

## 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 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:** 08/21/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NY0488

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

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

<b>c. Organizational DUNS:</b>	072705213	<b>PLUS 4</b>	1111
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### 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-6100-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

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

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

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

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

**17. Proposed Project**

**a. Start Date:** 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:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Acting Commissioner

**Telephone Number:** (914) 995-5225  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-5254  
**(Format: 123-456-7890)**

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/21/2017



# 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:** Acting 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:** \$7,325,865.00

(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?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
New York State Office of Mental Health 44 Holland Avenue Albany, New York 12229	grant	\$665,347.00	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 Department of Social Services 112 East Post Road, 2nd Floor White Plains NY 10601	grant	\$133,483.00	Case Management staff
New York State Department of Health Corning Tower Building Empire State Plaza Albany, NY 12237	grant	\$122,648.00	Case Management staff
Department of Veterans Affairs Hudson Valley Health Care System 2090 Albany Post Road Montrose NY 10548	client-based services	\$104,048.00	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	\$677,936.00	9%
Human Development Services of Westchester	133008872	Permanent Supportive Housing provider	\$2,603,195.00	33%
Lexington Center for Recovery	133131438	Permanent Supportive Housing provider	\$1,247,962.00	16%
Lifting Up Westchester	133121606	Permanent Supportive Housing provider	\$621,612.00	8%
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:**

**Name / Title of Authorized Official:** Michael Orth, Acting Commissioner

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

**Date Signed:** 08/17/2017

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

#### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

**I 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:** Acting Commissioner

**Telephone Number:** (914) 995-5225  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-5254  
**(Format: 123-456-7890)**

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/21/2017

## **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
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**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, Acting Commissioner

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

**Date Signed:** 08/21/2017

# 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



**complete.**

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Orth

**Suffix:**

**Title:** Acting Commissioner

**Telephone Number:** (914) 995-5225  
**(Format: 123-456-7890)**

**Fax Number:** (914) 995-5254  
**(Format: 123-456-7890)**

**Email:** mmo6@westchestergov.com

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

**Date Signed:** 08/21/2017

## **Additional Information**

**Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.**

**Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.**

**Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.**

**If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.**

## 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: \$7,152,115**

Organization	Type	Type	Sub-Award Amount
Lifting Up Westchester , Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$621,612
Human Development Services of Westchester	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$2,545,850
Lexington Center for Recovery	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$1,247,962
The Guidance Center, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$532,277
Westhab, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$1,240,609
The Mental Health Association of Westchester, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$963,805

## 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

	<b>* d. Organizational DUNS:</b>	625375811	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 35 Orchard Street

**Street 2:**

**City:** White Plains

**State:** New York

**Zip Code:** 10603

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

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

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

**i. Expected Sub-Award Amount:** \$621,612

### j. Contact Person

**Prefix:** Ms.

**First Name:** Anahaita

**Middle Name:**

**Last Name:** Kotval

**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** akotval@liftingupwestchester.org  
**Confirm E-mail Address:** akotval@liftingupwestchester.org  
**Phone Number:** 914-949-3098  
**Extension:** 9,750  
**Fax Number:** 914-761-2105

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** Human Development Services of Westchester

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

**c. Employer or Tax Identification Number:** 13-3008872

	<b>* d. Organizational DUNS:</b>	113275676	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 930 Mamaroneck Avenue

**Street 2:**

**City:** Mamaroneck

**State:** New York

**Zip Code:** 10543

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

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

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

**i. Expected Sub-Award Amount:** \$2,545,850

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Andrea

**Middle Name:**

**Last Name:** Kocsis

**Suffix:**

**Title:** Chief Executive Officer

**E-mail Address:** akocsis@hds.org

**Confirm E-mail Address:** akocsis@hds.org

**Phone Number:** 914-835-8906

**Extension:**

**Fax Number:**

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** Lexington Center for Recovery

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

**c. Employer or Tax Identification Number:** 13-3131438

	<b>* d. Organizational DUNS:</b>	153505441	<b>PLUS 4</b>
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**e. Physical Address**

**Street 1:** 24 Smith Avenue

**Street 2:**

**City:** Mount Kisco

**State:** New York

**Zip Code:** 10549

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

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

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

**i. Expected Sub-Award Amount:** \$1,247,962

**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:**

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

## 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

	<b>* d. Organizational DUNS:</b>	045669090	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 256 Washington Street

**Street 2:**

**City:** Mount Vernon

**State:** New York

**Zip Code:** 10550

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

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

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

**i. Expected Sub-Award Amount:** \$532,277

### 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:**

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

## 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

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

**Street 1:** 8 Bashford Street

**Street 2:**

**City:** Yonkers

**State:** New York

**Zip Code:** 10701

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

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

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

**i. Expected Sub-Award Amount:** \$1,240,609

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Richard

**Middle Name:**

**Last Name:** Nightingale

**Suffix:**

**Title:** President

**E-mail Address:** richard.nightingale@westhab.org

**Confirm E-mail Address:** richard.nightingale@westhab.org

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

**Extension:**

**Fax Number:**

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

## 2A. Project Subrecipients Detail

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

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

**c. Employer or Tax Identification Number:** 13-1740002

	<b>* d. Organizational DUNS:</b>	609732961	<b>PLUS 4</b>
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**e. Physical Address**

**Street 1:** 580 White Plains Road

**Street 2:**

**City:** Tarrytown

**State:** New York

**Zip Code:** 10591

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

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

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

**i. Expected Sub-Award Amount:** \$963,805

**j. Contact Person**

**Prefix:** Dr.

**First Name:** Amy

**Middle Name:**

**Last Name:** Kohn

**Suffix:**

**Title:** Executive Director

**E-mail Address:** kohna@mhawestchester.org

**Confirm E-mail Address:** kohna@mhawestchester.org

**Phone Number:** 914-345-5900

**Extension:**

**Fax Number:**

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

## 2B. 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 was delayed in submitting claims to HUD because the FY2016 Grant Agreement was not signed by HUD until late May 2017 for a grant period that began 02/01/2017. The executed Grant Agreement was returned to HUD by DCMH in June 2017; the award was not reflected in eLOCCS by HUD until July 6, 2017. DCMH thus was unable to submit claims until several months into the grant operating period.

Now that the Grant Agreement is executed, and the grant active in eLOCCS, we expect to maintain consistent drawdowns through the end of the grant period.

We hope that the renewal grant agreement is executed before the start of the FY2017 grant period.

**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 FY2015 grant DCMH RA Project NY0488L2T041508 had a remaining balance of \$905,691.34 (12% of the grant award). This is a significant improvement over the \$1,444,316.94 left unspent from the FY2013 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 12 unfilled vacancies during the entire operating period (out of 415 households) which is a 97% occupancy rate.

We are proposing a new DCMH RAP expansion project for FY2017, which will provide the additional funding for the supportive services necessary to maintain disabled homeless individuals in their community-based housing funded using the unspent Rental Assistance in this DCMH RA Project grant.

### 3A. Project Detail

**1. Expiring Grant Number:** 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

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

### 3B. Project Description

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

This Rental Assistance project provides 406 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	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>

Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

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

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

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

**4. Does the PH project provide PSH or RRH?** PSH

**Is this an SHP Project that had been approved by HUD to change the renewal project budget** No



**from leasing to rental assistance?**

### **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 III.3.b.**

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

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

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

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

## 4A. Supportive Services for Participants

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

**1. 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	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Partner	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. Use of a single application form for four or more mainstream programs?** Yes

**2c. At least annual follow-ups with participants to ensure mainstream benefits** Yes

**are received and renewed?**

**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

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

The following 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: 406

Total Beds: 595

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	406	595

## **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:** 406

**b. Beds:** 595

**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:**

**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

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	116	290	0	406

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
<b>Adults over age 24</b>	107	260		367
<b>Adults ages 18-24</b>	14	30		44
<b>Accompanied Children under age 18</b>	184		0	184
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	305	290	0	595

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

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

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24		0	1	40	1	90	10	0	5	0
Adults ages 18-24		0		5		10			0	0
Children under age 18	0				0	0	0	0	0	184
<b>Total Persons</b>	0	0	1	45	1	100	10	0	5	184

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24	17		30	145	10	235	10	10	10	0
Adults ages 18-24		0	0	5	0	30	0	0	0	0
<b>Total Persons</b>	17	0	30	150	10	265	10	10	10	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
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

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

**1. 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 the FY 2017 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

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

**1. 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%	\$67,119
Not applicable - we will use the 10% de minimis rate	10%	\$430,952

**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:**

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6C. Rental Assistance Budget

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

The following 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.

<b>Total Request for Grant Term:</b>		\$6,711,816	
<b>Total Units:</b>		406	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	406	\$6,711,816

## 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	\$777	\$777	x		=	\$0
0 Bedroom	32	x	\$1,036	\$1,036	x		=	\$397,824
1 Bedroom	258	x	\$1,245	\$1,245	x		=	\$3,854,520
2 Bedrooms	55	x	\$1,510	\$1,510	x		=	\$996,600
3 Bedrooms	49	x	\$1,942	\$1,942	x		=	\$1,141,896
4 Bedrooms	12	x	\$2,229	\$2,229	x		=	\$320,976
5 Bedrooms		x	\$2,563	\$2,563	x		=	\$0
6 Bedrooms		x	\$2,898	\$2,898	x		=	\$0
7 Bedrooms		x	\$3,232	\$3,232	x		=	\$0
8 Bedrooms		x	\$3,566	\$3,566	x		=	\$0
9 Bedrooms		x	\$3,901	\$3,901	x		=	\$0
<b>Total Units and Annual Assistance Requested</b>	406							\$6,711,816
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$6,711,816

**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:	\$1,747,406
Total Value of In-Kind Commitments:	\$84,061
Total Value of All Commitments:	\$1,831,467

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

**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** \$865,608  
**that will be used as Match for this project:**

**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...	07/25/2017	\$604,426
Yes	Cash	Government	New York State Of...	08/11/2017	\$14,320
Yes	Cash	Government	Westchester Count...	07/25/2017	\$133,483
Yes	Cash	Private	Mental Health Ass...	07/25/2017	\$132,600
Yes	In-Kind	Government	Veterans Administ...	07/31/2017	\$84,061
Yes	Cash	Private	Lexington Center ...	07/25/2017	\$122,400
Yes	Cash	Private	The Guidance Cent...	07/25/2017	\$69,360
Yes	Cash	Government	New York State De...	07/27/2017	\$129,569
Yes	Cash	Private	Westhab - Program...	07/25/2017	\$165,888

Yes	Cash	Private	Human Development...	07/27/2017	\$293,760
Yes	Cash	Private	Lifting Up Westch...	07/25/2017	\$81,600



## 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:** New York State Office of Mental Health grant  
**(Be as specific as possible and include the office or grant program as applicable)** award
- 5. Date of Written Commitment:** 07/25/2017
- 6. Value of Written Commitment:** \$604,426

## 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:** New York State Office of Alcoholism and  
**(Be as specific as possible and include the office or grant program as applicable)** Substance Abuse Services award
- 5. Date of Written Commitment:** 08/11/2017
- 6. Value of Written Commitment:** \$14,320

## Sources of Match Detail

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

**office or grant program as applicable)**

**5. Date of Written Commitment:** 07/25/2017

**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:** Private

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

**5. Date of Written Commitment:** 07/25/2017

**6. Value of Written Commitment:** \$132,600

## 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:** Veterans Administration supportive services  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 07/31/2017

**6. Value of Written Commitment:** \$84,061

**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.**

## 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:** Lexington Center for Recovery Program Income - Resident Rent  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 07/25/2017

**6. Value of Written Commitment:** \$122,400

### 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:** The Guidance Center s- Program Income from Resident Rent  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 07/25/2017

**6. Value of Written Commitment:** \$69,360

### 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:** New York State Dept. of Health - HDSW  
**(Be as specific as possible and include the office or grant program as applicable)**

- 5. Date of Written Commitment:** 07/27/2017
- 6. Value of Written Commitment:** \$129,569

### Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Westhab - Program Income from Resident Rent  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/25/2017
- 6. Value of Written Commitment:** \$165,888

### 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:** Human Development Services of Westchester  
**(Be as specific as possible and include the office or grant program as applicable)** Program Income - Resident Rent
- 5. Date of Written Commitment:** 07/27/2017
- 6. Value of Written Commitment:** \$293,760

### 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:** Lifting Up Westchester Program Income -  
**(Be as specific as possible and include the office or grant program as applicable)** Resident Rent

**5. Date of Written Commitment:** 07/25/2017

**6. Value of Written Commitment:** \$81,600

## 6E. Summary Budget

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

**The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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	\$6,711,816
3. Supportive Services	\$115,978
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$6,827,794
7. Admin (Up to 10%)	\$498,071
8. Total Assistance plus Admin Requested	\$7,325,865
9. Cash Match	\$1,747,406
10. In-Kind Match	\$84,061
11. Total Match	\$1,831,467
12. Total Budget	\$9,157,332

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DCMH RAP Subrecip...	08/10/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** DCMH RAP 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 RAP 2017 In-...	08/10/2017

## Attachment Details

**Document Description:** DCMH RAP 2017 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 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.**

For 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.

**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:** 08/21/2017

**Title:** Acting 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**

X

**the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** Yes

**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

The applicant has either selected "Yes" to Question 1 or has not brought forward details from a previously awarded renewal project application. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2017" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

<b>Part 2- Recipient and Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	

5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

- \* 2A - Update list & subaward amounts to show removal of 1 subrecipient
- \* 2B - Update recipient performance based on most recent expired grant period
- \* 3B – Add Housing First
- \* 4B - Update to reflect reallocation of funding for 9 units and conversion to DedicatedPLUS
- \* 5A, 5B, 5C - Update to reflect reallocation of funding for 9 units and conversion to DedicatedPLUS
- \* 6A - Change answers to question #3 Indirect Cost Rate
- \* 6B, 6E - Update to reflect reallocation of funding for 9 units

**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
<b>1A. SF-424 Application Type</b>	08/16/2017
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

Renewal Project Application FY2017	Page 64	08/21/2017
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<b>1D. SF-424 Congressional District(s)</b>	08/16/2017
<b>1E. SF-424 Compliance</b>	08/16/2017
<b>1F. SF-424 Declaration</b>	08/16/2017
<b>1G. HUD-2880</b>	08/16/2017
<b>1H. HUD-50070</b>	08/16/2017
<b>1I. Cert. Lobbying</b>	08/16/2017
<b>1J. SF-LLL</b>	08/16/2017
<b>2A. Subrecipients</b>	08/21/2017
<b>2B. Recipient Performance</b>	08/21/2017
<b>3A. Project Detail</b>	08/16/2017
<b>3B. Description</b>	08/16/2017
<b>3C. Dedicated Plus</b>	08/16/2017
<b>4A. Services</b>	08/16/2017
<b>4B. Housing Type</b>	08/16/2017
<b>5A. Households</b>	08/16/2017
<b>5B. Subpopulations</b>	08/16/2017
<b>5C. Outreach</b>	08/16/2017
<b>6A. Funding Request</b>	08/16/2017
<b>6C. Rental Assistance</b>	08/16/2017
<b>6D. Match</b>	08/16/2017
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/16/2017
<b>7A. In-Kind Match MOU Attachment</b>	08/16/2017
<b>7B. Certification</b>	08/16/2017
<b>Submission Without Changes</b>	08/16/2017

**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, Director, TE/GE  
Customer Account Services

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

DEPARTMENT OF THE TREASURY

Date: MAR 06 1995

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

Employer Identification Number:  
06-1064281  
Case Number:  
114357005  
Contact Person:  
FRANCES E MCKENNA  
Contact Telephone Number:  
(718) 488-2318  
Our Letter Dated:  
March 12, 1991  
Addendum Applies:  
Yes

Dear Applicant:

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

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

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

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

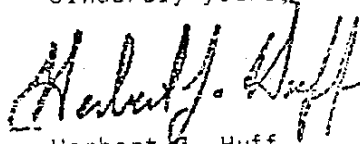
If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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

WESTHAB INC

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

Sincerely yours,



Herbert G. Huff  
District Director

Enclosure:  
Addendum

WESTHAB INC

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

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

**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, Oper. Mgr.  
Accounts Management Operations 1

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: April 12, 2001

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

**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

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.

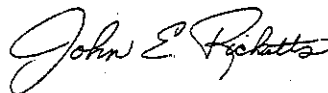
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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, Director, TE/GE  
Customer Account Services





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](http://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**

**Department of the Treasury**

District  
Director

10 Metro Tech Center  
625 Fulton Street  
Brooklyn, NY 11201

▷

Date: DEC 01 1995

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

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

Dear Sir or Madam:

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

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

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub  
Manager, Customer  
Service Unit

Name of Organization: Grace Church Community Center, Inc.

Date of Exemption Letter: October 1982

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

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

FILING RECEIPT

=====  
ENTITY NAME: LIFTING UP WESTCHESTER, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)  
PROCESS NAME

COUNTY: WEST

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

FILER:

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

ADDRESS FOR PROCESS:

-----  
THE CORPORATION  
35 ORCHARD STREET  
WHITE PLAINS, NY 10603

REGISTERED AGENT:

-----



=====  
SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00

FEEs            55.00  
-----  
FILING           30.00  
TAX              0.00  
CERT             0.00  
COPIES           0.00  
HANDLING        25.00

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

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

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

**Grace Church Community Center, Inc.**

---

*(Name of Domestic Corporation)*

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

**FIRST:** The name of the corporation is

**Grace Church Community Center, Inc.**

---

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

---

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

**August 30, 1079**

---

**THIRD:** The law the corporation was formed under is

**NYS Not-for-Profit Corporation Law**

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

**FIFTH:** The certificate of incorporation is amended as follows:

Paragraph 1st of the Certificate of Incorporation regarding

The name of the corporation.

---

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

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

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

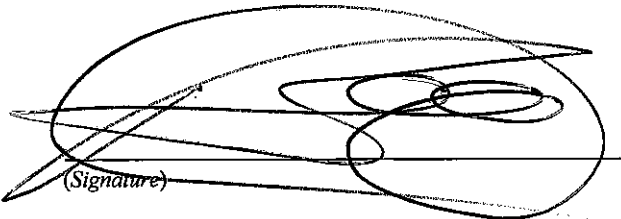
**SIXTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is

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

---

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

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



*(Signature)*

Board President

---

*(Capacity of Signer)*

Brion Hayman

---

*(Print or Type Signer's Name)*

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

Grace Church Community Center, Inc

---

*(Name of Domestic Corporation)*

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

Filer's Name Paul Anderson-Winchell, Executive Director

Address 35 Orchard Street

City, State and Zip Code White Plains, NY 10603

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

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*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.

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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.

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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

# Certificate of Assumed Name

Pursuant to General Business Law §130

20150416074

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

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

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

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

3. ASSUMED NAME: Grace Church Community Center

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

35 Orchard Street  
White Plains, New York 10603

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

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

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

86 East Post Rd.  
White Plains, NY 10601

33 Church Street  
White Plains, NY 10601

Name of Signer: Brion Hayman, Board President

Signature: 

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

Filer: Name: Paul Anderson-Winchell, Executive Director

Mailing Address: 35 Orchard Street

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

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

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2015 APR 16 PM 1:08

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

074

148 Hamilton Ave.  
White Plains, NY 10601

234 Martin Luther King Blvd.  
White Plains, NY 10601

(For office use only)

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1cc  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED APR 16 2015  
TAXS 347686  
BY: MBK

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

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**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 31, 2017

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:**

**FY2017 Renewal of DCMH Vet Home 03 Grant Number:  
NY0888L2T041706**

**Grant Operating Period/MOU Term: 3/1/18-2/28/19**

**FY2017 DCMH Rental Assistance Grant Number: NY0488L2T041710**

**Grant Operating Period/MOU Term: 2/1/18-1/31/19**

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  
331363

Digitally signed by Paul B. Stolz 331363  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=paul.stolz@va.g  
ov, cn=Paul B. Stolz 331363  
Date: 2017.08.02 14:47:28 -04'00'

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: NY0488L2T041710

GRANT PERIOD: 2/1/18-1/31/19

<b>Description of Services to be Provided</b>	<b>Estimated # of Hours to be Spent During Grant Period</b>	<b>Profession of Person Providing Service</b>	<b>Hourly Cost of Service to be Provided</b>	<b>MATCH \$</b>
b. Case Management/Care Coordination	185	LMSW, LCSW	\$ 200	\$ 37,000
e. Alcohol and Drug Abuse Services:	37.81	CASAC, LMSW, LCSW	\$ 200	\$ 7,562
f. Mental Health Service	90	LMSW, LCSW, PhD, PsyD	\$ 200	\$ 18,000
h. Health Care	90	Physicians, mid-level practitioners, Registered Nurses, Physical Therapists	\$ 150	\$ 13,500
1. Clinic	40	Physicians, mid-level practitioners, Registered Nurses, Physical Therapists	\$ 200	\$ 8,000
<b>TOTAL EXPECTED SUPPORTIVE SERVICES MATCH =</b>				<b>\$84,062.00</b>