Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 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:	08/10/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	NY0488
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Westchester County Dept. of Community Mental Health

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

	c. Organizational DUNS:	072705213	PLUS 4	1111

d. Address

Street 1: 112 East Post Road, 2nd Floor

Street 2:

City: White Plains

County: Westchester

State: New York

Country: United States

Zip / Postal Code: 10601

e. Organizational Unit (optional)

Department Name: Community Mental Health

Division Name:

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

Prefix: Ms.

First Name: Annette

Middle Name:

Last Name: Peters-Ruvolo

Suffix: LCSW

Title: Program Director - Community Support Services

Organizational Affiliation: Westchester County Dept. of Community Mental Health

Telephone Number: (914) 995-5278
Extension:
Fax Number: (914) 995-6220
Email: apr5@westchestergov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: DCMH RA Project

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 02/01/2018

b. End Date: 01/31/2019

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Michael
Middle Name:	
Last Name:	Orth
Suffix:	
Title:	Commissioner
Telephone Number: (Format: 123-456-7890)	(914) 995-5225
Fax Number: (Format: 123-456-7890)	(914) 995-5254
Email:	mmo6@westchestergov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/10/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Westchester County Dept. of Community Mental Health
Prefix:	Mr.
First Name:	Michael
Middle Name:	
Last Name:	Orth
Suffix:	
Title:	Commissioner
Organizational Affiliation:	Westchester County Dept. of Community Mental Health
Telephone Number:	(914) 995-5225
Extension:	
Email:	mmo6@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:	$8,330,134.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: DCMH RA Project 112 East Post Road, 2nd Floor White Plains New York

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

Part I Threshold Determinations

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

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
New York State Office of Mental Health 44 Holland Avenue Albany, New York 12229	grant	$659,562.00	Case Management and Planning staff
New York State Office of Alcoholism and Substance Abuse Services – OASAS 1450 Western Avenue, Albany, NY 12203	grant	48946.0	Case Management staff
Westchester County 112 East Post Road, White Plains NY 10601	grant	$160,483.00	Case Management staff
New York State Department of Health Corning Tower Building Empire State Plaza Albany, NY 12237	grant	$131,433.00	Case Management staff
Department of Veterans Affairs Hudson Valley Health Care System 2090 Albany Post Road Montrose NY 10548	client-based services	$81,976.00	Case Management, Care Coordination, Mental Health, and Medical services

Part III Interested Parties

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
The Guidance Center of Westchester	131839684	Permanent Supportive Housing provider	$792,969.00	9%
Human Development Services of Westchester	133008872	Permanent Supportive Housing provider	$2,840,144.00	33%
Lexington Center for Recovery	133131438	Permanent Supportive Housing provider	$1,471,020.00	17%
Lifting Up Westchester	133121606	Permanent Supportive Housing provider	$731,752.00	9%
see Other Attachments page for additional agencies				

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Michael Orth, Commissioner

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

Date Signed: 08/02/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Westchester County Dept. of Community Mental Health

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

the accompaniment herewith, is true and accurate. ☐

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

Authorized Representative

Prefix:	Mr.
First Name:	Michael
Middle Name	
Last Name:	Orth
Suffix:	
Title:	Commissioner
Telephone Number: (Format: 123-456-7890)	(914) 995-5225
Fax Number: (Format: 123-456-7890)	(914) 995-5254
Email:	mmo6@westchestergov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/10/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization: Westchester County Dept. of Community Mental Health

Name / Title of Authorized Official: Michael Orth, Commissioner

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

Date Signed: 08/10/2018

1J. SF-LLL

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

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Westchester County Dept. of Community Mental Health
Street 1:	112 East Post Road, 2nd Floor
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 X

complete. ☐

Authorized Representative

Prefix:	Mr.
First Name:	Michael
Middle Name:	
Last Name:	Orth
Suffix:	
Title:	Commissioner
Telephone Number: (Format: 123-456-7890)	(914) 995-5225
Fax Number: (Format: 123-456-7890)	(914) 995-5254
Email:	mmo6@westchestergov.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/10/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

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

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

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

DCMH has been delayed in submitting claims to HUD because the FY2017 Grant Agreement was not signed by HUD until April 2018 for a grant period that began 02/01/2018. The executed Grant Agreement was returned to HUD by DCMH in May 2018; however as of 08/01/2018 the award was still not reflected in eLOCCS by HUD.
DCMH is thus unable to submit claims six months into the grant operating period.

Once the grant is active in eLOCCS, we expect to maintain consistent drawdowns through the end of the grant period.

We hope that for the FY2018 renewal grant, the grant agreement is executed and the grant is active in eLOCCS, before the start of the grant period 02/01/2019.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The FY2016 grant DCMH RA Project NY0488L2T041609 had a remaining balance of $815,841.27 (11% of the grant award). This is a significant improvement over the $905,691.34 left unspent from the FY2015 grant.

The major reason for the large unspent balance is grant savings due to client share of rent. In addition, the project had an average of approximately 8 unfilled vacancies during the entire operating period (out of 415 households) which is a

98% occupancy rate.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

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: $8,153,471

Organization	Type	Type	Sub-Award Amount
Human Development Services of Westchester	M. Nonprofit with 501C3 IRS Status		$2,840,144
Lexington Center for Recovery	M. Nonprofit with 501C3 IRS Status		$1,471,020
Lifting Up Westchester, Inc.	M. Nonprofit with 501C3 IRS Status		$731,752
Westhab, Inc	M. Nonprofit with 501C3 IRS Status		$1,397,448
The Guidance Center, Inc.	M. Nonprofit with 501C3 IRS Status		$631,921
The Mental Health Association of Westchester, Inc.	M. Nonprofit with 501C3 IRS Status		$1,081,186

2A. Project Subrecipients Detail

a. Organization Name: Human Development Services of Westchester

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

c. Employer or Tax Identification Number: 13-3008872

	*** d. Organizational DUNS:**	113275676	**PLUS 4**	

e. Physical Address

Street 1: 930 Mamaroneck Avenue

Street 2:

City: Mamaroneck

State: New York

Zip Code: 10543

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

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: $2,840,144

j. Contact Person

Prefix: Ms.

First Name: Kathy

Middle Name:

Last Name: Pandekakes

Suffix:
Title: Chief Executive Officer
E-mail Address: kipandekakes@hdsw.org
Confirm E-mail Address: kipandekakes@hdsw.org
Phone Number: 914-835-8906
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Lexington Center for Recovery

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

c. Employer or Tax Identification Number: 13-3131438

	*** d. Organizational DUNS:**	153505441	**PLUS 4**	

e. Physical Address
Street 1: 2875 Route 35
Street 2: Suite 6N-1
City: Katonah
State: New York
Zip Code: 10536

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

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: $1,471,020

j. Contact Person

Prefix: Dr.
First Name: Suzanne
Middle Name:
Last Name: Tisne
Suffix:
Title: Associate Director
E-mail Address: stisne@lexingtonctr.org
Confirm E-mail Address: stisne@lexingtonctr.org
Phone Number: 914-666-0191
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Lifting Up Westchester, Inc.

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

c. Employer or Tax Identification Number: 13-3121606

	*** d. Organizational DUNS:**	625375811	**PLUS 4**	

e. Physical Address

Street 1: 35 Orchard Street
Street 2:
City: White Plains
State: New York
Zip Code: 10603

f. Congressional District(s): (for multiple selections hold CTRL key)	NY-017
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:	$731,752

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:	

2A. Project Subrecipients Detail

a. Organization Name:	Westhab, Inc
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	06-1064281

	*** d. Organizational DUNS:**	131372450	**PLUS 4**	

e. Physical Address

Street 1: 8 Bashford Street
Street 2:
City: Yonkers
State: New York
Zip Code: 10701

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

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: $1,397,448

j. Contact Person

Prefix: Mr.
First Name: Richard
Middle Name:
Last Name: Nightingale
Suffix:
Title: President
E-mail Address: richard.nightingale@westhab.org
Confirm E-mail Address: richard.nightingale@westhab.org
Phone Number: 914-345-2800
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: The Guidance Center, Inc.

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

c. Employer or Tax Identification Number: 13-1839684

	*** d. Organizational DUNS:**	045669090	**PLUS 4**	

e. Physical Address

Street 1: 256 Washington Street
Street 2:
City: Mount Vernon
State: New York
Zip Code: 10550

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

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: $631,921

j. Contact Person

Prefix: Ms.
First Name: Amy
Middle Name:
Last Name: Gelles
Suffix:
Title: Executive Director

E-mail Address: agelles@theguidancecenter.org
Confirm E-mail Address: agelles@theguidancecenter.org
Phone Number: 914-636-4440
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: The Mental Health Association of Westchester, Inc.

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

c. Employer or Tax Identification Number: 13-1740002

	*** d. Organizational DUNS:**	609732961	**PLUS 4**	

e. Physical Address
Street 1: 580 White Plains Road
Street 2:
City: Tarrytown
State: New York
Zip Code: 10591

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

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: $1,081,186

j. Contact Person

Prefix:	Ms.
First Name:	Charlotte
Middle Name:	
Last Name:	Ostman
Suffix:	
Title:	Chief Executive Officer
E-mail Address:	ostmanc@mhawestchester.org
Confirm E-mail Address:	ostmanc@mhawestchester.org
Phone Number:	914-345-5900
Extension:	
Fax Number:	

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NY0488

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

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

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

3. Project Name: DCMH RA Project

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

This Rental Assistance project provides 440 housing units to homeless individuals and families diagnosed with and affected by severe mental illness. Individuals served by the project may be experiencing substance abuse issues, developmental disabilities as well as other disabling health conditions. The subrecipients administering this project on behalf of The Westchester County Department of Community Mental Health (DCMH) are The Lexington Center for Recovery, Human Development Services of Westchester, Westhab, The Guidance Center of Westchester, Mental Health Association of Westchester, and Lifting Up Westchester.

All of these subrecipients have extensive experience providing housing and other services to persons with mental health and/or substance abuse issues, and have demonstrated a capacity to deliver quality care. Subrecipients meet regularly with DCMH contract management staff/CoC members to develop and monitor plans to effectively identify and address the needs and issues of the individuals and families served by this project, and to remain aligned with the overall goals of the CoC. DCMH, acting as recipient for this project, conducts annual monitoring visits to ensure adherence to HUD regulations in administering the project. Findings are reported back to the subrecipients and follow-up is conducted as needed.

We will use a Housing First approach to offer eligible participants immediate access to permanent supportive housing.

These services are delivered in partnership with Westchester County DCMH, the subrecipients and numerous mental health, substance abuse, health, vocational, advocacy and school- and community-based programs throughout the county providing supportive services to facilitate success in each individual's recovery process. The project consists of studio, 1BR, 2BR, 3BR, and 4BR units. The project serves to secure and maintain permanent housing in apartment locations of the residents' choosing throughout Westchester County.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans	X	**Substance Abuse**	X

Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Quarterly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care			
Education Services			
Employment Assistance and Job Training			
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services			
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits			

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

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

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

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

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

4B. Housing Type and Location

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

Total Units: 440

Total Beds: 629

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	440	629

4B. Housing Type and Location Detail

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

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

a. Units: 440

b. Beds: 629

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

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

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

Street 1: 112 East Post Road

Street 2: 2nd Floor

City: White Plains

State: New York

ZIP Code: 10601

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

369119 Westchester County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	116	324	0	440

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	107	294		401
Adults ages 18-24	14	30		44
Accompanied Children under age 18	184		0	184
Unaccompanied Children under age 18			0	0
Total Persons	305	324	0	629

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24			1	40	1	90	10		5	
Adults ages 18-24				5		10				
Children under age 18										184
Total Persons	0	0	1	45	1	100	10	0	5	184

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	21		32	169	10	259	10	11	11	
Adults ages 18-24				5		30				
Total Persons	21	0	32	174	10	289	10	11	11	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

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

5C. Outreach for Participants

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

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Health and Human Services	15%	$43,822
Not applicable - we will use the 10% de minimis rate	10%	$286,647

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

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

4. Renewal Grant Term: 1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	

HMIS ☐

6C. Rental Assistance Budget

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

Total Request for Grant Term:	$7,577,580
Total Units:	406

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	406	$7,577,580

Rental Assistance Budget Detail

Type of Rental Assistance: SRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$897	$897	x	12	=	$0
0 Bedroom	32	x	$1,196	$1,196	x	12	=	$459,264
1 Bedroom	258	x	$1,401	$1,401	x	12	=	$4,337,496
2 Bedrooms	55	x	$1,706	$1,706	x	12	=	$1,125,960
3 Bedrooms	49	x	$2,197	$2,197	x	12	=	$1,291,836
4 Bedrooms	12	x	$2,521	$2,521	x	12	=	$363,024
5 Bedrooms		x	$2,899	$2,899	x	12	=	$0
6 Bedrooms		x	$3,277	$3,277	x	12	=	$0
7 Bedrooms		x	$3,655	$3,655	x	12	=	$0
8 Bedrooms		x	$4,034	$4,034	x	12	=	$0
9 Bedrooms		x	$4,412	$4,412	x	12	=	$0
Total Units and Annual Assistance Requested	406							$7,577,580
Grant Term								1 Year
Total Request for Grant Term								$7,577,580

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$2,023,424
Total Value of In-Kind Commitments:	$59,110
Total Value of All Commitments:	$2,082,534

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

1a. Briefly describe the source of the program income:

Rents collected from Sponsor-based Rental Assistance program participants per 24 CFR 578.77.

1b. Estimate the amount of program income that will be used as Match for this project: $1,107,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	New York State Of...	07/17/2018	$602,562
Yes	Cash	Government	New York State Of...	07/17/2018	$48,946
Yes	Cash	Government	Westchester Coun...	07/17/2018	$133,483
Yes	Cash	Government	New York State De...	07/19/2018	$131,433
Yes	Cash	Private	Mental Health Ass...	07/17/2018	$152,520
Yes	Cash	Private	Lexington Center ...	07/17/2018	$191,880
Yes	Cash	Private	The Guidance Cent...	07/17/2018	$103,320
Yes	Cash	Private	Westhab - Program...	07/17/2018	$196,800
Yes	Cash	Private	Human Development...	07/19/2018	$344,400

Yes	Cash	Private	Lifting Up Westch...	07/20/2018	$118,080
Yes	In-Kind	Government	Veterans Administ...	07/16/2018	$59,110

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	New York State Office of Mental Health grant award
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$602,562

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	New York State Office of Alcoholism and Substance Abuse Services award
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$48,946

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the	Westchester County Department of Social Services local MHA program contracts

office or grant program as applicable)

5. Date of Written Commitment: 07/17/2018

6. Value of Written Commitment: $133,483

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) New York State Dept. of Health - HDSW contract

5. Date of Written Commitment: 07/19/2018

6. Value of Written Commitment: $131,433

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Mental Health Association of Westchester Program Income - Resident Rent

5. Date of Written Commitment: 07/17/2018

6. Value of Written Commitment: $152,520

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Lexington Center for Recovery Program Income - Resident Rent
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$191,880

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	The Guidance Center- Program Income from Resident Rent
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$103,320

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Westhab - Program Income from Resident Rent
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$196,800

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Human Development Services of Westchester Program Income - Resident Rent
5. Date of Written Commitment:	07/19/2018
6. Value of Written Commitment:	$344,400

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Lifting Up Westchester Program Income - Resident Rent
5. Date of Written Commitment:	07/20/2018
6. Value of Written Commitment:	$118,080

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Veterans Administration supportive services

5. Date of Written Commitment: 07/16/2018

6. Value of Written Commitment: $59,110

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$7,577,580
3. Supportive Services	$245,422
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$7,823,002
7. Admin (Up to 10%)	$507,132
8. Total Assistance plus Admin Requested	$8,330,134
9. Cash Match	$2,023,424
10. In-Kind Match	$59,110
11. Total Match	$2,082,534
12. Total Budget	$10,412,668

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DCMH RA Project F...	08/02/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: DCMH RA Project FY2018 Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	DCMH RA Project F...	08/02/2018

Attachment Details

Document Description: DCMH RA Project FY2018 In-Kind Match MOU

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Michael Orth
Date: 08/10/2018
Title: Commissioner
Applicant Organization: Westchester County Dept. of Community Mental

Health

PHA Number (For PHA Applicants Only):

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

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

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

All screens open because data was not transferred from prior application.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/02/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/02/2018
1E. SF-424 Compliance	08/02/2018
1F. SF-424 Declaration	08/02/2018
1G. HUD-2880	08/02/2018
1H. HUD-50070	08/02/2018
1I. Cert. Lobbying	08/02/2018
1J. SF-LLL	08/02/2018
Recipient Performance	08/02/2018
Renewal Grant Consolidation	08/06/2018
2A. Subrecipients	08/02/2018
3A. Project Detail	08/02/2018
3B. Description	08/02/2018
3C. Dedicated Plus	08/02/2018
4A. Services	08/06/2018
4B. Housing Type	08/02/2018
5A. Households	08/02/2018
5B. Subpopulations	08/02/2018
5C. Outreach	08/02/2018
6A. Funding Request	08/02/2018
6C. Rental Assistance	08/02/2018
6D. Match	08/02/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/02/2018
7A. In-Kind Match MOU Attachment	08/02/2018
7B. Certification	08/02/2018
Submission Without Changes	08/02/2018

Internal Revenue Service

Date: September 22, 2005

HUMAN DEVELOPMENT SERVICES OF
WESTCHESTER
930 MAMARONECK AVE
MAMARONECK NY 10543-1629 306

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Alvin Gadd 31-07339
Customer Service Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
13-3008872

Dear Sir or Madam:

This is in response to your request of September 22, 2005, regarding your organization's tax-exempt status.

In May 1980 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

NTERNAL REVENUE SERVICE
ISTRICT DIRECTOR
.P.O. BOX 1680
ROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

ate: 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.

ESTHAB INC

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

Sincerely yours,

Herbert J. Huff

Herbert J. Huff
District Director

Enclosure:
Addendum

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.

Internal Revenue Service

Date: September 28, 2007

THE GUIDANCE CENTER INC
70 GRAND ST
NEW ROCHELLE NY 10801-5606

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Miss Csinsi 17-56980
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
13-1839684

Dear Sir or Madam:

This is in response to your request of September 28, 2007, regarding your organization's tax-exempt status.

In April 1942 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: April 12, 2001

Person to Contact:
Tracy Garrigus #31-07307
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
13-3131438

Lexington Center For Recovery
24 Smith Ave.
Mt. Kisco, NY 10549-2814

Dear Sir or Madam:

We have received the copy of the Amended Articles of Incorporation filed with the State of New York, on February 12, 2001 indicating that your name has been changed from The Week-End Center, Inc. to the name shown above.

Our records indicate that a determination letter issued in August 1983, 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 section 509(a)(2).

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.

Lexington Center For Recovery, Inc
13-3131438

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.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

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,

John E. Ricketts

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

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674151
Feb. 24, 2011 LTR 4168C E0
13-1740002 000000 00
00026576
BODC: TE

MENTAL HEALTH ASSOCIATION OF
WESTCHESTER INC
580 WHITE PLAINS ROAD
TARRYTOWN NY 10591

021642

Employer Identification Number: 13-1740002
Person to Contact: MS. HANK
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Feb. 14, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JUNE 1962.

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.

0248674151
Feb. 24, 2011 LTR 4168C E0
13-1740002 000000 00
00026577

MENTAL HEALTH ASSOCIATION OF
WESTCHESTER INC
580 WHITE PLAINS ROAD
TARRYTOWN NY 10591

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

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Internal Revenue Service

District
Director

Department of the Treasury

10 Metro Tech Center
625 Fulton Street
Brooklyn, NY 11201

Date: **DEC 0 1 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.

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: LIFTING UP WESTCHESTER, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP) COUNTY: WEST
PROCESS NAME

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	PAYMENTS	55.00
FILING	30.00	CASH	0.00
TAX	0.00	CHECK	55.00
CERT	0.00	CHARGE	0.00
COPIES	0.00	DRAWDOWN	0.00
HANDLING	25.00	OPAL	0.00
		REFUND	0.00

DOS-1025 (04/2007)

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

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF INCORPORATION OF

Grace Church Community Center, Inc.

(Name of Domestic Corporation)

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

FIRST: The name of the corporation is

Grace Church Community Center, Inc.

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

SECOND: The certificate of incorporation was filed by the Department of State on

August 30, 1079

THIRD: The law the corporation was formed under is

NYS Not-for-Profit Corporation Law

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

FIFTH: The certificate of incorporation is amended as follows:

Paragraph 1st of the Certificate of Incorporation regarding

The name of the corporation.

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

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

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

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

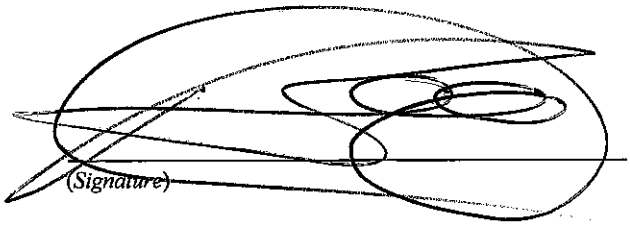
Grace Church Community Center
35 Orchard Street
White Plains, NY 10603

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

☐ a vote of a majority of the members at a meeting.

☐ the unanimous written consent of the members entitled to vote thereon.

☒ a vote of a majority of the entire board of directors. The corporation has no members.



(*Signature*)

Board President

(Capacity of *Signer*)

Brion Hayman

(*Print or Type Signer's Name*)

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

Grace Church Community Center, Inc

(Name of Domestic Corporation)

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

Filer's Name Paul Anderson-Winchell, Executive Director

Address 35 Orchard Street

City, State and Zip Code White Plains, NY 10603

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

For Office Use Only

NYS Department of State

Division of Corporations

Entity Information

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

Selected Entity Name: LIFTING UP WESTCHESTER, INC.
Selected Entity Status Information

Current Entity Name:	LIFTING UP WESTCHESTER, INC.
DOS ID #:	578704
Initial DOS Filing Date:	AUGUST 30, 1979
County:	WESTCHESTER
Jurisdiction:	NEW YORK
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Current Entity Status:	ACTIVE

Selected Entity Address Information

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

LIFTING UP WESTCHESTER, INC.
35 ORCHARD STREET
WHITE PLAINS, NEW YORK, 10603

Registered Agent

NONE

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

recorded and only available by viewing the certificate.

***Stock Information**

# of Shares	Type of Stock	$ Value per Share
No Information Available		

*Stock information is applicable to domestic business corporations.

Name History

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

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

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

Search Results New Search

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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

Rev. 06/13

Certificate of Assumed Name

Pursuant to General Business Law§130

Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

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)

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

FILED
APR 16 2015
TAX $

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

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

074

148 Hamilton Ave.
White Plains, NY 10601

234 Martin Luther King Blvd.
White Plains, NY 10601

(*For office use only*)

A6026052-8

FILED
2015 APR 16 PM 3:17

1 C C

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED APR 16 2015
TAX $ 347686
BY:

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

Department of Veterans Affairs
Hudson Valley Health Care System
PO Box 100
Montrose, New York 10548

Castle Point Campus
Castle Point, NY 12511

FDR Campus
Route 9A
Montrose, NY 10548

July 16, 2018

Annette M. Peters-Ruvolo, LCSW
Program Director, Community Support Services
Department of community Mental Health
112 East Post Road
White Plains, NY 10601

HUD Projects:
FY2018 Renewal of DCMH Vet Home 03 Grant Number: NY0888L2T041807
Grant Operating Period/MOU Term: 3/1/19-2/28/20

FY2018 DCMH Rental Assistance Grant Number: NY0488L2T041811
Grant Operating Period/MOU Term: 2/1/19-1/31/20

Dear Ms. Peters-Ruvolo:

The VA Hudson Valley Health Care staff will continue to provide WC DCMH, through their Rental Assistance housing providers, the documentation necessary to fulfill the current HUD requirement for supportive services match.

The VA Hudson Valley HCS provides social work case management services to each of the veterans. These case management services include but are not limited to referring veterans to VA clinical programs, providing individual counseling services, liaison with VA and Non VA programs to obtain services which will assist the veteran in remaining housed. Upon request and with participant consent, VA Hudson Valley Health Care staff will submit on a monthly basis documentation to support services rendered to rental assistance recipients. This information shall be submitted to the Sub-Recipient for filing in each individual participant's chart. This information shall include the date, the type of service, and the profession of the individual providing the service.

The WC DCMH, with their sub-recipient housing providers, shall continue to administer all grant requirements, including oversight and monitoring activities, administer rental

assistance to eligible participants, coordinate participant intake, referral, and service delivery, and coordinate services between housing providers and service providers, deliver technical assistance and training to providers as needed.

WC DCMH staff will communicate any changes to requirements to Sub-Recipient and Provider as information becomes available.

If you have any questions or concerns please feel free to contact me at 914-737-4400 ext. 3740.

Sincerely,

Paul B Stolz

Paul B Stolz LCSW
Manager Homeless Programs

VA Hudson Valley shall render the following services for DCMH RA Project

PROJECT: DCMH RA Project
GRANT NUMBER: NY0488L2T041811
GRANT PERIOD: 2/1/19-1/31/20

Description of Services to be Provided	Estimated # of Hours to be Spent During Grant Period	Profession of Person Providing Service	Hourly Cost of Service to be Provided	MATCH $
b. Case Management/Care Coordination	139	LMSW, LCSW	$ 200	$ 27,800
e. Alcohol and Drug Abuse Services:	35	CASAC, LMSW, LCSW	$ 200	$ 7,000
f. Mental Health Service	60	LMSW, LCSW, PhD, PsyD	$ 200	$ 12,000
h. Health Care	50	Physicans, mid-level practitioners, Registered Nurses, Physical Therapists	$ 150	$ 7,500
1. Clinic	25	Physicans, mid-level practitioners, Registered Nurses, Physical Therapists	$ 200	$ 5,000
TOTAL EXPECTED SUPPORTIVE SERVICES MATCH =				**$59,300.00**