

## 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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 08/14/2018

**4. Applicant Identifier:**

**5a. Federal Entity 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

	<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

**Applicant:** Westchester County Department of Social Services  
**Project:** WISH

NY604  
167454

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**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-6200-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:** WISH

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

**a. Applicant:** NY-016, NY-017, NY-018

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

**17. Proposed Project**

**a. Start Date:** 10/01/2019

**b. End Date:** 09/30/2020

**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:** 08/14/2018



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

### 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:** \$750,000.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601	direct staffing, grants, and contracts	\$553,039.00	Supportive services staff and HMIS data entry staff
Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605	grant	\$11,113.00	Supportive services staff

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

**Part III Interested Parties**

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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, RRH, and Coordinated Entry provider	\$1,063,556.00	14%
Children's Village	131739945	Transitional Housing and Coordinated Entry provider	\$325,614.00	4%
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				

**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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:** ☒

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

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

**Date Signed:** 08/03/2018

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Westchester County Dept. of Social Services  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

**I hereby certify that all the information stated herein, as well as any information provided in**

X

**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)

**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:** 08/14/2018

## **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:** 08/14/2018

## 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 Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 08/14/2018

## 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:** \$725,468

Organization	Type	Sub-Award Amount
Westhab, Inc.	M. Nonprofit with 501C3 IRS Status	\$725,468

## 2A. Project Subrecipients Detail

**a. Organization Name:** Westhab, Inc.

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

**c. Employer or Tax Identification Number:** 06-1064281

	<b>* d. Organizational DUNS:</b>	131372450	<b>PLUS 4:</b>	
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**e. Physical Address**

**Street 1:** 8 Bashford Street

**Street 2:**

**City:** Yonkers

**State:** New York

**Zip Code:** 10701

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

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

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

**i. Expected Sub-Award Amount:** \$725,468

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Richard

**Middle Name:**

**Last Name:** Nightingale

**Suffix:**

**Title:** President

**E-mail Address:** Richard.Nightingale@westhab.org

**Confirm E-mail Address:** Richard.Nightingale@westhab.org

**Phone Number:** 914-345-2800

**Extension:**

**Fax Number:**

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

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

The applicant, Westchester County Department of Social Services (WCDSS) manages TANF, state/county-funded Safety Net assistance for 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 housing, and state/locally-funded permanent housing). It funds county services for women, DV survivors, the disabled, senior citizens, veterans, and youth.

WCDSS has unparalleled capacity to manage HUD CoC homeless grants. WCDSS has over 1,200 employees and an annual budget of \$603 million. WCDSS coordinates over \$83 million in non-CoC annual funding for homelessness prevention, homeless services, emergency shelter, transitional shelter, and permanent housing.

WCDSS has coordinated homeless services in Westchester since 1983. WCDSS staff are 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 9 CoC grants with annual budgets totaling \$5.9 million. These CoC grants are managed by a full-time DSS Program Administrator to ensure HUD targets are met and full compliance with HUD regulations.

The DSS Office of Temporary Housing Assistance, with a staff of 46, coordinates all aspects of WCDSS' response to homelessness, including matching customers with resources, and providing long-term, intensive and flexible assistance for homeless people, helping the highest-need homeless households secure and retain housing.

DSS Homelessness Diversion workers assist people facing eviction or in danger of a utility cutoff. They help clients avoid homelessness using housing options such as sharing housing with friends or relatives, and link people to homelessness prevention counseling, legal assistance, rent arrears, utility arrears, and shelter placements.

The subrecipient, Westhab, Inc., is Westchester's largest and most experienced homeless housing provider. It has provided housing for homeless people with

intensive service needs for 36 years. Since its founding in 1981 Westhab has helped over 5,300 homeless households move into their own homes. The target population for this proposed new project is families; Westhab has been the largest emergency shelter provider for families in Westchester since 1984, managing two large family shelters which housed 1,195 persons in 2017.

Westhab owns or manages 850 housing units located in 14 Westchester communities. They include SROs and rooming houses for recovering substance abusers and the mentally ill, two Tier II family shelters, transitional residences for domestic violence survivors, multifamily apartment houses providing both transitional and permanent housing with on-site security and services; and scattered-site apartments. It provides case management for over 300 homeless households.

Westhab provides more permanent supportive housing for Westchester's homeless than any other agency. Westhab has over 20 years of experience operating Continuum of Care-funded Permanent Supportive Housing. It successfully administers \$4.6 million CoC-funded PSH and RRH projects with funding provided by WCDSS, WCDCMH, and the Yonkers Housing Authority. These projects house over 300 formerly homeless individuals in almost 200 households.

The participants in Westhab PSH projects include many of the most vulnerable individuals with multiple disabilities or barriers to independent living. Westhab has a long track record of successfully helping these clients to maximize housing stability and avoid returns to homelessness.

Since 2013, Westhab has administered the First Steps CoC project, which provides PSH to 32 formerly homeless families with a parenting youth age 18 – 24. This project has been extraordinarily successful. Over the last 12 months the project has maintained 99% target capacity; 100% of participants maintained permanent housing; 61% of participants have increased income since enrollment, and 42% have increased employment income. Westhab has stabilized these formerly homeless families in housing: the median length of participation is now 1,728 days. First Steps was the highest ranked renewal housing project in the Westchester CoC over the last 12 months.

Westhab helped pioneer Housing First strategies in Westchester, pushing the envelope and exploring the boundaries of what was possible when it created its Samaritan Initiative, Westchester's first CoC-funded Housing First program in 2006. It currently operates six Permanent Supportive Housing projects using Housing First principles for a diverse array of populations.

Westhab drives innovation in Westchester's system of care for the homeless. Westhab invented Westchester's strategy of housing homeless people in emergency apartments instead of motels in 1984, helped pilot the One-Stop Employment model for USDOL in 1996, helped WCDSS invent its Shelter Supplement program in 2004, created Westchester's first veterans housing program in 2005, created Westchester's first Rapid Rehousing program with HPRP funds in 2009, developed Westchester's first housing for people on parole in 2009, developed Westchester's first permanent housing for parenting youth in 2013, helped create Turning Point (Westchester's largest program dedicated to the hardest to house homeless) in 2015, and helped design Westchester's New Start Rapid Rehousing program in 2016.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

WCDSS manages a \$603 million annual operating budget. This represents 33% of Westchester County's \$1.825 billion annual 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. It manages over \$167 million in Federal Aid and over \$100 million in State Aid.

Westhab has 36 years of experience and a \$50 million annual budget. It successfully manages contracts with the U.S. Veterans Administration, NYS Office of Temporary & Disability Assistance, NYS Office of Mental Health, NYS Department of Education, Westchester County Department of Social Services, Westchester County Department of Community Mental Health, Westchester County Workforce Investment Board, Westchester County District Attorney's Office, City of Yonkers Department of Planning & Development, Municipal Housing Authority for the City of Yonkers, City of Mount Vernon, New York City Department of Youth & Community Development, and New York City Department of Homeless Services.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

DSS is led by a Commissioner who reports to our County Executive. DSS community services are provided through 4 district offices spread across the County. Since 2013, the DSS Office of Temporary Housing Assistance (OTHA), with a staff of 46, coordinates all aspects of WCDSS' response to homelessness at all district offices. The OTHA Eligibility Division makes eligibility determinations at application and recertification. The OTHA Program Division matches customers with resources and authorizes payments to providers. OTHA's Services Division provides long-term, intensive and flexible assistance for homeless people with complex needs. This is a dramatic change from the low-intensity income maintenance services DSS traditionally provided. Services Division caseworkers have low caseloads to facilitate helping the highest-need homeless households secure and retain permanent housing.

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. 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.

Our subrecipient Westhab's Senior Vice President for Services, James Coughlin reports directly to the CEO and provides oversight for all homeless programs. Westhab's 10-person Finance Department manages all financial aspects of the agency, including monitoring expenditures, documenting personnel costs, handling Accounts Payable and Receivable, preparing monthly vouchers, and maintaining all financial documentation. Westhab uses MRI accounting software. Each program has its own entity code and all payroll and expenses are allocated directly to that code.

Westhab has 36 years of experience and a \$50 million annual budget. Its well-developed accounting system successfully manages contracts with the VA, NYS (Office of Temporary & Disability Assistance, Office of Mental Health, Department of Education), Westchester County (WCDSS, Department of Community Mental Health, Workforce Investment Board, District Attorney's Office), City of Yonkers, City of Mount Vernon, and New York City.

WCDSS CoC Program Administrator and Westhab's Senior VP of Services are both members of our CoC's Board of Directors. Westhab and DSS are active members of CoC subcommittees including the HMIS Data & Systems committee (which is convened by DSS in its role as HMIS Lead), Homelessness Retention Workgroup, Coordinated Entry Referral Conferences, Patriot Housing Initiative for veterans, and Landlord Relations committee. DSS convenes monthly meetings of all its subrecipients to coordinate administration of CoC projects and keep agencies up to date with evolving HUD requirements.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** Yes

**4b. Describe the unresolved monitoring or audit findings.**

HUD conducted an on-site monitoring review of FY2010 SHP grant NY0624B2T041002 Domestic Violence TH administered by Westchester County DSS on 05/02/2013.

The subsequent HUD findings letter was dated 07/26/2013. Two Findings were noted, including insufficient tracking of Cash Match in financial records, and ineligible activities charged to the grant.

Westchester County DSS responded to the HUD letter on 10/04/2013, but no final determination has been received from HUD.



## 3A. Project Detail

**1a. CoC Number and Name:** NY-604 - Yonkers, Mount Vernon/Westchester County CoC

**1b. CoC Collaborative Applicant Name:** Westchester County Dept. of Community Mental Health

**2. Project Name:** WISH

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** PSH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No

## 3B. Project Description

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

Westhab will lease 18 two-bedroom and 6 three-bedroom apartments to provide Permanent Supportive Housing for DedicatedPLUS families of various sizes. The units will be scattered-site in order to more flexibly meet client choices to live in various communities. Our staffing plan for the 24 participant households includes a full-time grant-funded Case Manager, half-time grant-funded Life Skills Trainer, 0.24 FTE match-funded Housing Counselor, and a 0.15 FTE match-funded Case Manager Supervisor. The services will be individually tailored to each family's needs. The staff will address the needs of the children as well as the adults, including needs related to education, special education, mental health, vaccinations, and medical care. Our proposed budget includes funding to assist participants with transportation and emergency food.

Our program will include a full-time Case Manager and a half-time Life Skills Trainer. The Case Manager will provide intakes, assessment, referrals, advocacy, translation, transportation, service coordination, relapse prevention, and crisis intervention services. The Case Manager will address the needs of the children as well as the adults. The Case Manager will help link families to afterschool and preschool services, help ensure that school-age children attend school regularly, link families as needed to Student Advocacy and Student Assistance Services, and ensure that children receive regular medical checkups and all required vaccinations. The Case Manager will maintain at least monthly contact with each participant. New clients will be seen at least weekly and even daily if needed to help stabilize them in housing.

The Life Skills Trainer will provide individual and group instruction teaching basic living skills needed for housing retention including: planning and sticking to personal budgets, food shopping strategies on a limited budget, sources of nutrition supports including local food pantries and soup kitchens, landlord/tenant rights and responsibilities, basic housing maintenance and upkeep, conflict resolution, anger management, effective parenting methods and appropriate disciplinary strategies for children, and using community services effectively. The Life Skills Trainer and Case Manager will work with each head of household to identify specific life skills that the individual family needs to focus on.

Our match-funded Housing Counselor will help identify and lease the apartments, negotiate subleases with each resident, help educate residents about tenant rights and responsibilities, and serve as our primary liaison to landlords and property owners.

### 2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

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**structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	274			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**  
**(Select ALL that apply)**

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

### 5. Housing First

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

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

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

**c. 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"/>

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

N/A

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure?** No

**Dedicated and DedicatedPLUS**

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

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

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

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

**10. Indicate whether the project is “100% DedicatedPLUS Dedicated,” or “DedicatedPLUS,” according to the information provided above.**

## 3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X

### **2. Describe how participants will be assisted to obtain and remain in permanent housing.**

Our Housing First approach will help families swiftly find appropriate affordable housing units in the community they choose. Westhab maintains relationships with over 200 landlords throughout Westchester possible. We often rent multiple units from the same landlord, building trust with that property owner over time so that we can access new units when needed. Our match-funded Housing Counselor will help identify and lease the apartments, negotiate subleases with each resident, help educate residents about tenant rights and responsibilities, and serve as our primary liaison to landlords and property owners.

Our Life Skills Trainer will help parents learn how to manage money, develop realistic budgets, cook, maintain their apartment, and understand their rights & responsibilities as tenants. Our Case Manager will provide crisis intervention services, help resolve landlord/tenant disputes, and address any issue that may cause a return to homelessness.

### **3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

Westhab will work to ensure that all participants go to DSS and apply for basic mainstream benefits such as public assistance, Medicaid and Food Stamps, which DSS coordinates as part of its standard intake process. Our Case Manager will supplement this by ensuring that participants apply for other available benefits such as child care subsidies, HEAP, Earned Income Tax Credits, and job training benefits available through the WIBs' One-Stop

Employment Centers. We will work with DSS to refer people who may be SSI-eligible to the county's contractor responsible for preparing SSI applications.

Westhab is Westchester's leading provider of employment services for the homeless and other people with multiple employment barriers. In the past 5 years Westhab's employment programs helped 2,125 people into employment. WCDSS recently demonstrated its respect for the effectiveness of Westhab's employment services by choosing it to provide and coordinate employment services for EVERY employable public assistance recipient in Westchester – a responsibility DSS previously divided among 3 agencies.

The residents of this program will be able to access many of the employment resources Westhab offers including job developers, job counselors, work readiness training, and job fairs. Westhab can also link residents to the rich array of educational and vocational programs available in Westchester. These include the NYS Education Department-funded Board of Cooperative Educational Services, the State University of New York's Westchester Educational Opportunity Center, the Yonkers' Public Schools' VIVE School Pathways to Success program, and the Westchester County and Yonkers USDOL-funded Workforce Investment Boards' One-Stop Employment Centers. Individuals with disabilities can also receive services for NYS' Adult Career and Continuing Education Services-Vocational Rehabilitation.

The Case Manager will link residents as needed to medical, mental health, chemical dependency, educational, vocational, legal, emergency food, parenting education, supportive counseling, peer support and other services. Our proposed budget includes funding to assist participants with transportation and emergency food.

We will enhance housing retention by providing a 0.5 FTE Life Skills Trainer to help each family learn whatever new life skills they need in order to successfully transition to this new permanent housing. Topics will be tailored to each family's specific needs but will often include topics such as planning and sticking to personal budgets, food shopping strategies on a limited budget, sources of nutrition supports including local food pantries and soup kitchens, landlord/tenant rights and responsibilities, basic housing maintenance and upkeep, conflict resolution, anger management, effective parenting methods and appropriate disciplinary strategies for children, and using community services effectively.

**4. 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	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed



Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Subrecipient	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	Daily
Non-Partner	As needed
Subrecipient	As needed
Applicant	As needed

**5. Please identify whether the project will include the following activities:**



**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

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

## 4B. Housing Type and Location

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

**Total Units:** 24

**Total Beds:** 54

**Total Dedicated CH Beds:** 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	24	54

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

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

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

**a. Units:** 24

**b. Beds:** 54

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

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

### **4. Address:**

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

**Street 1:** 8 Bashford Street

**Street 2:**

**City:** Yonkers

**State:** New York

**ZIP Code:** 10701

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

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	24	0	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	22	0		22
Adults ages 18-24	2	0		2
Accompanied Children under age 18	30		0	30
Unaccompanied Children under age 18			0	0
Total Persons	54	0	0	54

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	4			10		10	3	4		
Adults ages 18-24				1		1				
Children under age 18										30
Total Persons	4	0	0	11	0	11	3	4	0	30

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

### Describe the unlisted subpopulations referred to above:

The 30 persons identified are homeless children who are not disabled; they therefore do not fall under the other categories in columns 1 through 9.

## 5C. Outreach for Participants

### 1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

### 2. Describe the outreach plan to bring these homeless participants into the project.

All beds to be funded through this proposed new Bonus project w will be filled using referrals from Westchester CoC's Coordinated Entry System. Coordinated Entry will provide outreach and access through a process defined and approved by the CoC Board in the Westchester Coordinated Entry Policy Manual.

When beds become available in this project, our Case Manager will immediately notify the Coordinated Entry Administrator that a vacancy exists.

The Coordinated Entry Administrator will then use the Prioritization List in HMIS to identify the family meeting the DedicatedPLUS definition with the highest needs and longest time homeless for referral to this project.

Once a referral is made, Westhab will work with Emergency Shelter staff already connected to the homeless family to swiftly make contact with the household, and to ensure the customer has all possible eligibility documentation in place. Westhab will provide the client with clear information about this PSH project and what participants can expect from the project. The client can then decide whether or not to accept the referral.

If the referral is accepted, Westhab works with the shelter's Coordinated Entry Assessor to obtain any outstanding documentation. Westhab also works with the customer to locate suitable housing, and arrange move in to permanent housing.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? 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.

### 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%	\$198,787

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

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>

<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>



## 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:			\$526,680
Grant Term:			1 Year
Total Request for Grant Term:			\$526,680
Total Units:			24
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NY - Westchester ...	24	\$526,680	\$526,680

## 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

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$897		x	12	=	\$0
0 Bedroom		x	\$1,196		x	12	=	\$0
1 Bedroom		x	\$1,401		x	12	=	\$0
2 Bedroom	18	x	\$1,706	\$1,706	x	12	=	\$368,496
3 Bedroom	6	x	\$2,197	\$2,197	x	12	=	\$158,184
4 Bedroom		x	\$2,521		x	12	=	\$0
5 Bedroom		x	\$2,899		x	12	=	\$0
6 Bedroom		x	\$3,277		x	12	=	\$0
7 Bedroom		x	\$3,655		x	12	=	\$0
8 Bedroom		x	\$4,034		x	12	=	\$0
9 Bedroom		x	\$4,412		x	12	=	\$0
Total units and annual assistance requested:	24							\$526,680
Grant term:								1 Year
Total request for grant term:								\$526,680

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

## 6F. Supportive Services Budget

### Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an 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 providing supportive services to homeless participants.

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. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Case Manager @ \$49,500 plus 35% fringe = \$66,815; Cell Phone for use by Case Manager \$50/month = \$600; Supplies for use by Case Manager \$100 per month * 12months = \$1,200	\$68,615
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Emergency food for participants at \$20 per month * 24 households * 12 months	\$5,760
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	0.5 FTE Life Skills Trainer @ \$45,000 plus 35% fringe = \$30,323; Cell Phone for use by Life Skill trainer \$25/month * 12 months = \$300; Supplies for use by Life Skills Trainer \$50/month * 12 months = \$600	\$31,223

11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Client Transportation: \$45 per month *24 households *12 months = \$12,960; Staff Travel: 93 mi/week *1.5 FTE *52weeks *\$0.535/mile = \$3,881	\$16,841
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$122,439
Grant Term		1 Year
Total Request for Grant Term		\$122,439

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	24 units *\$750 each annually for repairs and maintenance	\$18,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	24 units *\$90 per month * 12 months	\$18,360
6. Furniture	24 units * \$644 each for furniture for participant apartments	\$15,456
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$51,816
Grant Term		1 Year
Total Request for Grant Term		\$51,816

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

## 6l. 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:	\$55,830
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$55,830

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

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

Occupancy charges collected from program participants per 24 CFR 578.77.

- 1b. Estimate the amount of program income that will be used as Match for this project: \$55,830

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Westhab Program I...	08/02/2018	\$55,830

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Westhab Program Income - Occupancy Charges  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/02/2018
- 6. Value of Written Commitment:** \$55,830



## 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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$526,680	1 Year	\$526,680
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$122,439	1 Year	\$122,439
5. Operating	\$51,816	1 Year	\$51,816
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$700,935
8. Admin (Up to 10%)			\$49,065
9. Total Assistance Plus Admin Requested			\$750,000
10. Cash Match			\$55,830
11. In-Kind Match			\$0
12. Total Match			\$55,830
13. Total Budget			\$805,830

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WISH Subrecipient...	08/12/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** WISH Subrecipient Nonprofit Documentation

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. 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 part 578 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.**

**15-Year Operation Rule.**

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.**

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 provide

**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:** 08/14/2018

**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**

X

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

## 8B. Submission Summary

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

Page		Last Updated
<b>1A. SF-424 Application Type</b>		No Input Required
New Project Application FY2018	Page 55	08/14/2018

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/12/2018
<b>1E. SF-424 Compliance</b>	08/12/2018
<b>1F. SF-424 Declaration</b>	08/12/2018
<b>1G. HUD 2880</b>	08/12/2018
<b>1H. HUD 50070</b>	08/12/2018
<b>1I. Cert. Lobbying</b>	08/12/2018
<b>1J. SF-LLL</b>	08/12/2018
<b>2A. Subrecipients</b>	08/12/2018
<b>2B. Experience</b>	08/14/2018
<b>3A. Project Detail</b>	08/12/2018
<b>3B. Description</b>	08/14/2018
<b>3C. Expansion</b>	08/12/2018
<b>4A. Services</b>	08/14/2018
<b>4B. Housing Type</b>	08/12/2018
<b>5A. Households</b>	08/12/2018
<b>5B. Subpopulations</b>	08/12/2018
<b>5C. Outreach</b>	08/14/2018
<b>6A. Funding Request</b>	08/12/2018
<b>6C. Leased Units</b>	08/12/2018
<b>6F. Supp Srvcs Budget</b>	08/12/2018
<b>6G. Operating</b>	08/12/2018
<b>6I. Match</b>	08/12/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2018
<b>7D. Certification</b>	08/12/2018



INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P.O. BOX 1680  
BROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

Date: MAR 06 1995

WESTHAB, INC.  
35 EXECUTIVE BLVD.  
ELMSFORD, NY 10523-1326

Employer Identification Number:

06-1064281

Case Number:

114357005

Contact Person:

FRANCES E MCKENNA

Contact Telephone Number:

(718) 488-2318

Our Letter Dated:

March 12, 1991

Addendum Applies:

Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

BESTHAB INC

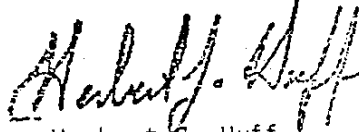
As per Income Tax Regulations 1.509(a)-6, if an organization is described in section 509(a)(1) and also in another paragraph of section 509 it will be treated as a 509(a)(1) organization.

Although you were treated as an organization described in section 509(a)(2) during your advance ruling period, you now qualify under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code and therefore, you have reclassified accordingly.

WESTHAB INC

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Herbert J. Huff". The signature is stylized with a large, prominent "H" and a cursive "J".

Herbert J. Huff  
District Director

Enclosure:

Addendum



Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page 25 OK

« Prev | 1-1 | Next »

<a href="#">EIN</a> ▲	<a href="#">Legal Name (Doing Business As)</a> ▲	<a href="#">City</a> ▲	<a href="#">State</a> ▲	<a href="#">Country</a> ▲	<a href="#">Deductibility Status</a> ▲
06-1064281	Westhab Inc.	Yonkers	NY	United States	<a href="#">PC</a>

Return to Search

« Prev | 1-1 | Next »