These providers include Westhab's own employment programs for people with employment barriers, USDoL-funded One-Stop Employment Centers located throughout Westchester, ACCES-VR, and EOC.

The NYS Education Department's statewide Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) program offers a full range of employment and independent living services for persons with disabilities. Another educational and occupational resource we use is the Educational Opportunity Center of Westchester (EOC), a non-traditional adult educational facility providing tuition-free, non-credit academic and vocational training opportunities to educationally and economically disadvantaged individuals and dislocated workers. Training programs include GED, English as a Second Language, College Prep, Academic and Career Counseling, and Computer Fundamentals. EOC's specific job skill training programs include Certified Nurse's Aide, Home Health Aide, Medical Coding & Billing, Direct Care Service Worker, Data Entry, and Emergency Medical Technician.

**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		Applicant	Annually
Case Management		Subrecipient	Daily
Child Care			
Education Services		Non-Partner	As needed

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

Applicant	As needed
Applicant	As needed
Subrecipient	Monthly
Non-Partner	Annually
Subrecipient	Monthly
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	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:** 2

**Total Beds:** 3

**Total Dedicated CH Beds:** 3

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	3

## **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:** 2

**b. Beds:** 3

**3. How many beds of the total beds in “2b. 3  
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:** 8 Bashford Street

**Street 2:**

**City:** Yonkers

**State:** New York

**ZIP Code:** 10701

**\*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	1	1	0	2
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	0	0		0
Persons ages 18-24	1	1		2
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			0	0
Total Persons	2	1	0	3

**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										
Persons ages 18-24	1					1				
Children under age 18										1
Total Persons	1	0	0	0	0	1	0	0	0	1

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	1			1						
Total Persons	1	0	0	1	0	0	0	0	0	0

Click Save to automatically calculate totals

### 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 1 person identified is a homeless child who is not disabled; 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?** Reallocation

**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%	\$6,829.00

**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 checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>

<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

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

## 6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:			\$36,852
Grant Term:			1 Year
Total Request for Grant Term:			\$36,852
Total Units:			2
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NY - Westchester ...	2	\$36,852	\$36,852



## Leased Units Budget Detail

### Instructions:

**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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**Size of Units:** 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

**HUD Paid Rents:** This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

**Total Request:** This column populates with the total calculated amount from each row.

**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 with the grant term selected on the "Funding Request" screen and will be read only.

**Total Request for Grant Term:** This field is 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>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

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

### Leased Units Annual Budget

New Project Application FY2019	Page 41	08/22/2019
--------------------------------	---------	------------

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$885		x	12	=	\$0
0 Bedroom		x	\$1,180		x	12	=	\$0
1 Bedroom	1	x	\$1,384	\$1,384	x	12	=	\$16,608
2 Bedroom	1	x	\$1,687	\$1,687	x	12	=	\$20,244
3 Bedroom		x	\$2,167		x	12	=	\$0
4 Bedroom		x	\$2,466		x	12	=	\$0
5 Bedroom		x	\$2,836		x	12	=	\$0
6 Bedroom		x	\$3,206		x	12	=	\$0
7 Bedroom		x	\$3,576		x	12	=	\$0
8 Bedroom		x	\$3,946		x	12	=	\$0
9 Bedroom		x	\$4,316		x	12	=	\$0
Total units and annual assistance requested:	2							\$36,852
Grant term:								1 Year
Total request for grant term:								\$36,852

**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	Two moves at \$495 each	\$990
3. Case Management	0.07 FTE Case Manager @ \$40,000 plus 35% fringe	\$3,780
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff travel to visit clients and transport clients to community services at 20 miles * 52 weeks * \$0.56 per mile	\$582
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$5,352</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$5,352</b>

**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:	\$2,077
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$2,077

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

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

Occupancy charges collected from program participants per 24 CFR 578.77.

- 1b. Estimate the amount of program income that will be used as Match for this project: \$2,077

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Westhab Program I...	08/22/2019	\$2,077

## 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:** Westhab Program Income - Occupancy Charges  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$2,077

## 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	\$36,852	1 Year	\$36,852
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$5,352	1 Year	\$5,352
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$42,204
8. Admin (Up to 10%)			\$2,954
9. Total Assistance Plus Admin Requested			\$45,158
10. Cash Match			\$2,077
11. In-Kind Match			\$0
12. Total Match			\$2,077
13. Total Budget			\$47,235

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Westhab Subrecipi...	08/21/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** Westhab 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:** Kevin McGuire

**Date:** 08/22/2019

**Title:** Commissioner

**Applicant Organization:** Westchester County Dept. of Social Services

**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 aware that any false, fictitious, or fraudulent**

X

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

☐

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

☒

## 8B. Submission Summary

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

Page		Last Updated
1A. SF-424 Application Type		No Input Required
1B. SF-424 Legal Applicant		No Input Required
New Project Application FY2019		Page 52
		08/22/2019

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/20/2019
<b>1E. SF-424 Compliance</b>	08/20/2019
<b>1F. SF-424 Declaration</b>	08/20/2019
<b>1G. HUD 2880</b>	08/20/2019
<b>1H. HUD 50070</b>	08/20/2019
<b>1I. Cert. Lobbying</b>	08/20/2019
<b>1J. SF-LLL</b>	08/20/2019
<b>2A. Subrecipients</b>	08/20/2019
<b>2B. Experience</b>	08/22/2019
<b>3A. Project Detail</b>	08/20/2019
<b>3B. Description</b>	08/22/2019
<b>3C. Expansion</b>	08/20/2019
<b>4A. Services</b>	08/22/2019
<b>4B. Housing Type</b>	08/21/2019
<b>5A. Households</b>	08/21/2019
<b>5B. Subpopulations</b>	08/21/2019
<b>6A. Funding Request</b>	08/21/2019
<b>6C. Leased Units</b>	08/21/2019
<b>6F. Supp Srvcs Budget</b>	08/21/2019
<b>6I. Match</b>	08/21/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/21/2019
<b>7D. Certification</b>	08/21/2019

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.

BESTHAB INC

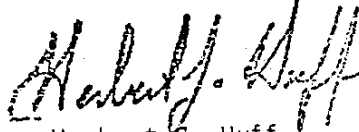
As per Income Tax Regulations 1.509(a)-6, if an organization is described in section 509(a)(1) and also in another paragraph of section 509 it will be treated as a 509(a)(1) organization.

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.

WESTHAB INC

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

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Herbert J. Huff". The signature is stylized with a large, looped "H" and a trailing flourish.

Herbert J. Huff  
District Director

Enclosure:

Addendum





Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page 25 OK

« Prev | 1-1 | Next »

<a href="#">EIN</a> ▲	<a href="#">Legal Name (Doing Business As)</a> ▲	<a href="#">City</a> ▲	<a href="#">State</a> ▲	<a href="#">Country</a> ▲	<a href="#">Deductibility Status</a> ▲
06-1064281	Westhab Inc.	Yonkers	NY	United States	<a href="#">PC</a>

Return to Search

« Prev | 1-1 | Next »