**Environmental Review for Continuum of Care Project that is Exempt or Categorically Excluded Not Subject to Section 58.5**

**Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

For use with Homestead:

Project name: **Homestead**

*This project provides safe, accessible and secure permanent supportive housing for 28 physically disabled homeless adults. According to HUD, such persons constitute 14% of those who are currently homeless, yet this is the only permanent supportive housing project in Westchester that specifically targets this under-served population and addresses this group's unique needs.*

*Our project provides group living in 4 three-bedroom apartments and 8 two- bedroom apartments. Each client has his/her own bedroom and shares a living room, kitchen, and dining room with one or two other clients. All units meet or exceed state and local housing codes. All of the tenants are disabled due to physical illnesses that may be compounded by mental illness or substance abuse issues, and may require home care at some level.*

*Clients will be connected to primary healthcare providers and will receive case management, social work assessments and home care services from Family Service Society of Yonkers. We find, lease, and inspect apartments to ensure compliance with all regulations for the disabled. Staff will be trained in all aspects of service needs of the physically disabled population, and provide outreach, peer support and advocacy services for all program participants.*

Funding Information
1. Grant Number: NY0478L2T041609

2. HUD Program Continuum of Care (CoC) – Homestead
3. Funding Amount: $433,183

4. Estimated Total HUD Funded Amount: $433,183
5. Estimated Total Project Cost (HUD and non-HUD funds): $480,508
6. Program Type – Permanent Housing - Leasing
7. Responsible Entity: Westchester County

8. Grant Recipient: Westchester County DSS
9. Project Location (MUST include apt #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Intended lease date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form to Annette Peters-Ruvolo apr5@westchestergov.com and Yoav Spiegel yspiegel@programdesign.com. **Allow 1 week for processing**. They will forward to the Westchester County Planning Department for completion and you will receive notification back via email.