

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: 08/18/2023

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: Homestead 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: 06/01/2024

b. End Date: 05/31/2025

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: 08/18/2023

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: \$699,938.00

(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: 08/18/2023

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

2. Sites for Work Performance.

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

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

I certify that the information provided on this form and in any accompanying 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: 08/18/2023

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: 08/18/2023

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: 08/18/2023

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: 08/18/2023

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: \$677,043

Organization	Type	Sub-Award Amount
Family Service Society of Yonkers	M. Nonprofit with 501C3 IRS Status	\$677,043

2A. Project Subrecipients Detail

a. Organization Name: Family Service Society of Yonkers

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

c. Employer or Tax Identification Number: 13-1739956

d. Unique Entity Identifier: NPN2LU6NLPF8

e. Physical Address

Street 1: 30 South Broadway

Street 2:

City: Yonkers

State: New York

Zip Code: 10701

f. Congressional District(s): NY-016
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$677,043

j. Contact Person

Prefix: Ms.

First Name: Helen
Middle Name:
Last Name: Frankel
Suffix:
Title: Executive Director
E-mail Address: hfrankel@fssy.org
Confirm E-mail Address: hfrankel@fssy.org
Phone Number: 914-963-5118
Extension:
Fax Number: 914-963-4313

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 2023 operating budget is over \$2.3 billion. It manages over \$590 million annually in Federal and State aid.

The grantee for this project, the Westchester County Department of Social Services (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 \$655 million. WCDSS already coordinates over \$83 million in non-CoC annual funding – far more than any other local partner – for homelessness prevention, homeless services, emergency shelter, transitional shelter, and permanent housing. WCDSS has coordinated homeless services in Westchester since 1983. WCDSS staff are the people responsible for determining homeless people’s eligibility for TANF-funded, NYS Safety Net funded, and locally funded shelter, housing, and services. No other organization in Westchester has such broad responsibility for providing the full range of emergency, transitional and permanent housing needed by every subpopulation of homeless adults, families, and youth.

WCDSS has managed CoC funding since 1995. WCDSS currently manages 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.

The subrecipient, Family Service Society of Yonkers (FSSY), has been providing CoC-funded permanent supportive housing for physically disabled homeless adults since 2003. FSSY currently administers 39 beds dedicated to this population. FSSY is the only Westchester CoC partner serving this special-needs population.

This project will build upon the expertise FSSY has developed over 20 years of providing CoC-funded permanent supportive housing for physically disabled homeless men and women, including those with co-occurring severe mental illness and/or chronic substance abuse.

FSSY’s Program Manager, Candice Kane, has managed our CoC housing programs for 18 years. She has become the go-to person whenever Westchester’s homeless shelters, street outreach workers, DSS or DCMH need specialized housing for homeless people with physical disabilities.

Chronically homeless individuals typically don’t receive proper medical care to manage their chronic and acute health conditions, often resulting in extreme physical impairments such as blindness, amputated limbs, and severe respiratory problems. HUD estimates that 14% of all homeless adults are physically disabled, but FSSY’s 39 beds are the only permanent supportive housing projects in the Westchester Continuum of Care that specifically serve this population.

FSSY is one of Yonkers’ largest home healthcare providers, delivering over 300,000 hours annually of home health care by state-certified Home Health Aides (HHAs) and Personal Care Aides (PCAs). It is a NYS-certified Home Care training facility and trains numerous HHAs and PCAs annually. FSSY is Westchester’s only community-based nonprofit to act as legal guardian for incapacitated adults at risk of neglect, abuse, and financial exploitation. It also provides financial management, representative payee, and geriatric care management.

FSSY's Housing Accessibility Program has used Yonkers HOME funding since 2002 and NYS DHCR funds since 2009 to remove architectural barriers that would otherwise prevent elderly and disabled people from being able to safely remain in their homes.

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.

FSSY successfully manages a \$12 million annual operating budget including Medicaid and private insurance billing as well as Federal, state, county, local and private grant funding. FSSY has successfully managed HUD Continuum of Care funding since 2002. It has successfully managed grants and contracts with numerous government funders including HUD, the U.S. Department of Justice, the New York State Office of Children and Family Services, the New York State Division of Housing and Community Renewal, the New York State Department of Health, the Westchester County Department of Social Services, the Westchester County Department of Community Mental Health, the Westchester County Department of Senior Programs and Services, the Municipal Housing Authority for the City of Yonkers, and the City of Yonkers Planning Department.

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 \$2.3 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.

FSSY has a \$12 million annual budget, over 250 staff and over 400 volunteers. FSSY is led by an experienced and stable administrative team. FSSY has a 13-person Finance Department that manages our budget and all of grant accounts. Our Controller, James Rambharose, has extensive experience in non-profit financial management. FSSY uses the FUND EZ fund accounting software, complies with all Generally Accepted Accounting Principles, and is annually audited by an independent CPA.

We manage Medicaid and private insurance billing as well as Federal, state, county, local and private grants and contracts including grants from NYS DoH, NYS OTDA, NYS HCR, NYS OCFS, HUD, Westchester County, and the City of Yonkers.

**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:** Homestead expansion
4. **Project Status:** Standard
5. **Component Type:** PH
- 5a. **Select the type of PH project:** PSH
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
9. **Will this project include replacement reserves in the Operating budget?** 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 Family Service Society of Yonkers (FSSY) proposes to expand our successful 28-bed Homestead Permanent Supportive Housing for physically disabled DedicatedPLUS homeless adults to include 20 additional units specifically targeted to DedicatedPLUS homeless adults, with priority given to serving potential residents with physical disabilities, such as impaired mobility, impaired vision, etc. FSSY will rent 20 scattered-site one-bedroom apartments in southern Westchester, primarily in and around Yonkers and Mount Vernon. The apartments will be adapted as needed to accommodate tenant's physical disabilities, using funding that we have available from other sources.

Our expansion will serve 20 additional DedicatedPLUS homeless adults. Most if not all of the tenants will be physically disabled, and many with co-occurring substance use and/or mental health disorders. We will house participants in their own one-bedroom apartments because it is often difficult for individuals with these barriers and disabilities challenges to share housing with others facing the same life challenges. Our project will also provide assistance with moving costs, supplemental food, transportation, and essential startup and operating costs (furniture, utilities, maintenance, and repair).

FSSY has been providing CoC-funded permanent supportive housing for physically disabled homeless adults since 2003. We have currently 39 beds dedicated to this population. We are the only CoC partner serving this special-needs population.

Our staffing plan for this highly vulnerable, special-needs group includes a full-time Case Manager with supervision and backup assistance with direct client services from our highly experienced Supervisor/ Program Manager, Candace Kane, who will devote 40% of her time to this project. Ms. Kane has managed FSSY's CoC-funded programs for 18 years. A full-time Housing Retention/Life Skills Specialist will help residents develop basic skills in budgeting, money management, food shopping strategies, food preparation techniques, maintaining a clean apartment, landlord/tenant roles and responsibilities, anger management, conflict resolution, maximizing personal wellness, and using social services effectively.

Our project qualifies for Leveraging Healthcare Resources Bonus Scoring. Westchester Jewish Community Services (WJCS) will provide access to treatment and/or recovery services for all participants enrolled in FSSY's HomeSafe project who qualify for and choose these services. These services may include: analysis or assessment of an individual's mental health, substance abuse, or recovery needs and the development of a treatment plan, addiction and substance abuse treatment and management.

We have clearly documented our ability to engage, rehouse and maintain housing stability for this special population of chronically homeless people with physical disabilities, which is served by no other CoC partner. FSSY's new collaboration with Westchester Jewish Community Services will strengthen our ability to effectively serve residents with co-occurring mental health and/or substance use disorders.

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	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	210			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Not applicable we are not requesting capital costs.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

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

Other: Physically disabled homeless

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

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or 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.

8. Is this project 100% Dedicated or DedicatedPLUS? DedicatedPLUS

3C. Project Expansion Information

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: NY0478

1b. Eligible Renewal Grant Project Name: Homestead

2. Will this expansion project increase the number of program participants? **Yes**

2a.	Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)	
	Number of persons (From renewal application Screen 5A)	28
	Number of units (From renewal application Screen 4B)	12
	Number of beds (From renewal application Screen 4B)	28
2b.	New Requested Numbers to Add (from this “Stand-alone New” project application)	
	Number of additional persons (From this new application Screen 5A)	20
	Number of additional units (From this new application Screen 4B)	20
	Number of additional beds (From this new application Screen 4B)	20

3. Will this expansion project provide additional supportive services to program participants? **No**

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

4A. Supportive Services for Participants

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

We will rent apartments that are convenient to major bus lines, shopping, and public services. We will rent apartments, when possible, that are accessible for the mobility-impaired. A full-time Case Manager and 0.4 FTE Housing Program Manager will ensure that residents are effectively linked to all needed benefits and services.

A full-time Housing Retention/Life Skills Specialist will help residents develop basic skills in budgeting, money management, food shopping strategies, food preparation techniques, maintaining a clean apartment, landlord/tenant roles and responsibilities, anger management, conflict resolution, maximizing personal wellness, and using social services effectively. Our project will also provide assistance with moving costs, supplemental food, transportation, and essential startup and operating costs (furniture, utilities, maintenance, and repair).

Our project qualifies for Leveraging Healthcare Resources Bonus Scoring. Westchester Jewish Community Services (WJCS) will provide access to treatment and/or recovery services for all participants enrolled in FSSY's HomeSafe project who qualify for and choose these services. These services may include: analysis or assessment of an individual's mental health, substance abuse, or recovery needs and the development of a treatment plan, addiction and substance abuse treatment and management.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Our full-time Case Manager will help ensure that all participants in our proposed Homestead expansion project receive a comprehensive bio-psycho-social needs assessment and service plan and they are linked to all the services they need, including medical, mental health, behavioral health, and other essential services. We have established a major new partnership with WJCS that will facilitate linking our residents to treatment and/or recovery services as needed.

Our full-time Case Manager will work intensively with each resident to make sure that they are connected to all available mainstream entitlements and services including Medicaid, SSI, Food Stamps, medical transportation, etc. Our residents will also be linked to providers of specialized services for the disabled, such as Westchester Disabled on the Move, Inc. Disabled residents who want and are able to work and those who want to continue their education will be referred to ACCES-VR, Yonkers or Westchester One-Stop Employment Centers, the Yonkers Public Schools' Project VIVE Adult Education Center, Westchester Community College's Equal Opportunity Center, and other local providers.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Bi-monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Daily
Child Care		
Education Services		
Employment Assistance and Job Training	Partner	Semi-annually
Food	Subrecipient	Monthly
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Semi-annually
Mental Health Services	Non-Partner	Monthly
Outpatient Health Services	Subrecipient	Daily
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	Weekly
Transportation	Subrecipient	Monthly
Utility Deposits		

Identify whether the project will include the following activities:


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

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

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

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

4B. Housing Type and Location

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

Total Units: 20

Total Beds: 20

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	20	20	0

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 20

b. **Beds:** 20

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 0

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

4. Address:

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

Street 1: 30 South Broadway

Street 2:

City: Yonkers

State: New York

ZIP Code: 10701

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

367260 Yonkers, 369119 Westchester County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	20	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	20		20
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	20	0	20

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3		1	3		3		20		
Persons ages 18-24										
Total Persons	3	0	1	3	0	3	0	20	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

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? **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.

3a. Complete the indirect cost rate table below

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Not applicable - we will use the 10% de minimis rate	10%	\$276,483	Will use 10% de minimis rate

4. Select a grant term: **1 Year**

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X
Rural	

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**

6C. Leased Units

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

Total Annual Assistance Requested:	\$375,840
Grant Term:	1 Year
Total Request for Grant Term:	\$375,840
Total Units:	20

The number of beds for which funding has been requested in the Leased Units budget is 20.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NY - Westchester ...	20	\$375,840	\$375,840

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

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

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

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

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

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

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$1,015		x	12	=	\$0
0 Bedroom		x	\$1,353		x	12	=	\$0
1 Bedroom	20	x	\$1,566	\$1,566	x	12	=	\$375,840
2 Bedroom		x	\$1,883		x	12	=	\$0
3 Bedroom		x	\$2,377		x	12	=	\$0
4 Bedroom		x	\$2,682		x	12	=	\$0
5 Bedroom		x	\$3,084		x	12	=	\$0
6 Bedroom		x	\$3,487		x	12	=	\$0
7 Bedroom		x	\$3,889		x	12	=	\$0
8 Bedroom		x	\$4,291		x	12	=	\$0
9 Bedroom		x	\$4,694		x	12	=	\$0
Total units and annual assistance requested:	20							\$375,840
Grant term:								1 Year
Total request for grant term:								\$375,840

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	20 clients @ \$500 each	\$10,000
3. Case Management	1 FTE case manager @ \$60,000 plus 22% fringe + 0.4 FTE Housing Program Manager @ \$87,000 plus 22% FTE = \$73,200+\$42,456=\$115,656	\$115,656
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$85 per month * 20 clients * 12 months	\$20,400
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	1 FTE Housing Retention /Life Skills Specialist @ \$60,000 plus 22% fringe	\$73,200
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	\$41.88 per month * 20 clients * 12 months = \$10,051; plus staff travel \$100 per month for 2 staff = \$2400	\$12,452
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$231,708
Grant Term		1 Year
Total Request for Grant Term		\$231,708

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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. Maintenance/Repair	20 units @ \$250 each for repairs per year	\$5,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	20 units * \$90 per month * 12 months	\$21,600
6. Furniture	20 units * \$1,000 each	\$20,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$46,600
Grant Term		1 Year
Total Request for Grant Term		\$46,600

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:	\$81,025
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$81,025

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

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

Occupancy charges collected from program participants per 24 CFR 578.77.

1b. Estimate the amount of program income that \$19,200
will be used as Match for this project:

Type	Source	Name of Source	Amount of Commitments
Cash	Government	New York State SH...	\$61,825
Cash	Private	Family Service So...	\$19,200

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** New York State SHP grant to Family Service
(Be as specific as possible and include the office or grant program as applicable) Society of Yonkers for Supportive Services staff
- 4. **Amount of Written Commitment:** \$61,825

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Family Service Society of Yonkers Program
(Be as specific as possible and include the office or grant program as applicable) Income - Occupancy Charges
- 4. **Amount of Written Commitment:** \$19,200

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)	\$375,840	1 Year	\$375,840
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$231,708	1 Year	\$231,708
5. Operating (Screen 6G)	\$46,600	1 Year	\$46,600
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 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			\$654,148
10. Admin (Up to 10% of Sub-total in #9)			\$45,790
11. HUD funded Sub-total + Admin. Requested			\$699,938
12. Cash Match (From Screen 6I)			\$81,025
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$81,025
15. Total Project Budget for this grant, including Match			\$780,963

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/18/2023
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

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: 08/18/2023

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	08/17/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2023
1E. SF-424 Compliance	08/17/2023
1F. SF-424 Declaration	08/17/2023
1G. HUD 2880	08/17/2023
1H. HUD 50070	08/17/2023
1I. Cert. Lobbying	08/17/2023
1J. SF-LLL	08/17/2023
1K. SF-424B	08/17/2023
1L. SF-424D	08/17/2023
2A. Subrecipients	08/17/2023
2B. Experience	08/18/2023
3A. Project Detail	08/17/2023
3B. Description	08/17/2023
3C. Expansion	08/17/2023
4A. Services	08/18/2023
4B. Housing Type	08/17/2023
5A. Households	08/17/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/17/2023
6C. Leased Units	08/18/2023
6F. Supp Srvcs Budget	08/18/2023
6G. Operating	08/18/2023
VAWA Budget	No Input Required
6I. Match	08/18/2023
6J. Summary Budget	No Input Required

7A. Attachment(s)	08/18/2023
7D. Certification	08/18/2023

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 1680, GPO Brooklyn, N.Y. 11202

Date: JAN 25 1989

Family Service Society of Yonkers Inc.
213 Palisades Avenue
Yonkers, NY 10703
Attn: John Augustin

Person to Contact: C. Jones

Contact Telephone Number:

1 (718) 780-6681

Re: 13-1739956

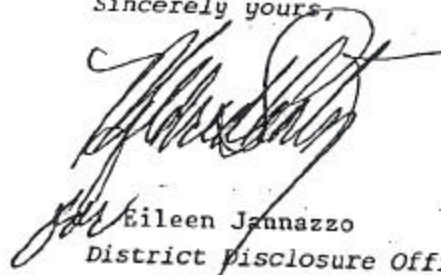
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Family Services Society of Yonkers Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,



Eileen Jannazzo
District Disclosure Officer

Name of Organization: Family Services Society of Yonkers Inc.

Date of Exemption Letter: December, 1934

Exemption granted pursuant to 1954 Code section 501(c) (3) or its predecessor Code Section.

Foundation Classification (If Applicable): Not a private foundation as you are an organization described in sections 509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.