

## 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.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/29/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NY0886

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

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** The Municipal Housing Authority for the City of Yonkers

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 13-6007014

	<b>c. Organizational DUNS:</b>	038243119	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 1511 Central Park Avenue, P.O. Box 35

**Street 2:**

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10701

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Denise

**Middle Name:**

**Last Name:** Wesley

**Suffix:**

**Title:** Grant Administrator

**Organizational Affiliation:** The Municipal Housing Authority for the City of Yonkers

**Telephone Number:** (239) 768-9387

**Extension:**

**Fax Number:** (914) 793-6916

**Email:** Criminodoc@aol.com

## 1C. SF-424 Application Details

**9. Type of Applicant:** La. Public Housing Authority

**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:** HIV RA

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

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

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

**17. Proposed Project**

**a. Start Date:** 10/01/2020

**b. End Date:** 09/30/2021

**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: Joseph

Middle Name:

Last Name: Shuldiner

Suffix:

Title: Executive Director

Telephone Number: (914) 793-8400  
(Format: 123-456-7890)

Fax Number: (914) 793-6916  
(Format: 123-456-7890)

Email: jshuldiner@mhacy.org

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:** The Municipal Housing Authority for the City of Yonkers

**Prefix:** Mr.

**First Name:** Joseph

**Middle Name:**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** The Municipal Housing Authority for the City of Yonkers

**Telephone Number:** (914) 793-8400

**Extension:**

**Email:** jshuldiner@mhacy.org

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip/Postal Code:** 10701

**2. Employer ID Number (EIN):** 13-6007014

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

**4. Amount of HUD Assistance Requested/Received:** \$70,773.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** HIV RA 1511 Central Park Avenue, P.O. Box 35  
Yonkers New York

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	grant	\$211,241.00	Supportive services staff
NYS Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243	grant	58751.0	Supportive services staff
Westchester County Dept. of Community Mental Health 112 East Post Road, White Plains NY 10601	grant	\$5,050.00	Supportive services staff

### 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 Sharing Community	133186666	Permanent Supportive Housing provider	\$443,679.00	29%
Mental Health Association of Westchester	131740002	Permanent Supportive Housing provider	\$114,659.00	8%
Westhab	061064281	Rapid Rehousing and Permanent Supportive Housing provider	\$882,731.00	58%
Lifting Up Westchester	133121606	Permanent Supportive Housing provider	\$70,773.00	5%

### 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:** Joseph Shuldiner, Executive Director

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

**Date Signed:** 08/07/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Municipal Housing Authority for the City of Yonkers

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

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

#### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying**

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:** Joseph

**Middle Name**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (914) 793-8400  
**(Format: 123-456-7890)**

**Fax Number:** (914) 793-6916  
**(Format: 123-456-7890)**

**Email:** jshuldiner@mhacy.org

**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:** The Municipal Housing Authority for the City of Yonkers

**Name / Title of Authorized Official:** Joseph Shuldiner, Executive Director

**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:** The Municipal Housing Authority for the City of Yonkers

**Street 1:** 1511 Central Park Avenue, P.O. Box 35

**Street 2:**

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10701

**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:** Joseph

**Middle Name:**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (914) 793-8400  
**(Format: 123-456-7890)**

**Fax Number:** (914) 793-6916  
**(Format: 123-456-7890)**

**Email:** jshuldiner@mhacy.org

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

**Date Signed:** 08/29/2019

## Information About Submission without Changes

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

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

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

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

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

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

The FY2016 grant HIV RA NY0886L2T041605 had an ending balance of \$25,138.13, including \$20,797.13 in the Rental Assistance line. The major reasons for this unspent balance are grant savings due to client share of rent plus a vacancy created when one of the four participants left. This client was not replaced during the FY2016 operating period because of a decrease in the number of people who indicate that they have an HIV diagnosis among those experiencing homelessness within our CoC. We continue to work with Westchester CoC Coordinated Entry to identify, refer, and house an eligible participant within that target population of this project.

## Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.



No

## Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No  
If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** \$68,603

Organization	Type	Type	Sub-Award Amount
Lifting Up Westchester, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$68,603

## 2A. Project Subrecipients Detail

**a. Organization Name:** Lifting Up Westchester, Inc.

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

**c. Employer or Tax Identification Number:** 13-3121606

	<b>* d. Organizational DUNS:</b>	625375811	<b>PLUS 4</b>	
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**e. Physical Address**

**Street 1:** 35 Orchard Street

**Street 2:**

**City:** White Plains

**State:** New York

**Zip Code:** 10603

**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:** \$68,603

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Anahaita

**Middle Name:**

**Last Name:** Kotval

**Suffix:**

**Title:** Executive Director

**E-mail Address:** akotval@liftingupwestchester.org

**Confirm E-mail Address:** akotval@liftingupwestchester.org

**Phone Number:** 914-949-3098

**Extension:** 9,750

**Fax Number:** 914-686-3077

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



## 3A. Project Detail

**1. Project Identification Number (PIN) of  
expiring grant:** NY0886

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** NY-604 - Yonkers, Mount Vernon/Westchester  
County CoC

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

**3. Project Name:** HIV RA

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** PSH

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

## 3B. Project Description

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

This project provides tenant-based rental assistance for four units for homeless individuals living with CDC-defined symptomatic HIV disease and CDC-defined AIDS.

All participants reside in housing of an appropriate size of their own choosing. They will receive case management services in addition to the primary care services they receive at local hospital clinics.

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

### 2. Does your project have a specific population focus? Yes

#### 2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

### 3. Housing First

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

#### 3b. 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="checked" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3c. 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="checked" type="checkbox"/>
Loss of income or failure to improve income	<input checked="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="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3d. Does the project follow a "Housing First" approach?** No

## 3C. Dedicated Plus

### Dedicated and DedicatedPLUS

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

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

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

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

**1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.** N/A

## 4A. Supportive Services for Participants

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

1. For all supportive services available to 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	Non-Partner	As needed
Case Management	Subrecipient	As needed
Child Care		
Education Services		
Employment Assistance and Job Training	Non-Partner	As needed
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

**SSI/SSDI technical assistance provided by  
the applicant, a subrecipient, or partner  
agency?**

**3a. Has the staff person providing the  
technical assistance completed SOAR  
training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

The following list summarizes 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: 4

Total Beds: 4

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	4

## **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:** 4

**b. Beds:** 4

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

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

### **4. Address:**

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

**Street 1:** 35 Orchard Street

**Street 2:**

**City:** White Plains

**State:** New York

**ZIP Code:** 10603

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

369119 Westchester County



## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	4	0	4
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	4		4
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	4	0	4

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0		0	0	4	0	0	0	0	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	4	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Not applicable - we will use the 10% de minimis rate	10%	2171.0

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

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being

**requested:**

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input type="checkbox"/>
<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$66,432	
Total Units:		4	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Westchester County, NY Statutory...	4	\$66,432

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$885	\$885	x	12	=	\$0
0 Bedroom		x	\$1,180	\$1,180	x	12	=	\$0
1 Bedroom	4	x	\$1,384	\$1,384	x	12	=	\$66,432
2 Bedrooms		x	\$1,687	\$1,687	x	12	=	\$0
3 Bedrooms		x	\$2,167	\$2,167	x	12	=	\$0
4 Bedrooms		x	\$2,466	\$2,466	x	12	=	\$0
5 Bedrooms		x	\$2,836	\$2,836	x	12	=	\$0
6 Bedrooms		x	\$3,206	\$3,206	x	12	=	\$0
7 Bedrooms		x	\$3,576	\$3,576	x	12	=	\$0
8 Bedrooms		x	\$3,946	\$3,946	x	12	=	\$0
9 Bedrooms		x	\$4,316	\$4,316	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	4							\$66,432
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$66,432

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

## 6D. Sources of Match

The following list summarizes the funds that will be used as Match for 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:	\$0
Total Value of In-Kind Commitments:	\$17,693
Total Value of All Commitments:	\$17,693

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	St. Johns Riversi...	07/26/2019	\$17,693

## Sources of Match Detail

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** In-Kind

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** St. Johns Riverside Hospital HIV/AIDS treatment  
(Be as specific as possible and include the office or grant program as applicable) and other medical services

**5. Date of Written Commitment:** 07/26/2019

**6. Value of Written Commitment:** \$17,693

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



## 6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$66,432
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$66,432
7. Admin (Up to 10%)	\$4,341
8. Total Assistance plus Admin Requested	\$70,773
9. Cash Match	\$0
10. In-Kind Match	\$17,693
11. Total Match	\$17,693
12. Total Budget	\$88,466

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Lifting Up Westch...	09/20/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** Lifting Up Westchester Nonprofit Documentation

## **Attachment Details**

**Document Description:** LUW -SJRH HIV RA MOU 2020

## **Attachment Details**

**Document Description:**

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Memorandum of Und...	08/07/2019

## Attachment Details

**Document Description:** Memorandum of Understanding Between Lifting  
Up Westchester and St.John's Riverside Hospital

## 7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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** Joseph Shuldiner

**Date:** 08/29/2019

**Title:** Executive Director

**Applicant Organization:** The Municipal Housing Authority for the City of

Yonkers

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

X

**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.**

X



## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

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

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

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

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- \*2A - Updating sub=award amount
- \*3B - Updating project narrative

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

## 8B Submission Summary

Page		Last Updated
1A. SF-424 Application Type		08/07/2019
1B. SF-424 Legal Applicant		No Input Required
Renewal Project Application FY2019		08/29/2019

Page 51
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<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/07/2019
<b>1E. SF-424 Compliance</b>	08/07/2019
<b>1F. SF-424 Declaration</b>	08/07/2019
<b>1G. HUD-2880</b>	08/07/2019
<b>1H. HUD-50070</b>	08/07/2019
<b>1I. Cert. Lobbying</b>	08/07/2019
<b>1J. SF-LLL</b>	08/07/2019
<b>Recipient Performance</b>	08/14/2019
<b>Renewal Expansion</b>	08/07/2019
<b>Renewal Grant Consolidation</b>	08/07/2019
<b>2A. Subrecipients</b>	08/07/2019
<b>3A. Project Detail</b>	08/07/2019
<b>3B. Description</b>	08/07/2019
<b>3C. Dedicated Plus</b>	08/07/2019
<b>4A. Services</b>	08/07/2019
<b>4B. Housing Type</b>	08/07/2019
<b>5A. Households</b>	08/07/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	08/07/2019
<b>6C. Rental Assistance</b>	08/07/2019
<b>6D. Match</b>	08/14/2019
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/07/2019
<b>7A. In-Kind Match MOU Attachment</b>	08/07/2019
<b>7B. Certification</b>	08/07/2019
<b>Submission Without Changes</b>	08/07/2019

**Internal Revenue Service****Department of the Treasury**

District  
Director

10 Metro Tech Center  
625 Fulton Street  
Brooklyn, NY 11201

b7

Date: DEC 01 1995

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

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

Dear Sir or Madam:

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

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

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub  
Manager, Customer  
Service Unit

Name of Organization: Grace Church Community Center, Inc.

Date of Exemption Letter: October 1982

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

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

FILING RECEIPT

=====

ENTITY NAME: LIFTING UP WESTCHESTER, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME

COUNTY: WEST

=====

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

FILER:

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

ADDRESS FOR PROCESS:

-----

THE CORPORATION  
35 ORCHARD STREET  
WHITE PLAINS, NY 10603

REGISTERED AGENT:

-----



=====

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00

FEEs                    55.00  
-----  
FILING                30.00  
TAX                    0.00  
CERT                   0.00  
COPIES                0.00  
HANDLING            25.00

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

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

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

**Grace Church Community Center, Inc.**

---

*(Name of Domestic Corporation)*

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

**FIRST:** The name of the corporation is

**Grace Church Community Center, Inc.**

---

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

---

**SECOND:** The certificate of incorporation was filed by the Department of State on  
**August 30, 1079**

---

**THIRD:** The law the corporation was formed under is

**NYS Not-for-Profit Corporation Law**

---

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

**FIFTH:** The certificate of incorporation is amended as follows:

Paragraph 1st of the Certificate of Incorporation regarding

The name of the corporation.

---

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

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

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



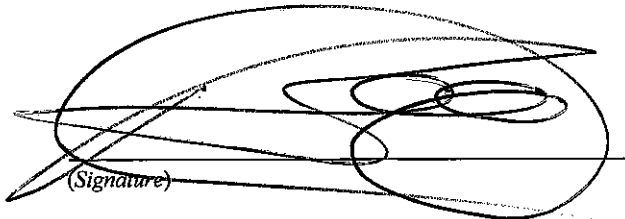
**SIXTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is

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

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

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



(Signature)

Board President

(Capacity of Signer)

Brion Hayman

(Print or Type Signer's Name)

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

Grace Church Community Center, Inc

*(Name of Domestic Corporation)*

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

Filer's Name Paul Anderson-Winchell, Executive Director

Address 35 Orchard Street

City, State and Zip Code White Plains, NY 10603

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

*For Office Use Only*

# NYS Department of State

## Division of Corporations

### Entity Information

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

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Selected Entity Name: LIFTING UP WESTCHESTER, INC.

Selected Entity Status Information

**Current Entity Name:** LIFTING UP WESTCHESTER, INC.

**DOS ID #:** 578704

**Initial DOS Filing Date:** AUGUST 30, 1979

**County:** WESTCHESTER

**Jurisdiction:** NEW YORK

**Entity Type:** DOMESTIC NOT-FOR-PROFIT CORPORATION

**Current Entity Status:** ACTIVE

Selected Entity Address Information

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

LIFTING UP WESTCHESTER, INC.

35 ORCHARD STREET

WHITE PLAINS, NEW YORK, 10603

**Registered Agent**

NONE

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

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

### \*Stock Information

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

\*Stock information is applicable to domestic business corporations.

### Name History

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

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

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

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[Homepage](#) | [Contact Us](#)

***STATE OF NEW YORK***

***DEPARTMENT OF STATE***

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



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

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

**Certificate of Assumed Name**  
Pursuant to General Business Law §130

201504160 74

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

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

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

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

3. ASSUMED NAME: **Grace Church Community Center**

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

**35 Orchard Street  
White Plains, New York 10603**

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

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

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

**86 East Post Rd.  
White Plains, NY 10601**

**33 Church Street  
White Plains, NY 10601**

Name of Signer: **Brion Hayman, Board President**

Signature: 

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

File: Name: **Paul Anderson-Winchell, Executive Director**

Mailing Address: **35 Orchard Street**

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

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

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

148 Hamilton Ave.  
White Plains, NY 10601

234 Martin Luther King Blvd.  
White Plains, NY 10601

074

(For office use only)

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FILED

2015 APR 16 PM 3:17

1CC  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED APR 16 2015

TAX S. 347686

BY: MBR

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

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



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
LIFTING UP WESTCHESTER  
AND  
ST. JOHN'S RIVERSIDE HOSPITAL**

**HUD Project: HIV RA**

**Grant number: NY0886L2T041908**

**Grant Operating Period/MOU Term: 10/01/20 - 09/30/21**

**Subrecipient: Lifting Up Westchester**

**Contact: Barbara Bento-Fleming**

Director of Housing Services

35 Orchard Street, White Plains, N. Y. 10603

949-0925 ext: 3

[BBento-Fleming@liftingupwestchester.org](mailto:BBento-Fleming@liftingupwestchester.org)

**Service Provider: St. John's Riverside Hospital**

**Contact: Kay Scott**

Assistant Vice President – DSRIP & HOPE Center 2 Park Avenue

Yonkers, N.Y. 10703

914-964-7412

[kscott@riversidehealth.org](mailto:kscott@riversidehealth.org)

**Point in Time number of clients receiving service: At least 2**

**Estimated value of services provided during the grant operating period: \$18,000**

**1. Background**

Lifting Up Westchester, Inc. administers the HIV RA project as a subrecipient under the Municipal Housing Authority for the City of Yonkers, which is the recipient of grant funds from the United States Department of Housing and Urban Development (HUD). The Program is designed to provide both permanent housing and a full range of supportive services to homeless adults with HIV/AIDS in order to assist them to live independently.

**2. Purpose of Memorandum of Understanding**

The purpose of this Memorandum of Understanding (MOU) is to clearly identify the services to be provided by St. John's Riverside Hospital as an identified service provider for this project during the grant operating period; and the responsibilities of Lifting Up Westchester in relation to the project stated above.

**3. Scope of Services**

Medical services and provided as medically necessary, and it is estimated that St. John's Riverside Hospital will provide at least **\$1,500/month (\$18,000 annually) worth of outpatient health services provided by licensed professionals** to program participants enrolled in the HIV RA project. These services may include: analysis or assessment of an individuals' health problems and the development of a treatment plan; preventive medical care and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services. Lifting Up Westchester shall administer all grant requirements as proscribed by HUD in 24 CFR 578 and any other applicable regulations.

St. John's Riverside Hospital shall render the following services for the HIV RA:

Description of Services to be Provided (check off all that apply):	Profession of Person Providing Service	Hourly Cost of Service to be Provided
<input checked="" type="checkbox"/> Medical	Physicians, mid-level practitioners, social workers, RN	\$164
<input type="checkbox"/> Case Management		
<input type="checkbox"/> Educational		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Clothing		
<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Substance Abuse		
<input type="checkbox"/> Life Skills		
<input type="checkbox"/> Legal Services		
<input type="checkbox"/> Housing Placement		
<input type="checkbox"/> Child Care		

#### 4. Documentation of Services

On a monthly basis, to provide documentation of the supportive services rendered to the program participants will be obtained through the billing department of St. John's Riverside Hospital upon request by the program participant. This information can then be transferred to Lifting Up Westchester by the program participants for attachment to financial claim reports submitted to the Municipal Housing Authority for the City of Yonkers and HUD. This information shall include the date, the type of service, and the itemized value of the services provided.

By signing below all parties agree to all aspects of this Memorandum of Understanding and will perform functions as listed.

For St. John's Riverside Hospital

Diane Anderson      Director HOPE Center      Diane Anderson      7/26/19  
Name                                      Title                                      Signature                                      Date

For Lifting Up Westchester

B. Benoit-Jean      Chief Program Officer      B. Benoit-Jean      7.26.19  
Name                                      Title                                      Signature                                      Date