

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/17/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Westchester County Dept. of Social Services
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 13-6007353
- c. Unique Entity Identifier:** GFB7MQFAU6F2

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: Manager I
Organizational Affiliation: Westchester County Dept. of Social Services
Telephone Number: (914) 995-1014
Extension:

Fax Number: (914) 995-5334

Email: 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-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): New York
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HMIS expansion

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 08/01/2024

b. End Date: 07/31/2025

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: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/17/2023

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Westchester County Dept. of Social Services

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

Organizational Affiliation: Westchester County Dept. of Social Services

Telephone Number: (914) 995-5502

Extension:

Email: ltt1@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: \$40,000.00

(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	\$535,683.00	Supportive services staff, HMIS data entry staff, and Leasing
Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605	grant	\$11,113.00	Supportive services staff
Westchester County Office for Women 112 East Post Road, White Plains NY 10601	direct staffing	\$18,750.00	Supportive services staff
NYS Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243	grant	\$17,729.00	Supportive services staff

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

Part III Interested Parties

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

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	UNIQUE Entity ID	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Caring for the Homeless of Peekskill	R3YCX436LRH5	PSH, TH, RRH, and Coordinated Entry provider	\$1,017,239.00	13%
Children's Village	WHF9NF6AQW64	Transitional Housing provider	\$319,124.00	4%
Daniel Gore Consulting	MRPLJANJQBN4	HMIS Administrator	\$140,004.00	2%
Eccovia	M39UF35CN922	HMIS Software provider	\$119,996.00	2%
see Other Attachments page for additional agencies				

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	City of Residence	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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

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

Certification

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

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

X

Name / Title of Authorized Official: Leonard Townes, Commissioner

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

Date Signed: 08/17/2023

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

2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Leonard

Middle Name

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/17/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Applicant's Organization: Westchester County Dept. of Social Services

Name / Title of Authorized Official: Leonard Townes, Commissioner

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

Date Signed: 08/17/2023

1J. SF-LLL

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

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

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

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

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

Legal Name: Westchester County Dept. of 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.

Authorized Representative

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/17/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Westchester County Dept. of Social Services

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

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

Date Signed: 08/17/2023

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Westchester County’s 2021 operating budget is nearly \$2.1 billion. It manages over \$438 million annually in Federal and State aid.

The Westchester Continuum of Care acts to assist in the coordination of these various stakeholders and the development and planning of services and housing for homeless and low-income persons with housing needs. The Westchester County Department of Community Mental Health (WCDCMH) is the lead applicant, largest recipient, and coordinates CoC planning. WCDCMH plans, oversees, and coordinates services for individuals - and their families - with mental illness, developmental/intellectual disabilities, and substance use disorders. It manages an annual budget of 8.9 million.

The grantee for this project, the Westchester County Department of Social Services (WCDSS), has unparalleled capacity to serve as our HMIS Lead agency. WCDSS is the second largest CoC recipient and manages our HMIS and our Coordinated Entry systems. WCDSS has 1,114 employees and manages an annual budget of over \$643 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 and has served as HMIS Lead for our CoC since HUD first developed those standards 20 years ago. WCDSS currently manages eight CoC grants with annual budgets totaling \$7.6 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.

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

Westchester County's 2022 operating budget is over \$2.3 billion. It manages over \$590 million annually in Federal and State aid. WCDSS' annual operating budget is over \$655 million. This represents 28% of Westchester County's total 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. WCDSS alone manages over \$272 million in Federal and State Aid.

In addition, WC DSS partners with many private sector providers to ensure that aid and care are provided to needy residents of Westchester County.

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

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 and its \$2 billion annual operating budget. Westchester County is AAA rated by two bond rating agencies - Standard and Poor's and Fitch. Westchester County is the only county in New York State with two AAA bond ratings.

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.

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

3A. Project Detail

- 1. **CoC Number and Name:** NY-604 - Yonkers, Mount Vernon/Westchester County CoC
- 2. **CoC Collaborative Applicant Name:** Westchester County Dept. of Community Mental Health
- 3. **Project Name:** HMIS expansion
- 4. **Project Status:** Standard
- 5. **Component Type:** HMIS
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
- 10. **Is this project applying for Rural costs on screen 6A?** No

3B. Project Description

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

The Westchester County Continuum of Care uses the commercially available HMIS Software ClientTrack, licensed, using CoC grant funds, from Eccovia, Inc. We obtain HMIS Administrator services from Daniel Gore d/b/a D Gore Consulting.

With the help of Eccovia and our HMIS Administrator, we have extensively modified the base functionality of ClientTrack to better serve our needs and to operate our Coordinated Entry system effectively and efficiently. Each access point in the Coordinated Entry system utilizes the same standardized assessments, and all Coordinated Entry participants are entered onto and prioritized using a single by-name list. Westchester Coordinated Entry uses a locally developed tool, the Comprehensive Homelessness Assessment Tool (CHAT) to assess both individuals and families to determine risk and prioritization when providing assistance to households experiencing homelessness. We have also developed the Comprehensive At-Risk of homelessness assessment Tool (CART), our own assessment tool for households at-risk of homelessness. We have developed a report, which tracks every housing program’s response to every CE housing referral. All of these enhancements required funding beyond that in the monthly software contract we have with Eccovia.

Our HMIS and Coordinated Entry needs continue to evolve as we consult with stakeholders and improve our system. We will continue to need additional funding to program modifications and enhancements to our HMIS. However, the base HMIS software and HMIS Administrator contracts now utilize 100% of our current CoC HMIS grant funding.

Therefore, Westchester County DSS and the Westchester County CoC are requesting this CoC Bonus expansion to our HMIS grant to provide ongoing funding for the enhancements and modifications we will need to best serve our participants

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	90			
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				

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

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

3C. HMIS Expansion

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: NY0749

1b. Eligible Renewal Grant Project Name: HMIS

Select ‘Yes’ or ‘No’ to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected “Yes.”

2. Will this expansion project increase HMIS functionality? Yes

2a. Describe the increased HMIS functionality.

Our HMIS and Coordinated Entry needs continue to evolve as we consult with stakeholders and improve our system. We will continue to need additional funding to program modifications and enhancements to our HMIS. However, the base HMIS software and HMIS Administrator contracts now utilize 100% of our current CoC HMIS grant funding.

Therefore, Westchester County DSS and the Westchester County CoC are requesting this CoC Bonus expansion to our HMIS grant to provide ongoing funding for the enhancements and modifications we will need to best serve our participants

In the first year we will use this funding for new report which will auto-calculate length of time homeless in the last 3 years for all participants as they are enrolled in Coordinated Entry so that shelter providers can accurately enter this information during assessment. We also would to add new functionality so that adding a move-in date for a housing project automatically closes the matching Coordinated Entry referral with a positive outcome.

3. Will this expansion project increase geographic coverage of HMIS? No

**4. Will this expansion project increase number of Yes
HMIS participating agencies or programs?**

**4a. Identify the number of additional HMIS users in each agency or programs
that will be added**

HUD - Continuum of Care Program (CoC)	5
HUD - Emergency Solutions Grant (ESG)	0
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	0
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	0
VA	0
Other	15
Total	20

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The CoC's process for updating HMIS Governance Charters and HMIS Policies and Procedures is led by our HMIS Administrator, working with our Data & Systems Subcommittee, which consists of HMIS users from all levels of the CoC. The Data & Systems Subcommittee reviews HMIS operations throughout the year and feedback is discussed and improvements made as needed. Our HMIS Administrator periodically conducts anonymous User Surveys to glean feedback as well. A full review of the Policies and Procedures are conducted annually by the Data & Systems Subcommittee with feedback from the CoC Board, which includes providers and people who identify as formerly homeless.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Westchester County DSS as HMIS Lead Agency and Daniel Gore as HMIS Administrator are responsible for ensuring our HMIS meets all privacy and security standards. Our HMIS Governance documents including the HMIS Data Sharing Policy, HMIS Participation Agreement signed by all agencies accessing the system, HMIS Site Administrator Agreement signed by the responsible staff person at each agency, and the HMIS User Agreement signed by every user accessing the system make explicit the standards for confidentiality and security required by HUD and other federal partners.

When a client is enrolled into our HMIS, they are given an HMIS Consumer Notice which explains several aspects of HMIS including the purpose of HMIS, Information about Data Collection, Reasons for Disclosures, as well as privacy rights such as the right to request restrictions when sharing their personal information.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards? Yes

8. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

Each HMIS agency must identify a point of contact for complaints or grievances related to client data. In addition, the HMIS Agency Participation Agreement states how agencies will work in collaboration with the HMIS Lead Agency, communicating information related to breaches. The HMIS Lead Agency reserves the right to suspend or terminate any user's access to HMIS for the purpose of investigating any suspected breach.

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	01/2023
HMIS Software Training	05/2023
Data Quality Training	05/2023
Security Training	08/2023
Privacy/Ethics Training	08/2023
HMIS PIT Count Training	01/2023
Other (must specify)	

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

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

HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost 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>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	\$40,000 for software modifications and enhancement to ClientTrack by vendor Eccovia to improve our HMIS and Coordinated Entry to meet participant needs	\$40,000
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$40,000
Grant Term:		1 Year
Total Request for Grant Term:		\$40,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

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



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

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

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$10,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$10,000

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Westchester Count...	\$10,000

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Government
3. **Name of Source:** Westchester County DSS direct staff performing
(Be as specific as possible and include the office HMIS activities
or grant program as applicable)
4. **Amount of Written Commitment:** \$10,000

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$40,000	1 Year	\$40,000
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$40,000
10. Admin (Up to 10% of Sub-total in #9)			\$0
11. HUD funded Sub-total + Admin. Requested			\$40,000
12. Cash Match (From Screen 6I)			\$10,000
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$10,000
15. Total Project Budget for this grant, including Match			\$50,000

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Leonard Townes

Date: 08/17/2023

Title: Commissioner

Applicant Organization: Westchester County Dept. of Social Services

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/16/2023
1C. SF-424 Application Details	No Input Required
New Project Application FY2023	Page 45
	08/17/2023

1D. SF-424 Congressional District(s)	08/16/2023
1E. SF-424 Compliance	08/16/2023
1F. SF-424 Declaration	08/16/2023
1G. HUD 2880	08/16/2023
1H. HUD 50070	08/16/2023
1I. Cert. Lobbying	08/16/2023
1J. SF-LLL	08/16/2023
IK. SF-424B	08/16/2023
1L. SF-424D	08/16/2023
2A. Subrecipients	No Input Required
2B. Experience	08/17/2023
3A. Project Detail	08/16/2023
3B. Description	08/17/2023
3C. HMIS Expansion	08/17/2023
4A. HMIS Standards	08/16/2023
4B. HMIS Training	08/17/2023
6A. Funding Request	08/16/2023
6H. HMIS Budget	08/17/2023
VAWA Budget	No Input Required
6I. Match	08/17/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/17/2023