

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/14/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NY1237

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

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Westchester County Dept. of Social Services

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

	<b>c. Organizational DUNS:</b>	072705213	<b>PLUS 4</b>	1112
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### d. Address

**Street 1:** 112 East Post Road

**Street 2:**

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10601

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Craig

**Middle Name:**

**Last Name:** Wong

**Suffix:**

**Title:** Program Administrator-Homeless Services

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

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

**Extension:**  
**Fax Number:** (914) 995-5334  
**Email:** [cqw1@westchestergov.com](mailto:cqw1@westchestergov.com)

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** RISE

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

**a. Applicant:** NY-016, NY-017, NY-018  
(for multiple selections hold CTRL key)

**b. Project:** NY-016, NY-017, NY-018  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 09/01/2020

**b. End Date:** 08/31/2021

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## **1E. SF-424 Compliance**

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name:**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

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

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

**Email:** kmm9@westchestergov.com

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

**Date Signed:** 08/14/2019



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Westchester County Dept. of Social Services

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name:**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

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

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

**Extension:**

**Email:** kmm9@westchestergov.com

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip/Postal Code:** 10601

**2. Employer ID Number (EIN):** 13-6007353

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

**4. Amount of HUD Assistance Requested/Received:** \$594,021.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** RISE 112 East Post Road White Plains New York

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

### Part I Threshold Determinations

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

### Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601	direct staffing, grants, and contracts	\$553,039.00	Supportive services staff and HMIS data entry staff
Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605	grant	11113.0	Supportive services staff

### Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Caring for the Homeless of Peekskill	133437332	PSH and Coordinated Entry provider	\$875,771.00	13%
Children's Village	131739945	Transitional Housing provider	\$319,124.00	5%
Daniel Gore Consulting	901137448	HMIS Administrator	\$128,400.00	2%
Eccovia	870412185	HMIS Software provider	\$97,401.00	1%
see Other Attachments page for additional agencies				

### Certification

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

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

**I AGREE:** ☒

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

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

**Date Signed:** 08/14/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

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

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

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

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

### 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**

X

**acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

### **Authorized Representative**

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

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

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

**Email:** kmm9@westchestergov.com

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

**Date Signed:** 08/14/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

X

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

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

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

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

**Date Signed:** 08/14/2019

## 1J. SF-LLL

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

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

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

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

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

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

**Street 1:** 112 East Post Road

**Street 2:**

**City:** White Plains

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10601

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Kevin

**Middle Name:**

**Last Name:** McGuire

**Suffix:**

**Title:** Commissioner

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

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

**Email:** kmm9@westchestergov.com

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

**Date Signed:** 08/14/2019

## Information About Submission without Changes

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

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

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

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

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

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

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

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

## **Recipient Performance**

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

**Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.**

First-time renewal and grant term has not yet expired.

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

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

**Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.**

First-time renewal for which less than one quarter has passed.

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## Renewal Expansion

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

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


No

## Renewal Grant Consolidation Screen

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

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

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** \$574,474

Organization	Type	Type	Sub-Award Amount
Caring for the Homeless of Peekskill	M. Nonprofit with 501C3 IRS Status		\$574,474

## 2A. Project Subrecipients Detail

**a. Organization Name:** Caring for the Homeless of Peekskill

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

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

	* d. Organizational DUNS:	115715877	PLUS 4	
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**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:** \$574,474

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Cynthia

**Middle Name:**

**Last Name:** Knox

**Suffix:**

**Title:** Executive Director

**E-mail Address:** cynthiakchop@gmail.com

**Confirm E-mail Address:** cynthiakchop@gmail.com

**Phone Number:** 914-736-2636

**Extension:**

**Fax Number:** 914-736-6396



## 3A. Project Detail

**1. Project Identification Number (PIN) of  
expiring grant:** NY1237

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

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

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

**3. Project Name:** RISE

**4. Project Status:** Standard

**5. Component Type:** Joint TH & PH-RRH

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

**7. Does this project include Replacement  
Reserves?** No

## 3B. Project Description

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

CHOP will offer 8 transitional units and 16 Rapid Rehousing units. Six of the eight transitional units will be two-bedroom EHAP units targeted by DSS to participants in this program. Two will be new scattered-site one-bedroom units leased by CHOP. The transitional units will be located across multiple communities and areas of the county so survivors can be quickly relocated to safe transitional housing in a community not frequented by their abuser. The mix of one-bedroom and two-bedroom apartments will enable us to serve both individuals and small families. Including the EHAP units will give us a dependable source of \$122,832 in annual matching funds. Including the grant-funded non-EHAP units ensures that our program will be able to serve single adults and others who don't qualify for Westchester's EHAP program.

Program participants will hold the leases for the Rapid Rehousing units. The amount of housing subsidy provided will be decreased gradually as the families increase their income and move closer to being able to sustain the housing after the subsidies end. We are focusing on serving individuals and people with small families because these are the two groups most likely to succeed in a time-limited Rapid Rehousing program. Homeless people with large families are much less likely to be able to sustain housing with earned income, both because they need larger and more expensive apartments and because they need to spend more of their income on childcare for the larger number of children.

CHOP will subcontract with My Sisters' Place - one of Westchester's two major domestic violence (DV) shelter and service providers - to provide a full-time Domestic Violence Community Counselor (DVCC) to provide trauma-informed holistic services, both on-site and off-site, specifically tailored to meet the needs of homeless families coming from the domestic violence shelter system. The DVCC will work directly with families to identify their needs and facilitate achievement of their goals, while providing comprehensive trauma-informed holistic care. The DVCC will travel to the various housing locations to provide on-site services. The DVCC will work as part of an integrated team with CHOP's Case Manager and Lifting Up Westchester's Employment Specialist to ensure streamlined service delivery and a comprehensive support system for domestic violence survivors. The DVCC's responsibilities will include: domestic violence counseling for individuals and families; specialized trauma-informed risk assessment; crisis management and safety planning; and referrals to a full range of DV-related supportive services including children's programming (including individual and group counseling, art therapy, therapeutic childcare, educational advocacy and academic assistance), legal assistance (covering family law, immigration and other matters), support groups, and workshops on topics such as life-skills, parenting, health, legal issues and personal finances.

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

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

Chronic Homeless	<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 with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**Other:**

**3. Housing First**

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

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

Having too little or little income	<input 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"/>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input 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"/>

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

## 4A. Supportive Services for Participants

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs	Applicant	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Applicant	As needed
Education Services	Non-Partner	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	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Partner	Weekly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Applicant	As needed

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

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

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



3. Do project participants have access to Yes

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

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

## 4B. Housing Type and Location

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

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

	TH	RRH	Total
Total Units:	8	16	24
Total Beds:	14	28	42
Housing Type	Housing Type (JOINT)	Units	Beds
---	Scattered-site ap...	2	2
---	Scattered-site ap...	6	12
---	Scattered-site ap...	16	28

## 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 for the TH or RRH TH  
portion of the project?

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

1b. Is this a private or semi private rooms? Yes

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

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

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

a. Units: 2

b. Beds: 2

### 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 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 for the TH or RRH TH  
portion of the project?**

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

**1b. Is this a private or semi private rooms? Yes**

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

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

**Other Funding Source:** Westchester County Department of Social  
Services

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

**a. Units:** 6

**b. Beds:** 12

**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:** 85 Court Street

**Street 2:**

**City:** White Plains

**State:** New York

**ZIP Code:** 10601

**6. Select the geographic area(s) associated with the address:  
(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 for the TH or RRH** RRH  
portion of the project?

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

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

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

**a. Units:** 16

**b. Beds:** 28

**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 multiple selections hold CTRL Key)**

369119 Westchester County

## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	18	6	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
Adults over age 24	17	5		22
Persons ages 18-24	1	1		2
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	36	6	0	42

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

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

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24							17			
Persons ages 18-24							1			
Children under age 18										18
Total Persons	0	0	0	0	0	0	18	0	0	18

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24							5			
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	6	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

The 18 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. Do any of the properties in this project have an active restrictive covenant? No

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Not applicable - we will use the 10% de minimis rate	10%	\$231,490

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

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

4. Renewal Grant Term: 1 Year

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

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

**HMIS** ☐



## 6B. Leased Units Budget

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

The following list summarizes the 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:		\$33,624	
Grant Term:		1 Year	
Total Request for Grant Term:		\$33,624	
Total Units:		2	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
NY - Westchester ...	2	\$33,624	\$33,624

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	2	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	2	\$33,624
Grant Term		1 Year
Total Request for Grant Term		\$33,624

Click the 'Save' button to automatically calculate totals.

## 6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$309,360	
Total Units:		16	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Westchester County, NY Statutory...	16	\$309,360

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$885		x	12	=	\$0
0 Bedroom		x	\$1,180		x	12	=	\$0
1 Bedroom	4	x	\$1,384		x	12	=	\$66,432
2 Bedrooms	12	x	\$1,687		x	12	=	\$242,928
3 Bedrooms		x	\$2,167		x	12	=	\$0
4 Bedrooms		x	\$2,466		x	12	=	\$0
5 Bedrooms		x	\$2,836		x	12	=	\$0
6 Bedrooms		x	\$3,206		x	12	=	\$0
7 Bedrooms		x	\$3,576		x	12	=	\$0
8 Bedrooms		x	\$3,946		x	12	=	\$0
9 Bedrooms		x	\$4,316		x	12	=	\$0
Total Units and Annual Assistance Requested	16							\$309,360
Grant Term								1 Year
Total Request for Grant Term								\$309,360

Click the 'Save' button to automatically calculate totals.

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$140,099
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$140,099

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Westchester Count...	07/29/2019	\$113,629
Yes	Cash	Government	Westchester Count...	07/29/2019	\$26,470

## Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment:  
(Be as specific as possible and include the office or grant program as applicable) Westchester County DSS Transitional Housing unit leasing payments
5. Date of Written Commitment: 07/29/2019
6. Value of Written Commitment: \$113,629

## Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment:  
(Be as specific as possible and include the office or grant program as applicable) Westchester County DSS contract for DV Counselor staffing
5. Date of Written Commitment: 07/29/2019
6. Value of Written Commitment: \$26,470

## 6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$33,624
1b. Leased Structures	\$0
2. Rental Assistance	\$309,360
3. Supportive Services	\$192,332
4. Operating	\$19,611
5. HMIS	\$0
6. Sub-total Costs Requested	\$554,927
7. Admin (Up to 10%)	\$39,094
8. Total Assistance plus Admin Requested	\$594,021
9. Cash Match	\$140,099
10. In-Kind Match	\$0
11. Total Match	\$140,099
12. Total Budget	\$734,120

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Caring for the Ho...	08/14/2019
2) Other Attachmenbt	No		
3) Other Attachment	No		



## Attachment Details

**Document Description:** Caring for the Homeless of Peekskill Nonprofit Documentation

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## **7B. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

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

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Kevin McGuire

**Date:** 08/14/2019

**Title:** Commissioner

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

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X

**Active SAM Status Requirement.**

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

X

## Submission Without Changes

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

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

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

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

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

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

- \* 2A - update subrecipient subaward amount
- \* 3B - specify population focus
- \* 6A - update MTDC amount for Indirect Costs

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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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



Internal Revenue Service  
District Director

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: May 17, 1999

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

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

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 70 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.

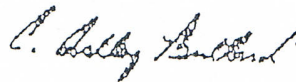
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. 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