

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: NY1050

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

	c. Organizational DUNS:	072705213	PLUS 4	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

NY604

Project: Westchester Coordinated Entry

176662

Extension:

Fax Number: (914) 995-5334

Email: cqw1@westchestergov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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: Westchester Coordinated Entry

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: 03/01/2020

b. End Date: 02/28/2021

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: \$458,872.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Westchester Coordinated Entry 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: 08/13/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Westchester County Dept. of Social Services

Program/Activity Receiving Federal Grant CoC Program

Funding:

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? Yes

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.

We have not yet entered a claim for the current FY2018 grant NY1050L2T041803 started 03/01/2019. This is because we used Bonus funding granted by HUD during the FY2018 CoC competition to greatly expand this Coordinated Entry project. This project had no subrecipients for FY2017, but now has 7 subrecipients for FY2018.

The addition of 7 new subrecipients has delayed the Westchester County Board of Legislature approving the Grant Agreement with HUD and the subcontracts between DSS and the subrecipient agencies.

DSS hopes to have the Grant Agreement returned to HUD shortly, and we will begin making claims regularly thereafter for the remainder of the grant term.

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: \$290,194

Organization	Type	Type	Sub-Award Amount
Westhab, Inc.	M. Nonprofit with 501C3 IRS Status		\$58,039
Lifting Up Westchester , Inc.	M. Nonprofit with 501C3 IRS Status		\$29,019
Caring for the Homeless of Peekskill	M. Nonprofit with 501C3 IRS Status		\$29,020
Volunteers of America	M. Nonprofit with 501C3 IRS Status		\$58,039
Westchester Community Opportunity Program	M. Nonprofit with 501C3 IRS Status		\$29,019
The Sharing Community	M. Nonprofit with 501C3 IRS Status		\$29,019
YWCA of Yonkers	M. Nonprofit with 501C3 IRS Status		\$58,039

2A. Project Subrecipients Detail

a. Organization Name: Westhab, Inc.

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

c. Employer or Tax Identification Number: 06-1064281

	* d. Organizational DUNS:	131372450	PLUS 4	
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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: \$58,039

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:**

2A. Project Subrecipients Detail

a. Organization Name: Lifting Up Westchester , Inc.**b. Organization Type:** M. Nonprofit with 501C3 IRS Status**c. Employer or Tax Identification Number:** 13-3121606

	* d. Organizational DUNS:	625375811	PLUS 4	
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e. Physical Address**Street 1:** 35 Orchard Street**Street 2:****City:** White Plains**State:** New York**Zip Code:** 10603**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: \$29,019

j. Contact Person

Prefix: Ms.

First Name: Anahaita

Middle Name:

Last Name: Kotval

Suffix:

Title: Executive Director

E-mail Address: akotval@liftingupwestchester.org

Confirm E-mail Address: akotval@liftingupwestchester.org

Phone Number: 914-949-3098

Extension: 9,750

Fax Number: 914-761-2105

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: \$29,020

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

2A. Project Subrecipients Detail

a. Organization Name: Volunteers of America

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

c. Employer or Tax Identification Number: 58-1959781

	* d. Organizational DUNS:	361157287	PLUS 4	
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e. Physical Address**Street 1:** 135 West 50th Street**Street 2:** 9th Floor**City:** New York**State:** New York**Zip Code:** 10020

f. Congressional District(s): NY-012
 (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: \$58,039

j. Contact Person**Prefix:** Ms.**First Name:** Tere**Middle Name:****Last Name:** Pettitt**Suffix:****Title:** President and CEO**E-mail Address:** TPettitt@voa-gny.org**Confirm E-mail Address:** TPettitt@voa-gny.org**Phone Number:** 212-496-4304**Extension:****Fax Number:****2A. Project Subrecipients Detail**

a. Organization Name: Westchester Community Opportunity Program

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

c. Employer or Tax Identification Number: 13-2547122

	* d. Organizational DUNS:	072699721	PLUS 4	
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e. Physical Address

Street 1: 2 Westchester Plaza

Street 2:

City: Elmsford

State: New York

Zip Code: 10523

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: \$29,019

j. Contact Person

Prefix: Mr.

First Name: Donovan

Middle Name:

Last Name: Beckford

Suffix:

Title: Chief Executive Officer

E-mail Address: dbeckford@westcop.org**Confirm E-mail Address:** dbeckford@westcop.org**Phone Number:** 914-592-5600**Extension:** 142**Fax Number:**

2A. Project Subrecipients Detail

a. Organization Name: The Sharing Community**b. Organization Type:** M. Nonprofit with 501C3 IRS Status**c. Employer or Tax Identification Number:** 13-3186666

	* d. Organizational DUNS:	150865087	PLUS 4	
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e. Physical Address**Street 1:** 1 Hudson 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:** \$29,019

j. Contact Person**Prefix:** Ms.**First Name:** Nadine**Middle Name:****Last Name:** Burns-Lyons**Suffix:****Title:** Executive Director**E-mail Address:** nadine@thesharingcommunity.org**Confirm E-mail Address:** nadine@thesharingcommunity.org**Phone Number:** 914-963-2626**Extension:** 220**Fax Number:** 914-969-7877**2A. Project Subrecipients Detail****a. Organization Name:** YWCA of Yonkers**b. Organization Type:** M. Nonprofit with 501C3 IRS Status**c. Employer or Tax Identification Number:** 13-1740521

	* d. Organizational DUNS:	103728226	PLUS 4	
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e. Physical Address**Street 1:** 87 South Broadway**Street 2:****City:** Yonkers**State:** New York**Zip Code:** 10701**f. Congressional District(s):** NY-016
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$58,039

j. Contact Person

Prefix: Ms.

First Name: Charlie

Middle Name:

Last Name: Knight

Suffix:

Title: Chief Executive Officer

E-mail Address: cknight@ywcayonkers.org

Confirm E-mail Address: cknight@ywcayonkers.org

Phone Number: 914-963-0640

Extension: 110

Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** NY1050

(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: Westchester Coordinated Entry

4. Project Status: Standard

5. Component Type: SSO

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

3B. Project Description

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

The Westchester Coordinated Entry project provides CoC funds to assist in the operation of the Westchester CoC Coordinated Entry System (CES) by funding a senior WCDSS staff to oversee our CES in the role of Coordinated Entry Administrator.

Our CES covers the entire geographic area of our CoC, is easily accessed, well-advertised, and includes a comprehensive standardized assessment tool.

The Coordinated Entry Administrator works with CoC partners to assess, prioritize and refer clients to homelessness assistance, ensuring that persons with the greatest needs receive priority for the housing or homeless services appropriate to their circumstances and preferences.

Most homeless enter our Coordinated Entry through access points at Emergency Shelters. WCDSS requires all shelters to enter all residents into HMIS, complete a Coordinated Entry assessment tool, document disabilities, and link clients to housing referrals. These tasks are performed by shelter staff designated as Coordinated Entry Assessors.

Coordinated Entry Assessors are involved in all phases of Coordinated Entry: Access, Assessment, Prioritization, and Referral. This CoC grant also provides dedicated funding for Coordinated Entry Assessors at 14 of our emergency shelters.

Coordinated Entry Assessors' responsibilities include:

Initial & primary contact for Coordinated Entry

Complete for every client:

- HMIS Release
- HMIS Data Elements
- Assess clients using HAT (Homeless Assessment Tool)
- Chronic Homelessness assessment
- Collect & upload relevant documents
- Provide customer with CE Receipt
- Notify clients of Eligibility/Referral decisions
- Link customers to Housing Provider
- Participation in case conferences
- Respond to requests from Coordinated Entry Admin.

*Coordinated Entry Assessor key tasks:

1. Enroll participants into Coordinated Entry in HMIS including all data elements
 - a) Enter # of months homeless matching records in HMIS/ uploaded documentation
 - b) Enter data for disabilities plus upload documentation
 - c) Complete HAT (Homeless Assessment Tool) in HMIS
 - d) Provide CE participant with CE Receipt/Info Sheet, HMIS Release
2. Link Coordinated Entry participants to Permanent Housing after referral

- a) Notify client when Referral is made
 - b) Arrange meeting between client and Housing Provider staff
 - c) Coordinate with Housing Provider to transition participant to permanent housing
 - d) Any issues – contact Coordinated Entry Admin.
3. Participate in PSH and RRH Coordinated Entry Referral Conference (CERC)
This workgroup maintains the by-name list of all Coordinated Entry participants and allows Coordinated Entry Assessors and Housing provider staff to coordinate actions needed to move every household into Permanent Housing.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing? No

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 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"/>

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

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Information about accessing housing resources for people experiencing homelessness in the shelters and on the streets of our CoC's geographic area will be disseminated to the public. All people experiencing homelessness will have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

All people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

Information will be made available to individuals with disabilities through partnership with the Westchester County Office for People with Disabilities, the Office for the Aging and Disabled on the Move; as well as other advocacy groups for each protected class. Auxiliary aids and services will be provided where necessary to ensure effective communication. This includes ensuring that information is provided in appropriate accessible format as needed, including Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points which are physical locations will be accessible to those who use wheelchairs, as well as people in the CoC geographic area who are least likely to access homeless assistance.

All written materials will be available in both English and Spanish. Persons with Limited English Proficiency (LEP) will be provided with language interpretation services through our CoC member organization, the Westchester County Department of Social Services.

All advertisement will be in accordance with the Marketing and Non-discrimination Policies set forth in this document and HUD Coordinated Entry Notice Section II.B.5.

The advertising plan will include:

- * An information sheet to be given to each person upon their initial contact with an access point - including those at DSS offices, Emergency Shelters, and street outreach workers contacting persons on the streets - which includes an announcement of the Coordinated Entry System to access housing, a brief description of the opportunity available through the system as well as what data is required for eligibility.

- * The information sheet will continue to be publicly available at all physical points of entry.

- * An announcement notice will be posted at every physical access point indicating that an information sheet is available for further details.

- * A link to an online version of the information sheet will be provided on the Westchester County website(s) which include information specific to homeless services, including but not limited to the Department of Social Services, Department of Community Mental Health, Office for People with Disabilities, Department of Health and the Office for Women. All CoC partnership organizations providing services to people experiencing homelessness will be asked to place a link to the information sheet on their websites as well.
- * The 211 information number for Westchester County services which is administered by The United Way will have a script for all personnel to advise any member of the public who calls regarding homelessness of the opportunity. A link to the information sheet will be displayed on the United Way website.
- * The Office of the County Executive will issue a press release which will include the information sheet to all local media outlets.
- * Our CoC will apply for funding for an Out-of-Home media campaign to be run on all county owned media including but not limited to bus posters, transit shelters, the digital billboard outside of the Westchester County Center and other signage as available.

**4d. Does the coordinated entry process use a Yes
comprehensive, standardized assessment
process?**

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

We will use a “no-wrong door” approach that provides multiple ways for homeless people to access our Coordinated Entry System. The highest-volume access points will be WCDSS district offices (DOs) spread countywide. Anyone can access these DOs to apply for emergency housing as well as mainstream benefits. Each DO has Immediate Need Assessment Teams try to prevent evictions or find alternative housing options.

We will also have Coordinated Entry access points at Emergency Shelters and other locations where homeless are offered services. WCDSS now requires all shelters to enter all residents into HMIS to assess housing and service needs, complete a SPDAT and try to document disabilities.

We are ensuring that unsheltered adults and families are entered into our Coordinated Entry System by training all of the homeless mobile outreach workers in our 7 homeless outreach programs to create HMIS records, complete VI-SPDATs or Family SPDATs, document disabilities, and enter data into HMIS. We’ve also trained emergency food programs to refer unsheltered homeless to our outreach workers.

A standardized assessment used at all these Coordinated Entry locations will be used to ensure that persons with the greatest needs receive priority for the housing or homeless services appropriate to their circumstances and preferences, including those funded by CoC, ESG, other Federal, New York State, or local funding.

Coordinated Entry will identify type of housing assistance needed, identify each client’s eligibility for specific programs, and refer them to available units in priority order. We will sort all those in need of Permanent Supportive Housing in the HUD-mandated priority order according to CPD notice 16-11, with additional ranking in each tier based on VI-SPDAT score and length of time homeless.

The following is the Uniform Referral Process to be used by our Coordinated Entry System:

* Coordinated Entry Administrator (CEA) will generate a prioritized list daily.

* Bed/unit availability will be updated weekly.

Step 1 Highest ranking customer will be identified by Coordinated Entry staff using prioritization lists maintained and sorted within HMIS following established prioritization criteria. As beds/units in CoC, ESG, or locally-funded housing covered by Coordinated Entry become available, CEA will identify the highest ranking customer for that project type (PSH, RRH, or TH) that meets the eligibility criteria, target population, and identified goals of the project.

Timeframe: Immediately upon availability; bed/unit availability will be updated weekly.

Step 2 CEA will refer customer and all contact information to project case manager (Provider). Timeframe: 1 business day

Step 3 Project case manager (Provider) attempts to make contact with customer, referral source and any other identified supports as appropriate, working with the Coordinated Entry Assessor at the customer's current site, to ensure customer has all possible eligibility documentation in place. Timeframe: Provider must make 3 attempts within a 2 week period (attempts must be documented in HMIS)

Step 4 If Provider is unable to locate customer, Provider will contact CEA for next highest ranking appropriate customer. Timeframe: After 3 unsuccessful documented attempts with a 2 week period.

Provider may justify rejecting referral using Agency Referral Denial form process. Customers rejected by a Provider for acceptable criteria are immediately referred to the next available bed for that project type (PSH, RRH, or TH) for which they meet the eligibility criteria, target population, and identified goals of the project.

Step 5 Upon referral, customers receive clear information from the Provider about the project they have been referred to, what participants can expect from the project, and expectations of the project. Once contacted, customer decides whether or not to accept referral. Timeframe: 10 business days

Step 6 If referral is declined, Provider submits Customer Referral Denial form to CEA which prompts referral for next highest ranking appropriate customer (refer back to Step 3). Timeframe: Immediately

Step 7 If referral is accepted, Provider schedules an appointment with the customer for intake/application process. Timeframe: 3 business days

Step 8 Provider works with the Customer (and with the Coordinated Entry Assessor at the customer's current site) to obtain any outstanding documentation. Timeframe: 10 business days

Step 9 [May be concurrent with Step 8] Provider works with customer to locate suitable housing, and arrange move in. Timeframe: 30 business days

Step 10 Provider records project entry in HMIS and contacts CEA of move in. Timeframe: 24 hours after move in

Step 11 CEA exits customer from Coordinated Entry in HMIS. Timeframe: 48 Hours after move in.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?

Yes

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
Department of Health and Human Services	18%	\$29,019
Not applicable - we will use the 10% de minimis rate	10%	\$261,175

b. Has this rate been approved by your cognizant agency? Yes

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

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:	\$114,718
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$114,718

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	Westhab Coordinat...	07/24/2019	\$14,510
Yes	Cash	Government	Lifting Up Westch...	07/24/2019	\$7,255
Yes	Cash	Government	CHOP Coordinated ...	07/24/2019	\$7,255
Yes	Cash	Government	VOA Coordinated E...	08/01/2019	\$14,510
Yes	Cash	Government	Yonkers YWCA Coord...	07/24/2019	\$14,510
Yes	Cash	Government	WestCOP Coordinat...	07/24/2019	\$7,255
Yes	Cash	Government	The Sharing Commu...	07/26/2019	\$7,255
Yes	Cash	Government	Westchester Coun...	07/29/2019	\$42,168

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: Westhab Coordinated Entry Assessor staffing
(Be as specific as possible and include the office or grant program as applicable) funded by Westchester County DSS shelter contract
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: \$14,510

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: Lifting Up Westchester Coordinated Entry
(Be as specific as possible and include the office or grant program as applicable) Assessor staffing funded by Westchester County DSS shelter contract
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: \$7,255

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: CHOP Coordinated Entry Assessor staffing
(Be as specific as possible and include the office or grant program as applicable) funded by Westchester County DSS shelter

office or grant program as applicable) contract

5. Date of Written Commitment: 07/24/2019

6. Value of Written Commitment: \$7,255

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: VOA Coordinated Entry Assessor staffing funded by Westchester County DSS shelter contract
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

6. Value of Written Commitment: \$14,510

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: Yonkers YWCA Coordinated Entry Assessor staffing funded by Westchester County DSS shelter contract
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/24/2019

6. Value of Written Commitment: \$14,510

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: WestCOP Coordinated Entry Assessor staffing
(Be as specific as possible and include the office or grant program as applicable) funded by Westchester County DSS shelter contract
5. Date of Written Commitment: 07/24/2019
6. Value of Written Commitment: \$7,255

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: The Sharing Community Coordinated Entry
(Be as specific as possible and include the office or grant program as applicable) Assessor staffing funded by Westchester County DSS shelter contract
5. Date of Written Commitment: 07/26/2019
6. Value of Written Commitment: \$7,255

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: Westchester County Department of Social
(Be as specific as possible and include the office or grant program as applicable) Services
5. Date of Written Commitment: 07/29/2019
6. Value of Written Commitment: \$42,168

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	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$439,246
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$439,246
7. Admin (Up to 10%)	\$19,626
8. Total Assistance plus Admin Requested	\$458,872
9. Cash Match	\$114,718
10. In-Kind Match	\$0
11. Total Match	\$114,718
12. Total Budget	\$573,590

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Westchester Coord...	08/13/2019
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Westchester Coordinated Entry Subrecipient
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.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<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 list of subrecipients
- * 3B - update information to reflect FY2018 expansion
- * 6A - update information to reflect FY2018 expansion

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	08/13/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/13/2019
1E. SF-424 Compliance	08/13/2019
1F. SF-424 Declaration	08/13/2019
1G. HUD-2880	08/13/2019
1H. HUD-50070	08/13/2019

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1I. Cert. Lobbying	08/13/2019
1J. SF-LLL	08/13/2019
Recipient Performance	08/13/2019
Renewal Expansion	08/13/2019
Renewal Grant Consolidation	08/13/2019
2A. Subrecipients	08/13/2019
3A. Project Detail	08/13/2019
3B. Description	08/13/2019
6A. Funding Request	08/13/2019
6D. Match	08/13/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2019
7B. Certification	08/13/2019
Submission Without Changes	08/13/2019

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

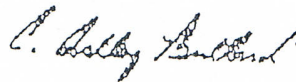
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return.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

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

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

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

Internal Revenue Service**Department of the Treasury**

District
Director

10 Metro Tech Center
625 Fulton Street
Brooklyn, NY 11201

b7

Date: DEC 01 1995

Grace Church
Community Center, Inc.
171 E Post Road Suite 219
White Plains, NY 10601-4901

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-3121606

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Grace Church Community Center, Inc.

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

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Grace Church Community Center, Inc.

Date of Exemption Letter: October 1982

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in section 509(a)(2) of the Internal Revenue Code.

FILING RECEIPT

ENTITY NAME: LIFTING UP WESTCHESTER, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)
PROCESS NAME

COUNTY: WEST

FILED:04/13/2015 DURATION:***** CASH#:150413000480 FILM #:150413000440

FILER:

PAUL ANDERSON-WINCHELL
EXECUTIVE DIRECTOR
35 ORCHARD STREET
WHITE PLAINS, NY 10603

ADDRESS FOR PROCESS:

THE CORPORATION
35 ORCHARD STREET
WHITE PLAINS, NY 10603

REGISTERED AGENT:



SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00

FEES 55.00
FILING 30.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 55.00
CASH 0.00
CHECK 55.00
CHARGE 0.00
DRAWDOWN 0.00
OPAL 0.00
REFUND 0.00

New York State
Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF**

Grace Church Community Center, Inc.

(Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is

Grace Church Community Center, Inc.

If the name of the corporation has been changed, the name under which it was formed is

SECOND: The certificate of incorporation was filed by the Department of State on
August 30, 1079

THIRD: The law the corporation was formed under is

NYS Not-for-Profit Corporation Law

FOURTH: The corporation is a corporation as defined in subparagraph (5) of paragraph (a) of
Section 102 of the Not-for-Profit Corporation Law.

FIFTH: The certificate of incorporation is amended as follows:

Paragraph 1st of the Certificate of Incorporation regarding

The name of the corporation.

is hereby [check the appropriate box] ☐ added ☒ amended to read in its entirety as follows:

The undersigned, for the puposes of ammending the certificate of a not-for-profit corporation under Section 402 of the Not-For-Profit Corporation Law of the State of New York, hereby certify:

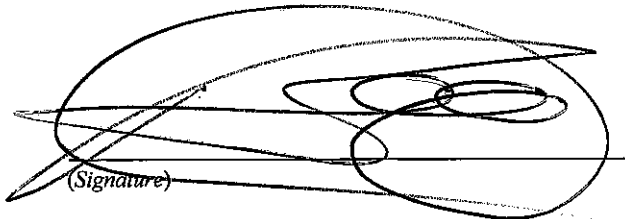
1. The ammended name of the corporation is:
Lifting Up Westchester, Inc.

SIXTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is

Grace Church Community Center
35 Orchard Street
White Plains, NY 10603

SEVENTH: The certificate of amendment was authorized by *(Check the appropriate box)*

- ☐ a vote of a majority of the members at a meeting.
- ☐ the unanimous written consent of the members entitled to vote thereon.
- ☒ a vote of a majority of the entire board of directors. The corporation has no members.



(Signature)

Board President

(Capacity of Signer)

Brion Hayman

(Print or Type Signer's Name)

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

Grace Church Community Center, Inc

(Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name Paul Anderson-Winchell, Executive Director

Address 35 Orchard Street

City, State and Zip Code White Plains, NY 10603

NOTE: The certificate must be submitted with a \$30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. **Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.**

For Office Use Only

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through April 17, 2015.

Selected Entity Name: LIFTING UP WESTCHESTER, INC.

Selected Entity Status Information

Current Entity Name: LIFTING UP WESTCHESTER, INC.

DOS ID #: 578704

Initial DOS Filing Date: AUGUST 30, 1979

County: WESTCHESTER

Jurisdiction: NEW YORK

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

LIFTING UP WESTCHESTER, INC.

35 ORCHARD STREET

WHITE PLAINS, NEW YORK, 10603

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not

recorded and only available by [viewing the certificate.](#)

*Stock Information

# of Shares	Type of Stock	\$ Value per Share
-------------	---------------	--------------------

No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
APR 13, 2015	Actual	LIFTING UP WESTCHESTER, INC.
AUG 30, 1979	Actual	GRACE CHURCH COMMUNITY CENTER, INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

[Search Results](#) [New Search](#)

[Services/Programs](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Disclaimer](#) | [Return to DOS](#)
[Homepage](#) | [Contact Us](#)

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on April 17, 2015.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

Certificate of Assumed Name
Pursuant to General Business Law §130

20150416074

1. REAL NAME OF ENTITY: **Lifting Up Westchester, Inc.**

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- ☐ Business Corporation Law ☐ Limited Liability Company Law ☐ Religious Corporations Law
☐ Education Law ☒ Not-for-Profit Corporation Law ☐ Revised Limited Partnership Act
☐ Other (specify law):

3. ASSUMED NAME: **Grace Church Community Center**

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX ☐ AND PROVIDE OUT-OF-STATE ADDRESS:

**35 Orchard Street
White Plains, New York 10603**

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ☐ ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input checked="" type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: ☐ No New York State Business Location

**86 East Post Rd.
White Plains, NY 10601**

**33 Church Street
White Plains, NY 10601**

Name of Signer: **Brion Hayman, Board President**

Signature: 

Capacity of Signer (Check one): ☒ Officer of the Corporation ☐ General Partner of the Limited Partnership
☐ Member of the Limited Liability Company ☐ Manager of the Limited Liability Company
☐ Authorized Person

RECEIVED
Filer: Name: **Paul Anderson-Winchell, Executive Director**

Mailing Address: **35 Orchard Street**

City, State and Zip Code: **White Plains, New York 10603**

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

148 Hamilton Ave.
White Plains, NY 10601

234 Martin Luther King Blvd.
White Plains, NY 10601

074

(For office use only)

A602652-8

FILED

2015 APR 16 PM 3:17

1CC
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED APR 16 2015

TAX \$ 347686

BY: MBR

NEW YORK STATE DEPARTMENT OF STATE
Division of Corporations, State Records and UCC
One Commerce Plaza, 99 Washington Ave, Albany, NY 12231

TO: GRACE CHURCH COMMUNITY CENTER
ATTN PAUL ANDERSON-WINCHELL
35 ORCHARD STREET
WHITE PLAINS, NY 10603

Internal Revenue Service

Department of the Treasury
P.O. BOX 1680 GPO
B'KLYN., NY 11202

District
Director

Date: MAY 2 1986

Employer Identification Number:
13-3106666
Our Letter Dated:
May 24, 1985
Person to Contact:
E. Birnbaum
Contact Telephone Number:
(718) 780-6138

THE SHARING COMMUNITY, INC.
118 New Main Street
Post Office Box 657
Yonkers, NY 10702

Dear Gentlemen:

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

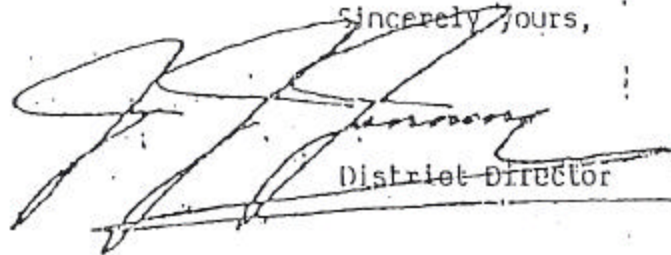
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) & 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3)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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a 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 that resulted in your loss of section 509(a)(1) & 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service has given notice that you would be removed from classification as a section 509(a)(1) & 170(b)(1)(A)(vi) organization.

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

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

cc:

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: August 15, 2002

Volunteers of America-Greater New York, Inc.
340 W. 85th Street
New York, NY 10024

Person to Contact:
Kaye Keyes 31-07416
Customer Service Specialist
Toll Free Telephone Number:
8:00 A.M. to 8:30 P.M. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
58-1959781
Group Exemption Number:
1736

Dear Sir or Madam:

This is in response to your request for affirmation of your organization's exempt status.

Our records indicate that your organization is included in a group ruling issued to Volunteers of America, Inc, which is located in Alexandria, Virginia.

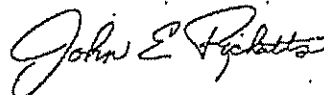
Volunteers of America, Inc. is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and is classified as a public charity, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code as a church.

As your organization is included in a group ruling, it does not have an individual exemption letter. The group exemption letter applies to all of the subordinate organizations on whose behalf Volunteers of America, Inc. has applied for recognition of exemption. This means your organization is also exempt under section 501(c)(3) of the Code.

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

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

Sincerely,




John E. Ricketts, Director, TE/GE
Customer Account Services

OGDEN UT 84201-0029

In reply refer to: 4077550286
May 27, 2014 LTR 4168C 0
13-2547122 000000 00

00034302
BODC: TE

 WESTCHESTER COMMUNITY OPPORTUNITY
PROGRAM INC
% JOHN S SAVAGE
2 WESTCHESTER PL - STE 137
ELMSFORD NY 10523

0395

Employer Identification Number: 13-2547122
Person to Contact: MS SINGLETON
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 04, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in NOVEMBER 1966.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

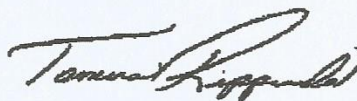
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077550286
May 27, 2014 LTR 4168C 0
13-2547122 000000 00
00034303

WESTCHESTER COMMUNITY OPPORTUNITY
PROGRAM INC
% JOHN S SAVAGE
2 WESTCHESTER PL - STE 137
ELMSFORD NY 10523

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

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations

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

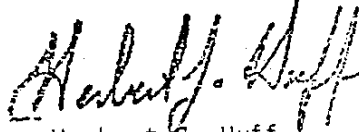
As per Income Tax Regulations 1.509(a)-6, if an organization is described in section 509(a)(1) and also in another paragraph of section 509 it will be treated as a 509(a)(1) organization.

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, looped "H" and a trailing flourish.

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 »

EIN ▲	Legal Name (Doing Business As) ▲	City ▲	State ▲	Country ▲	Deductibility Status ▲
06-1064281	Westhab Inc.	Yonkers	NY	United States	PC

« Prev | 1-1 | Next »

Return to Search

Internal Revenue Service

Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Date: **JAN 14 1998**

Young Women's Christian
Association of Yonkers
87 South Broadway
Yonkers, NY 10701-4004

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-1740521

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Young Women's Christian Association of Yonkers.

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

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub
Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Young Women's Christian
Association of Yonkers

Date of Exemption Letter: May 1956

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in section 509(a)(2) of the Internal Revenue Code.



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR - Chief, Audit Division
UPPER MANHATTAN 484 Lexington Avenue
New York 17, New York

In reply, refer to:
AU:F:JGO

Young Women's Christian Assoc'n, Inc. of *Yonkers*
87 South Broadway
Yonkers, New York

MAY 3 1956

Respected:

It is the opinion of this office, based upon the evidence presented, that you are exempt from Federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, as it is shown that you are organized and operated exclusively for educational purposes.

Accordingly, you are not required to file income tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to The District Director, Attention: AU:F:JGO in order that their effect upon your exempt status may be determined.

You are required, however, to file an information return, Form 990-A, annually, with The District Director so long as this exemption remains in effect. This form may be obtained from The District Director and is required to be filed on or before the 15th day of the fifth month following the close of your annual accounting period.

Contributions made to you are deductible by the donors in computing their taxable net income in the manner and to the extent provided by section 170(b)(1) and (2) of the Code.

Bequests, legacies, devises, or transfers, to or for your use are deductible in computing the value of the net estate of a decedent for estate tax purposes in the manner and to the extent provided by section 2055(a) of the Code. Gifts of property to you are deductible in computing net gifts for gift tax purposes in the manner and to the extent provided in section 2522(a) and (b) of the Code.

In the event you have not filed a waiver of exemption certificate in accordance with the provisions of section 3121(k)(1) of the Code, no liability is incurred by you for the taxes imposed under the Federal Insurance Contributions Act. Tax liability is not incurred by you under the Federal Unemployment Tax Act by virtue of the provisions of section 3301 of such Act.

To: Young Women's Christian Assoc'n, Inc. *of Jones*

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Your attention is called to the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 under which the exemption hereby granted will be revoked if any substantial part of your activities consists of carrying on propaganda, or otherwise attempting to influence legislation, or if you participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

Very truly yours,

Harold B. A'Hearn

Harold B. A'Hearn
District Director

Date 5-4-56