

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- 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 2022 Project Application will be imported into the FY 2023 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2023 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: 08/15/2023

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Westchester County Dept. of Social Services
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 13-6007353
- c. Unique Entity Identifier:** GFB7MQFAU6F2

d. Address

Street 1: 112 East Post Road
Street 2:
City: White Plains
County: Westchester
State: New York
Country: United States
Zip / Postal Code: 10601

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Mr.
First Name: Craig
Middle Name:
Last Name: Wong
Suffix:
Title: Manager I
Organizational Affiliation: Westchester County Dept. of Social Services
Telephone Number: (914) 995-1014
Extension:

Fax Number: (914) 995-5334

Email: cqw1@westchestergov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

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

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Westchester Coordinated Entry

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 03/01/2023

b. End Date: 02/29/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/15/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Westchester County Dept. of Social Services
Prefix: Mr.
First Name: Leonard
Middle Name:
Last Name: Townes
Suffix:
Title: Commissioner
Organizational Affiliation: Westchester County Dept. of Social Services
Telephone Number: (914) 995-5502
Extension:
Email: ltt1@westchestergov.com
City: White Plains
County: Westchester
State: New York
Country: United States
Zip/Postal Code: 10601

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$640,873.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601	direct staffing, grants, and contracts	\$535,683.00	Supportive services staff, HMIS data entry staff, and Leasing
Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605	grant	\$11,113.00	Supportive services staff
Westchester County Office for Women 112 East Post Road, White Plains NY 10601	direct staffing	\$18,750.00	Supportive services staff
NYS Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243	grant	\$17,729.00	Supportive services staff

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? Yes

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	UNIQUE Entity ID	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Caring for the Homeless of Peekskill	R3YCX436LRH5	PSH, TH, RRH, and Coordinated Entry provider	\$1,017,239.00	13%
Children's Village	WHF9NF6AQW64	Transitional Housing provider	\$319,124.00	4%
Daniel Gore Consulting	MRPLJANJQBN4	HMIS Administrator	\$140,004.00	2%
Eccovia	M39UF35CN922	HMIS Software provider	\$119,996.00	2%
see Other Attachments page for additional agencies				

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	City of Residence	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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

Note: If there are no other people included, write NA in the boxes.

Certification

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

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

X

Name / Title of Authorized Official: Leonard Townes, Commissioner

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

Date Signed: 08/15/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Westchester County Dept. of Social Services

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Leonard

Middle Name

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/15/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

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

Name / Title of Authorized Official: Leonard Townes, Commissioner

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

Date Signed: 08/15/2023

1J. SF-LLL

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

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

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

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

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

Legal Name: Westchester County Dept. of Social Services
Street 1: 112 East Post Road
Street 2:
City: White Plains
County: Westchester
State: New York
Country: United States
Zip / Postal Code: 10601

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5502
(Format: 123-456-7890)

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

Email: ltt1@westchestergov.com

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

Date Signed: 08/15/2023

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Westchester County Dept. of Social Services

Prefix: Mr.

First Name: Leonard

Middle Name:

Last Name: Townes

Suffix:

Title: Commissioner

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

Date Signed: 08/15/2023

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - 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 2021 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 e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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 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 checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

* Screen 2A Subrecipients updated to reflect subrecipient which was removed during the FY2021 grant period.

You have selected "Make Changes." Once this screen is saved, you 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.

Recipient Performance

- 1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

- 2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

- 3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

Claims to the current FY2022 grant NY1050L2T042207 started 03/01/2023 have been delayed by late contracting with HUD and the 5 subrecipient agencies.

The Grant Agreement was not received from HUD until 06/29/23, four months after the start of the grant operating period. The late Grant Agreement delayed the rest of our contracting process, and subcontracting is still in process.

Once we have a Grant Agreement with HUD and all subcontracts executed, we will make an initial claim for grant funds, and we expect monthly claims going forward for the rest of the grant period.

DSS hopes that the FY2023 Grant Agreement is made available by HUD before the beginning of the renewal grant period.

- 4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

There was a remaining balance of \$166,820 from the FY2021 grant NY1050L2T042106 equal to 26% of the grant funds, including \$149,873.22 in Supportive Services.

The Westchester Coordinated Entry project was expanded twice for FY2021, by a DV Bonus awarded by HUD as well an expansion using reallocated funding. Because the HUD Grant Agreement was provided in July 2022, the additional Coordinated Entry staffing funded with these expansion did not start until several months had passed during the grant period.

We expect to expend at least 90% of awarded funds during the current FY2022 grant.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? 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: \$362,741

Organization	Type	Sub-Award Amount
Westhab, Inc.	M. Nonprofit with 501C3 IRS Status	\$87,058
Lifting Up Westchester , Inc.	M. Nonprofit with 501C3 IRS Status	\$29,019
Caring for the Homeless of Peekskill	M. Nonprofit with 501C3 IRS Status	\$101,567
Westchester Community Opportunity Program	M. Nonprofit with 501C3 IRS Status	\$87,058
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. Unique Entity Identifier: HS5BZ6RY2F87

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: \$87,058

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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. Unique Entity Identifier:** YCKEUTJP9B25
- e. Physical Address**
Street 1: 35 Orchard Street
Street 2:
City: White Plains
State: New York
Zip Code: 10603

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: 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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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. Unique Entity Identifier: R3YCX436LRH5

e. Physical Address

Street 1: 200 North Water Street

Street 2:

City: Peekskill

State: New York

Zip Code: 10566

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

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

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

i. Expected Sub-Award Amount: \$101,567

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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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. Unique Entity Identifier:** HBNJGYNJHXH6
- e. Physical Address**
Street 1: 2 Westchester Plaza
Street 2:
City: Elmsford
State: New York
Zip Code: 10523
- 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: \$87,058

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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. Unique Entity Identifier: JNMEUXANX576

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): NY1050

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

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

3. CoC Collaborative Applicant Name: Westchester County Dept. of Community Mental Health

4. Project Name: Westchester Coordinated Entry

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

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

1. 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 as Coordinated Entry Administrator plus a WCDSS Coordinated Entry Specialist.

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 and Coordinated Entry Specialist work 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 – they are involved in all phases of Coordinated Entry: Access, Assessment, Prioritization, and Referral. This CoC grant 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 CHAT (Comprehensive 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 CHAT (Comprehensive 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
 3. Participate in PSH and RRH Coordinated Entry Referral Conference (CERC)
- This workgroup maintains a 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.

In addition, this project uses DV Bonus funding for a specialized Coordinated Entry process to better meet the needs of people experiencing homelessness who are survivors of domestic violence, dating violence, sexual assault, or stalking.

Our DV Coordinated Entry Specialist at CHHOP ensures that all survivors of domestic violence experiencing homelessness are enrolled Coordinated Entry and referred to appropriate housing meeting their needs. Survivors enter through any DV shelter or victim service provider. The DV CE Specialist then conducts a screening to determine which housing opportunities best meets their needs, and then prioritizes and refers them to housing using a dedicated, confidential list of clients

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

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

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? 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 Nondiscrimination 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 CoC website which includes 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.

* Our CoC will apply for funding for an Out-of-Home media campaign to be run on county owned media

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? No

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

Westchester Coordinated Entry uses a locally-developed tool, the Westchester Comprehensive Homeless Assessment Tool (CHAT) to assess both individuals and families to determine risk and prioritization when providing assistance to households experiencing homelessness or at-risk of homelessness. The CHAT produces two scores, one used to prioritize households for PSH and one used to prioritize households for RRH. Every access point in the Coordinated Entry system (including DSS offices, Emergency Shelters, & Street Outreach teams) utilizes the CHAT as our standardized assessment.

We use a “no-wrong door” approach that provides multiple ways for homeless people to access our Coordinated Entry System. The highest-volume access points are the WCDSS district offices (DOs) spread countywide. Each DO has Immediate Need Assessment Teams to prevent evictions or find alternative housing options.

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

Unsheltered adults and families are entered into our Coordinated Entry System by our 7 homeless outreach programs which create HMIS records, complete CHATs, document disabilities, and enter data into HMIS. Local emergency food programs refer unsheltered homeless to outreach workers.

Coordinated Entry ensures that persons with the greatest needs receive priority for housing appropriate to their circumstances & preferences, including those funded by CoC, ESG, other Federal, New York State, or local funding.

Coordinated Entry identifies each client’s eligibility for specific programs, and refers them to available units in priority order. We 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 CHAT score and length of time homeless.

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

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

* Bed/unit availability updated weekly.

Step 1 Highest ranking customer identified by Coordinated Entry staff using prioritization lists

Step 2 CEA refers customer and all contact information to project case manager

Step 3 Project case manager (Provider) makes contact with customer and referral source. Provider must make 3 attempts within a 2 week period

Step 4 If Provider is unable to locate customer, Provider will contact CEA for next highest ranking appropriate customer.

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.

Step 6 If referral is declined, Provider submits Customer Referral Denial form to CEA

Step 7 If referral is accepted, Provider schedules an appointment with the customer for intake process.

Step 8 Provider works with the Customer (and with the Coordinated Entry Assessor at the customer’s current site) to obtain any outstanding documentation.

Step 9 Provider works with customer to locate suitable housing, and arrange move in.

Step 10 Provider records project entry in HMIS and informs CEA of move in.
Step 11 CEA exits customer from Coordinated Entry

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? 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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Not applicable - we will use the 10% de minimis rate	10%	\$362,741	Will use 10% de minimis rate



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$160,218
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$160,218

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Westhab Coordinat...	\$21,765
Cash	Government	Lifting Up Westch...	\$7,255
Cash	Government	CHHOP Coordinated...	\$7,255
Cash	Government	Yonkers YWCA Coor...	\$14,510
Cash	Government	WestCOP Coordinat...	\$21,765
Cash	Government	Westchester Coun...	\$68,918
Cash	Government	Westchester Count...	\$18,750

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Westhab Coordinated Entry Assessor staffing funded by Westhab general revenue
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$21,765

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Lifting Up Westchester 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)
- 4. Amount of Written Commitment: \$7,255

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: CHHOP 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)
- 4. Amount of Written Commitment: \$7,255

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government

- 3. Name of Source:** 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)
- 4. Amount of Written Commitment:** \$14,510

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** WestCOP 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)
- 4. Amount of Written Commitment:** \$21,765

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Westchester County Department of Social Services direct funded Supportive Services staff
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$68,918

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Westchester County Office for Women supportive services direct staff
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$18,750

6E. Summary Budget

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$609,341
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Sub-total of CoC Program Costs Requested	\$609,341
8. Admin (Up to 10% of Sub-total in #7)	\$31,532
9. HUD funded Sub-total + Admin. Requested	\$640,873
10. Cash Match (From Screen 6D)	\$160,218
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$160,218
13. Total Project Budget for this grant, including Match	\$801,091

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Westchester Coord...	08/17/2022
2) Other Attachment	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

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Leonard Townes

Date: 08/15/2023

Title: Commissioner

Applicant Organization: Westchester County Dept. of Social Services

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/15/2023
1B. SF-424 Legal Applicant	08/15/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2023
1E. SF-424 Compliance	08/15/2023
1F. SF-424 Declaration	08/15/2023
1G. HUD 2880	08/15/2023
1H. HUD-50070	08/15/2023

Renewal Project Application FY2023	Page 55	08/15/2023
------------------------------------	---------	------------

1I. Cert. Lobbying	08/15/2023
1J. SF-LLL	08/15/2023
IK. SF-424B	08/15/2023
Submission Without Changes	08/15/2023
Recipient Performance	08/15/2023
Renewal Grant Consolidation or Renewal Grant Expansion	08/15/2023
2A. Subrecipients	08/15/2023
3A. Project Detail	08/15/2023
3B. Description	08/15/2023
6A. Funding Request	08/15/2023
6D. Match	08/15/2023
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2023
7B. Certification	08/15/2023

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: May 17, 1999

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

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

Dear Sir or Madam:

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

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

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

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

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

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

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

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

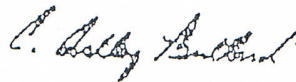
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return.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

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

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

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

Internal Revenue Service

Department of the Treasury

District
Director

10 Metro Tech Center
625 Fulton Street
Brooklyn, NY 11201

▷

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 purposes of amending 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:

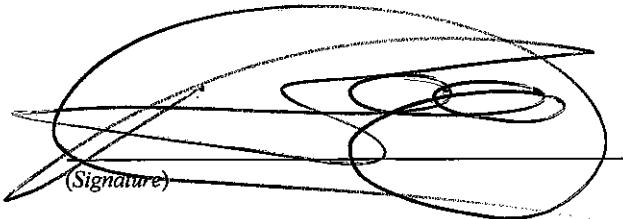
1. The amended name of the corporation is:
Lifting Up Westchester, Inc.

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

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.

RECEIVED
2015 APR 16 PM 1:08

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)

074

148 Hamilton Ave.
White Plains, NY 10601

234 Martin Luther King Blvd.
White Plains, NY 10601

(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
TAXS 347686
BY: MBK

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 2508
Cincinnati, OH 45201

Date: August 15, 2002

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

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

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.

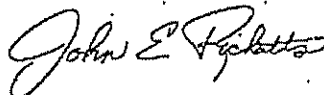
Volunteers of America, Inc. is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and is classified as a public charity, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code as a church.

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.

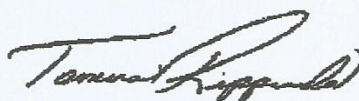
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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

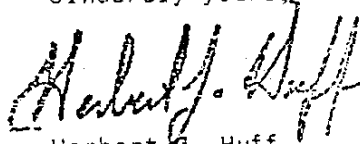
As per Income Tax Regulations 1.509(a)-6, if an organization is described in section 509(a)(1) and also in another paragraph of section 509 it will be treated as a 509(a)(1) organization.

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,



Herbert G. 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

« 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 »

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
484 Lexington Avenue
UPPER MANSION
New York 17, New York

In replying refer to:
AU:F:JGO

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

MAY 3 1956

Re: Yonkers

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.

UM:A:321

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

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