

## 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](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](mailto: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](mailto: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: 09/14/2023

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](mailto:cqw1@westchestergov.com)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-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: PRISE

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:** 09/14/2023



# 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: \$1,024,042.00**

(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
Westchester Medical Center, 100 Woods Road Valhalla, NY 10595	in-kind outpatient medical and mental health treatment	\$216,525.00	In-kind outpatient medical and mental health treatment

**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	\$2,007,785.00	21%
Children's Village	WHF9NF6AQW64	Transitional Housing provider	\$319,124.00	3%
Daniel Gore Consulting	MRPLJANJQBN4	HMIS Administrator	\$140,004.00	1%
Eccovia	M39UF35CN922	HMIS Software provider	\$159,996.00	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
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**Name / Title of Authorized Official:** Leonard Townes, Commissioner

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

**Date Signed:** 09/14/2023

# 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
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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:** 09/14/2023

## **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:** 09/14/2023



# 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:** 09/14/2023

## 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:** 09/14/2023

## 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: \$990,546**

Organization	Type	Sub-Award Amount
Caring for the Hungry and Homeless of Peekskill...	M. Nonprofit with 501C3 IRS Status	\$990,546

## 2A. Project Subrecipients Detail

**a. Organization Name:** Caring for the Hungry and Homeless of Peekskill, Inc.

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

**c. Employer or Tax Identification Number:** 13-3437332

**d. Unique Entity Identifier:** R3YCX436LRH5

**e. Physical Address**

**Street 1:** 200 North Water Street

**Street 2:**

**City:** Peekskill

**State:** New York

**Zip Code:** 10566

**f. Congressional District(s):** NY-017  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$990,546

**j. Contact Person**

**Prefix:** Ms.



**First Name:** Cynthia  
**Middle Name:**  
**Last Name:** Knox  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** cynthiaknox@chhop.org  
**Confirm E-mail Address:** cynthiaknox@chhop.org  
**Phone Number:** 914-736-2636  
**Extension:**  
**Fax Number:**

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## **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.

Our subrecipient is Caring for the Hungry & Homeless of Peekskill (CHHOP). DSS and CHHOP are the only agencies in Westchester with experience running a Joint TH and PH-RRH project program, our RISE program, which we have successfully operated since 2019. That experience validated the model of allowing these individuals and families to bypass shelter through transitional and rapid rehousing while providing them with the intense DV support services & employment services they need to be able to sustain their well-being and housing long-term.

In this proposed new project we build on that successful model by adding critical medical and mental health resources. Intensive DV support services will be provided by Westchester Medical Center's (WMC) Sexual Assault Abuse and Victims Empowerment Program (SAAVE), a NYDOH-certified Rape Crisis Program, with trauma-informed, victim-centered direct services as well as outreach and prevention programming. SAAVE provides comprehensive advocacy services, safety planning, crisis intervention, warm hand-off referrals for legal, mental health and medical services, assistance with Office of Victim Services applications, accompaniment to forensic rape exams as well as to appointments with law enforcement and the criminal justice system. Advocates work with victims for as long as victims find it necessary as they proceed on their paths to healing.

Our proposed new partnership with Westchester Medical Center also gives us access to many specialized, trauma-related, and victim-centered medical services provided at WMC. The Ally Center is a full-service medical team with special expertise in working with the LGBTQ+ community. WMC's FACT is a team of SANE nurses and physicians who provide 24/7/365 care to sexual assault and child abuse victims in WMC's Emergency Departments. FACT team members are trained in highly sensitive evidence collection methodologies and testify in court when called upon to do so. These specialized services are in addition to the wide range of other medical, mental health and behavioral health services available through WMC to address the medical needs our participants.

**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.

CHHOP has provided 24/7 supervised housing for homeless adults since 1988. It is thoroughly integrated into local systems of housing and supportive services, particularly through our active participation in the Westchester County Continuum of Care Partnership to End Homeless ness and the Westchester Patriot Housing Initiative. CHHOP successfully manages a \$3.4 million annual budget including grant and contract funding from DSS, HUD and the VA.

**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.

CHHOP is governed by an 11-member Board of Directors that is responsible for setting overall agency policies and strategic direction, managing our funds and property, and overseeing all agency activities. The Board is composed of highly motivated and experienced professionals with varied backgrounds including domestic violence services, health care, corporate, not-for-profit consulting, faith communities, marketing, community affairs, and human resources.

CHHOP's Executive Director, Cynthia B. Knox, Esq., has over 25 years' experience operating not-for-profit programs and managing government grant-funded programs. Ms. Knox is responsible for all aspects of programmatic and financial management and accountability, including supervision of residential care services, staff supervision, overseeing CHHOP's finances, reporting, and ensuring compliance with all applicable local, state, and federal regulations and laws. CHHOP successfully manages a \$3.4 million annual budget including grant and contract funding from DSS, HUD and the VA. CHHOP's Treasurer is actively involved in all aspects of financial planning and management. We have a full-time Finance Manager, and our computerized financial records are maintained in accordance with Generally Accepted Accounting Principles. We are audited annually by an independent CPA.

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

### 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:** PRISE
- 4. **Project Status:** Standard
- 5. **Component Type:** Joint TH & PH-RRH
- 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

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## 3B. Project Description

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

Westchester County DSS is proposing to serve survivors of Domestic Violence by partnering with subrecipient CHHOP to create PRISE, a new 24-unit Joint TH and PH-RRH (JTPR) project. PRISE will include 8 leased transitional units (6 one-bedroom + 2 two-bedroom units) and 16 rental assistance RRH units (12 one-bedroom + 4 two-bedroom units). We will serve at least 30 additional individuals, including 10 in our transitional units and 20 in our RRH units.

Our project will serve survivors of domestic violence, dating violence, sexual assault, or stalking who meet the definition of homelessness at 24 CFR 578.3 paragraph (4) fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, as well as survivors of human trafficking. We will give preference to potential participants who are LGBTQ + with specific outreach to young LGBTQ+ survivors of DV between the ages of 18-25. According to the National Coalition for the Homeless, LGBTQ+ individuals are more likely to experience homelessness. Within the LGBTQ+ community, domestic violence occurs at a rate equal to or higher than that of the heterosexual community, including experiencing distinct barriers to accessing help.

CHHOP will provide a 0.8 FTE Program Manager and a full-time Bilingual Housing Case Manager and will subcontract with Lifting Up Westchester to provide a 0.5 FTE Employment Counselor to help participants raise their incomes and achieve housing self-sufficiency. CHHOP will subcontract with Westchester Medical Center's Ally Care Center to provide a 0.8 FTE Care Coordinator to link residents to needed medical, mental health, and behavioral health services, and a 0.8 FTE Domestic Violence Advocate from Westchester Medical Center's Sexual Assault Abuse and Victim's Empowerment Program (SAAVE Victim Services) to provide safety planning, DV counseling and link residents as needed to the full array of DV services available in Westchester.

DSS and CHHOP are the only agencies in Westchester with experience running a Joint TH and PH-RRH project program based on HUD's recently introduced JTPR model. The only JTPR program in Westchester is DSS and CHHOP's RISE program, which we have successfully operated since 2019. 82% of those who participated in the RISE program successfully transitioned to permanent housing over the last year. This project builds on that model by partnering with Westchester Medical Center to provide the specialized medical, mental health and behavioral health services needed by those who have experienced domestic violence and sexual assault – particularly those in the LGBTQ+ community.

Our project qualifies for Bonus Scoring for Leveraging Healthcare Resources. We have a letter of commitment from the Westchester Medical Center that states: "If CHHOP's application for 2023 Domestic Violence Housing Bonus funding is approved and fully funded by HUD, WMC will provide access for all program participants who qualify for and choose to participate in the following services: 1) trauma informed and victim centered advocacy services for victims provided by WMC's Sexual Assault Abuse and Victim's Empowerment Program (SAAVE Victim Services); and 2) comprehensive health care including gender-affirming health care, substance abuse treatment, mental health, and medical case management support from WMC's Ally Care Center multidisciplinary care team." Those in-kind match services are specified in the attached MOU.



**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				

**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 checked="" 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 type="checkbox"/>

**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?** Yes  
 (Click 'Save' to update)

**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

### 3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No  
renewal project?

## **4A. Supportive Services for Participants**

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

We will offer residents access to both immediate safe transitional housing in already-leased scattered-site units located throughout the county and placement in permanent housing of their choice anywhere in Westchester with rent subsidies individually tailored to their immediate financial situation and prospects for increased financial self-sufficiency. Families will be able to remain for up to 24 months in any combination of the two components. We will strongly emphasize helping families secure transitional or permanent housing in communities that are consistent with their self-chosen safety plan.

CHHOP's Bilingual Housing Case Manager will help participants find suitable safe and affordable housing in the community of their choice and will help participants develop realistic household budgets, help them fill any gaps in independent living skills, and link them to entitlements, childcare and other support services.

Our half-time Employment Counselor subcontracted from Lifting Up Westchester will help participants maximize their income by helping them find or build on existing employment so that they are able to earn a living wage by the time they need to fully sustain their own housing costs. Of particular importance is the ongoing post-employment support from the Employment Counselor to address any barriers to successfully maintaining employment (transportation, childcare, conflict at work) so that each household benefits from steady and increasing employment opportunities.

Our subcontracted Domestic Violence Advocate from WMC's SAAVE Victim Services will help survivors develop and implement effective safety plans, provide DV counseling services and link them to the panoply of DV-specific counseling, legal and other services available through Westchester Medical Center, the Putnam/Northern Westchester Women's Resource Center, Hope's Door, Westchester County Office for Women, My Sisters' Place, and Legal Services of the Hudson Valley.

Our subcontracted Medical Care Coordinator from WMC's Ally Center will link participants to needed medical, mental health, and behavioral health services, which will be used as matching funds for this project. The Ally Care Center is a multidisciplinary clinic providing comprehensive primary care that offers a safe and welcoming health care environment for all. They are specifically trained to meet the needs of survivors of domestic violence and sexual assault and the LGBTQ+ community. The Ally Care Center's staff includes medical providers, case managers, a psychologist, licensed mental health counselor, psychiatrist, and peer navigator. Services available include:

- Comprehensive primary care including preventative health screening, chronic disease management, confidential testing, and treatment for STIs including HIV and hepatitis C, care for the LGBTQ+ community including hormone therapy, and access to Westchester Medical Center Health Network's full array of subspecialty care,
- Integrated behavioral health services including medication assisted treatment for substance use disorder,
- Mental health services including individual therapy, peer support groups, psychiatry, and community-based therapy, and
- Care management including assistance with treatment adherence, insurance (including healthcare access for undocumented individuals), and referrals to community resources to address social determinants of health such as food and housing.

**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 program’s Case Manager, DV Advocate, and Employment Counselor will work as a team to ensure that each participating household is linked to all services needed by both adult family members and their children. We will begin by working to ensure that each household is appropriately linked to DSS and the array of mainstream resources it provides including public assistance, SNAP, Medicaid, and childcare subsidies. Our CEO’s experience working at Legal Services of Hudson Valley has given her an extraordinary depth of understanding of the precise types of services available and the legal eligibility requirements for each. Our Case Manager and DV Advocate will work with the Child Care Council of Westchester to ensure that families can access high quality affordable childcare. Our Case Manager will link families as needed to Student Advocacy and Student Assistance Services for assistance with school-related issues. The Employment Counselor from LUW will be responsible for ensuring that each participant’s Independent Living Plan maximizes their ability to achieve self-sufficiency through education, training, and employment. The team will review each participants’ Independent Living Plan with the head of household at least once every three and amend the plans as needed, including more frequent amendments when justified by changing needs.

**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	Quarterly
Assistance with Moving Costs	Applicant	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	Monthly
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	Bi-weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Partner	Weekly
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Applicant	As needed

**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.

**List all CoC-funded and Non CoC-funded units and beds for this project**

	TH	RRH	Total	
<b>Total Units:</b>	8	16	24	
<b>Total Beds:</b>	10	20	30	
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Scattered-site ap...	8	10	0
---	Scattered-site ap...	16	20	0



## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH  
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes  
private rooms per household?

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

3. What is the funding source for these units and CoC  
beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)

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

a. Units: 8

b. Beds: 10

### 5. 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:** 200 North Water Street

**Street 2:**

**City:** Peekskill

**State:** New York

**ZIP Code:** 10566

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

369119 Westchester County

## **4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?**

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

**3. What is the funding source for these units and beds? CoC**  
**(If multiple sources, select "Mixed" from the dropdown menu)**

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

**a. Units:** 16

**b. Beds:** 20

### **5. 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:** 200 North Water Street

**Street 2:**

**City:** Peekskill

**State:** New York

**ZIP Code:** 10566

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

369119 Westchester County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	6	18	0	24
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	5	16		21
Persons ages 18-24	1	2		3
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	12	18	0	30

**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							5			
Persons ages 18-24							1			
Children under age 18										6
<b>Total Persons</b>	0	0	0	0	0	0	6	0	0	6

Click Save to automatically calculate totals

### 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							16			
Persons ages 18-24							2			
<b>Total Persons</b>	0	0	0	0	0	0	18	0	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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

The 6 persons identified are homeless children who are not disabled; they therefore do not fall under the other categories in columns 1 through 9.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? DV 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%	\$516,714	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	X
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:	\$157,944
Grant Term:	1 Year
Total Request for Grant Term:	\$157,944
Total Units:	8

The number of beds for which funding has been requested in the Leased Units budget is 10.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NY - Westchester ...	8	\$157,944	\$157,944

## 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	6	x	\$1,566	\$1,566	x	12	=	\$112,752
2 Bedroom	2	x	\$1,883	\$1,883	x	12	=	\$45,192
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
<b>Total units and annual assistance requested:</b>	<b>8</b>							<b>\$157,944</b>
<b>Grant term:</b>								<b>1 Year</b>
<b>Total request for grant term:</b>								<b>\$157,944</b>

Click the 'Save' button to automatically calculate totals.

## 6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$315,888
Grant Term:	1 Year
Total Request for Grant Term:	\$315,888
Total Units:	16

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

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Westchester County, NY Statutory...	16	\$315,888

## Rental Assistance Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$1,015	x	12	=	\$0
0 Bedroom		x	\$1,353	x	12	=	\$0
1 Bedroom	12	x	\$1,566	x	12	=	\$225,504
2 Bedrooms	4	x	\$1,883	x	12	=	\$90,384
3 Bedrooms		x	\$2,377	x	12	=	\$0
4 Bedrooms		x	\$2,682	x	12	=	\$0
5 Bedrooms		x	\$3,084	x	12	=	\$0
6 Bedrooms		x	\$3,487	x	12	=	\$0
7 Bedrooms		x	\$3,889	x	12	=	\$0
8 Bedrooms		x	\$4,291	x	12	=	\$0
9 Bedrooms		x	\$4,694	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	16						\$315,888
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$315,888

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
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	24 moves annually at \$765 each	\$18,360
<b>3. Case Management</b>	0.8 FTE Program Manager @\$75,000 + 20% fringe (CHHOP), 1.0 FTE Bilingual Case Manager @ \$60,000 +20% fringe + 10% indirect costs (CHHOP), 0.8 FTE Care Coordinator @ \$70,000 + 37.53% fringe (WMC)	\$235,417
<b>4. Child Care</b>	\$300/month x 6 families x 12 months to assist with childcare costs needed to facilitate employment & training	\$21,600
<b>5. Education Services</b>	Cost of improving knowledge and basic educational skills including costs for instructional materials	\$10,000
<b>6. Employment Assistance</b>	0.5 FTE Employment Counselor @ \$66,700+ 32% fringe (Subcontracted to Lifting Up Westchester)	\$44,022
<b>7. Food</b>	Emergency Food @ \$875/year x 24 households	\$21,000
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	0.8 FTE DV Advocate @ \$70,000 + 37.53% fringe (Subcontracted to Westchester Medical Center)	\$77,017
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	\$,2700.52 for Staff Travel Annually + medical transportation via bus @ \$11.60 (2-way) x 2/month * 24 households *12 months \$6,681.60 + medical transportation via car service @ \$38 * 24 households *1/month *12 months \$10,944 + mileage reimbursement for medical purposes @ \$0.655 * 21 miles * 24 households * 2/month \$660.24*12months \$7,922.88	\$28,249
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$455,665
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$455,665

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	8 units @ \$800 each	\$6,400
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	8 units @ \$162 per month * 12 months	\$15,552
6. Furniture	8 units @ \$700 each	\$5,600
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$27,552</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$27,552</b>



**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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

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:	\$0
Total Amount of In-Kind Commitments:	\$216,525
Total Amount of All Commitments:	\$216,525

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

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Westchester Medic...	\$216,525

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of Source:** Westchester Medical Center outpatient medical and mental health treatment  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$216,525

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

## 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)	\$157,944	1 Year	\$157,944
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$315,888	1 Year	\$315,888
4. Supportive Services (Screen 6F)	\$455,665	1 Year	\$455,665
5. Operating (Screen 6G)	\$27,552	1 Year	\$27,552
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;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			\$957,049
10. Admin (Up to 10% of Sub-total in #9)			\$66,993
11. HUD funded Sub-total + Admin. Requested			\$1,024,042
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$216,525
14. Total Match (From Screen 6I)			\$216,525
15. Total Project Budget for this grant, including Match			\$1,240,567

**The minimum required Total Match amount for the Grant Term is \$216,525.**

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...	08/24/2023
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** Subrecipient Nonprofit Documentation for CHHOP

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**



## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Executed Agreemen...	08/29/2023

## Attachment Details

**Document Description:** Executed Agreement WMC-06812 Caring for the Hungry and Homeless of Peekskill

## 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:** 09/14/2023

**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.

**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	09/14/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2023
1E. SF-424 Compliance	09/14/2023
1F. SF-424 Declaration	09/14/2023
1G. HUD 2880	09/14/2023
1H. HUD 50070	09/14/2023
1I. Cert. Lobbying	09/14/2023
1J. SF-LLL	09/14/2023
IK. SF-424B	09/14/2023
1L. SF-424D	09/14/2023
2A. Subrecipients	09/14/2023
2B. Experience	09/14/2023
3A. Project Detail	09/14/2023
3B. Description	09/14/2023
3C. Expansion	09/14/2023
4A. Services	09/14/2023
4B. Housing Type	09/14/2023
5A. Households	09/14/2023
5B. Subpopulations	09/14/2023
6A. Funding Request	09/14/2023
6C. Leased Units	09/14/2023
6E. Rental Assistance	09/14/2023
6F. Supp Srvcs Budget	09/14/2023
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<b>6G. Operating</b>	09/14/2023
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	09/14/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/14/2023
<b>7A. In-Kind MOU Attachment</b>	09/14/2023
<b>7D. Certification</b>	09/14/2023

Internal Revenue Service  
District Director

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: May 17, 1999

Person to Contact:  
Cheryl Skaggs 31-04010  
Customer Service Representative  
Telephone Number:  
877-829-5500  
Fax Number:  
513-684-5936  
Federal Identification Number:  
13-3437332

Caring for the Homeless of  
Peekskill, Inc.  
200 N. Water St.  
Peekskill, NY 10566-2024

Dear Sir or Madam:

This letter is in response to your telephone request on May 13, 1999, for copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in April 1993, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).



Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

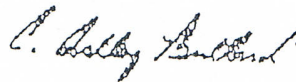
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director



August 25, 2023

Westchester County Continuum of Care  
Partnership to End Homelessness

Re: FY2023 Westchester County Continuum of Care DV Bonus

To Whom it May Concern:

I am writing this Letter of Commitment on behalf of Westchester Medical Center (WMC) in support of the application of Caring for the Hungry and Homeless of Peekskill (CHHOP) for the 2023 Domestic Violence Housing Bonus funding for the time period August 2024 through July 31, 2025.

It is our understanding that the goal of the application is to improve the likelihood of economic independence and self-sufficiency by providing safe, affordable housing, access to domestic violence and LGBTQ+ specific support services, and specialized employment services. The program is rooted in an empowerment model where clients make decisions regarding where to live, how best to maximize their safety, what kinds of support services they need, and how to best provide for their families. Through discussions with CCHOP it is our understanding that with HUD funds, the program will provide ten transitional units and twenty Rapid Rehousing units so participants can swiftly access safe apartment-style housing away from their abuser.

If CHHOP's application for 2023 Domestic Violence Housing Bonus funding is approved and fully funded by HUD, WMC will provide access for all program participants who qualify for and choose to participate in the following services: 1) trauma informed and victim centered advocacy services for victims provided by WMC's Sexual Assault Abuse and Victim's Empowerment Program (SAAVE Victim Services); and 2) comprehensive health care including gender affirming health care, substance abuse treatment, mental health, and medical case management support from WMC's Ally Care Center multidisciplinary care team. The specifics of those services will be negotiated by WMC and CHHOP and memorialized in an MOU signed by both parties.



**Estimated Cost of Services/Scope of Work to be paid to WMC**

**SERVICES FOR WMC SAAVE VICTIM ADVOCACY**

- 1. Name of Service:** SAAVE Advocacy Direct Services and Prevention Programming
- 2. Detailed Description of Service:** Trauma informed crisis intervention services and referrals, upon victim consent.
- 3.** To be calculated at percentage of 0.8 of FTE Advocacy salary of \$70,000 plus 37.5% fringe.

**SERVICES FOR WMC ALLY CARE CENTER**

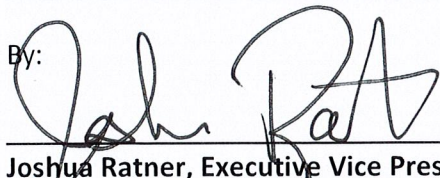
- 1. Name of Service:** Ally Care Center
- 2. Detailed Description of Service:** Comprehensive primary care
- 3.** To be calculated at percentage of 0.8 of FTE Medical Case Manager salary of \$70,000 plus 37.5% fringe.

**THE TOTAL AMOUNT OF THIS AGREEMENT IS NOT TO EXCEED  
\$154,000**

WMC understands that there is a Match requirement for this grant. If CHHOP's application for 2023 Domestic Violence Housing Bonus funding is approved and fully funded by HUD, WMC will provide medical, substance abuse treatment, behavioral health, and related services to program participants. The specifics of those services will be negotiated by WMC and CHHOP and memorialized in an MOU signed by both parties. We anticipate that the value of these services we provide will annually total at least \$272,197 during each program year.

Below is the description of services as an account of the above statement about the \$272,197 match.

Services	Providers	Rates
Medical	Physicians, mid-level practitioners, social workers, behavioral health workers	\$239,998 yearly
Mental Health including Substance Abuse and Behavioral Health	Mid-level practitioners, social workers, behavioral health workers,	\$32,207 yearly
		\$272,205 yearly

By: 

Joshua Ratner, Executive Vice President, Chief Strategy Officer  
Westchester Medical Center

Date: 8/28/23