

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 the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Westchester County Dept. of Social Services

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

| | | | | |
|--|--------------------------------|-----------|----------------|------|
| | c. Organizational DUNS: | 072705213 | PLUS 4: | 1112 |
|--|--------------------------------|-----------|----------------|------|

d. Address

Street 1: 112 East Post Road

Street 2:

City: White Plains

County: Westchester

State: New York

Country: United States

Zip / Postal Code: 10601

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Craig

Middle Name:

Last Name: Wong

Suffix:

Title: Program Administrator-Homeless Services

Organizational Affiliation: Westchester County Dept. of Social Services

Telephone Number: (914) 995-1014

Extension:
Fax Number: (914) 995-5334
Email: cqw1@westchestergov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: RISE

16. Congressional District(s):

a. Applicant: NY-016, NY-017, NY-018

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

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Kevin

Middle Name:

Last Name: McGuire

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5501
(Format: 123-456-7890)

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

Email: kmm9@westchestergov.com

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

Date Signed: 08/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Westchester County Dept. of Social Services

Prefix: Mr.

First Name: Kevin

Middle Name:

Last Name: McGuire

Suffix:

Title: Commissioner

Organizational Affiliation: Westchester County Dept. of Social Services

Telephone Number: (914) 995-5501

Extension:

Email: kmm9@westchestergov.com

City: White Plains

County: Westchester

State: New York

Country: United States

Zip/Postal Code: 10601

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$597,573.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--|-----------------------------|---|
| Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601 | direct staffing, grants, and contracts | \$553,039.00 | Supportive services staff and HMIS data entry staff |
| Westchester-Putnam Workforce Investment Board 120 Bloomingdale Road White Plains, NY 10605 | grant | \$11,113.00 | Supportive services staff |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

| | | |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

You must disclose:

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

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|---|--|---|---|--|
| Caring for the Homeless of Peekskill | 133437332 | PSH, RRH, and Coordinated Entry provider | \$1,063,556.00 | 14% |
| Children's Village | 131739945 | Transitional Housing and Coordinated Entry provider | \$325,614.00 | 4% |
| Daniel Gore Consulting | 901137448 | HMIS Administrator | \$128,400.00 | 2% |
| Eccovia | 870412185 | HMIS Software provider | \$97,401.00 | 1% |
| see Other Attachments page for additional agencies | | | | |

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

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional 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: Kevin McGuire, Commissioner

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

Date Signed: 08/03/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Westchester County Dept. of Social Services

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. 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: Kevin

Middle Name

Last Name: McGuire

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5501
(Format: 123-456-7890)

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

Email: kmm9@westchestergov.com

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

Date Signed: 08/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

| |
|---|
| X |
|---|

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

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

Name / Title of Authorized Official: Kevin McGuire, Commissioner

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

Date Signed: 08/14/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: Westchester County Dept. of Social Services

Street 1: 112 East Post Road

Street 2:

City: White Plains

County: Westchester

State: New York

Country: United States

Zip / Postal Code: 10601

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Kevin

Middle Name:

Last Name: McGuire

Suffix:

Title: Commissioner

Telephone Number: (914) 995-5501
(Format: 123-456-7890)



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

Email: kmm9@westchestergov.com

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

Date Signed: 08/14/2018

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: \$578,026

| Organization | Type | Sub-Award Amount |
|--------------------------------------|------------------------------------|------------------|
| Caring for the Homeless of Peekskill | M. Nonprofit with 501C3 IRS Status | \$578,026 |

2A. Project Subrecipients Detail

a. Organization Name: Caring for the Homeless of Peekskill

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 13-3437332

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 115715877 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 200 North Water Street

Street 2:

City: Peekskill

State: New York

Zip Code: 10566

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

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

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

i. Expected Sub-Award Amount: \$578,026

j. Contact Person

Prefix: Ms.

First Name: Cynthia

Middle Name:

Last Name: Knox
Suffix:
Title: Executive Director
E-mail Address: cynthiakchop@gmail.com
Confirm E-mail Address: cynthiakchop@gmail.com
Phone Number: 914-736-2636
Extension:
Fax Number: 914-736-6396

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The applicant, Westchester County Department of Social Services (WCDSS) manages TANF, state/county-funded Safety Net assistance for adults and families who have exceeded the 5-year TANF time limits, Food Stamps, Medicaid (Family Assistance, Old Age Assistance, and Aid to the Disabled), Child Welfare (Child Protective Services, Preventive Services, adoption, and foster care), Child Care subsidies, and homeless services (prevention, outreach, emergency shelter, transitional housing, and state/locally-funded permanent housing). It funds county services for women, DV survivors, the disabled, senior citizens, veterans, and youth.

WCDSS has unparalleled capacity to manage HUD CoC homeless grants. WCDSS has over 1,200 employees and an annual budget of \$603 million. WCDSS coordinates over \$83 million in non-CoC annual funding for homelessness prevention, homeless services, emergency shelter, transitional shelter, and permanent housing.

WCDSS has coordinated homeless services in Westchester since 1983. WCDSS staff are responsible for determining homeless people's eligibility for TANF-funded, NYS Safety Net-funded, and locally funded shelter, housing and services. No other organization in Westchester has such broad responsibility for providing the full range of emergency, transitional and permanent housing needed by every subpopulation of homeless adults, families and youth.

WCDSS has managed CoC funding since 1995. WCDSS currently manages 9 CoC grants with annual budgets totaling \$5.9 million. These CoC grants are managed by a full-time DSS Program Administrator to ensure HUD targets are met and full compliance with HUD regulations.

The DSS Office of Temporary Housing Assistance, with a staff of 46, coordinates all aspects of WCDSS' response to homelessness, including matching customers with resources, and providing long-term, intensive and flexible assistance for homeless people, helping the highest-need homeless households secure and retain housing.

DSS Homelessness Diversion workers assist people facing eviction or in danger of a utility cutoff. They help clients avoid homelessness using housing options such as sharing housing with friends or relatives, and link people to homelessness prevention counseling, legal assistance, rent arrears, utility arrears, and shelter placements.

Our subrecipient, CHOP is northern Westchester's most experienced homeless services provider. CHOP has provided northern Westchester's only year-round

24-hour shelter since 1988. It has provided northern Westchester's only low-demand drop-in shelter since 2007. It now runs 5 homeless programs: a DSS-funded 24-hour shelter, a DSS-funded low-demand overnight drop-in shelter, a 10-bed VA-funded 90-180 day transitional Health Care for Homeless Veterans (HCHV) housing program for VA-eligible veterans, an 11-unit CoC-funded Turning Point permanent supportive housing program for chronically homeless adults, and its New Start Rapid Rehousing program, which has the capacity to serve up to 25-30 households. Since 2011 alone CHOP has provided residential care services to over 600 homeless adults.

CHOP will subcontract with one of Westchester's two major domestic violence (DV) shelter and service providers (My Sisters' Place or Hope's Door) to provide a full-time Domestic Violence Community Counselor (DVCC) to provide trauma-informed holistic services, both on-site and off-site, specifically tailored to meet the needs of homeless families coming from the domestic violence shelter system. The DVCC will work directly with families to identify their needs and facilitate achievement of their goals, while providing comprehensive trauma-informed holistic care. The DVCC will travel to the various housing locations to provide on-site services. The DVCC will work as part of an integrated team with CHOP's Case Manager and Lifting Up Westchester's Employment Specialist to ensure streamlined service delivery and a comprehensive support system for domestic violence survivors. The DVCC's responsibilities will include: domestic violence counseling for individuals and families; specialized trauma-informed risk assessment; crisis management and safety planning; and referrals to a full range of DV-related supportive services including children's programming (including individual and group counseling, art therapy, therapeutic childcare, educational advocacy and academic assistance), legal assistance (covering family law, immigration and other matters), support groups, and workshops on topics such as life-skills, parenting, health, legal issues and personal finances.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

DSS manages a \$603 million annual operating budget. This represents 33% of Westchester County's \$1.825 billion annual operating budget. DSS manages TANF, state/county-funded Safety Net assistance for childless adults and families who have exceeded the 5-year TANF time limits, Food Stamps, Medicaid (Family Assistance, Old Age Assistance, and Aid to the Disabled), Child Welfare (Child Protective Services, Preventive Services, adoption, and foster care), Child Care subsidies, and homeless services (prevention, outreach, emergency shelter, transitional shelter, and some state/locally-funded permanent housing rent subsidies). It helps fund county services for women, the disabled, senior citizens, veterans, and youth. It helps fund services provided by the county Departments of Health, Probation, and Community Mental Health. It manages over \$167 million in Federal Aid and over \$100 million in State Aid.

CHOP successfully manages a \$1.6 million annual budget including grant and contract funding from DSS, HUD and the VA. It operates two CoC-funded housing programs as a subrecipient to DSS. These include its Turning Point scattered-site permanent supportive housing for the chronically homeless and its New Start rapid rehousing program targeted to homeless veterans and domestic violence survivors.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

DSS is led by a Commissioner who reports to our County Executive. DSS community services are provided through 4 district offices spread across the County. Since 2013, the DSS Office of Temporary Housing Assistance (OTHA), with a staff of 46, coordinates all aspects of WCDSS' response to homelessness at all district offices. The OTHA Eligibility Division makes eligibility determinations at application and recertification. The OTHA Program Division matches customers with resources and authorizes payments to providers. OTHA's Services Division provides long-term, intensive and flexible assistance for homeless people with complex needs. This is a dramatic change from the low-intensity income maintenance services DSS traditionally provided. Services Division caseworkers have low caseloads to facilitate helping the highest-need homeless households secure and retain permanent housing.

The Westchester Department of Finance is responsible for the accounts payable, purchasing, employee payroll, debt management, pension administration, revenue investment, tax collection, certiorari tax judgment processing and employee benefit functions of the Westchester County government. Westchester County is AAA rated by two bond rating agencies - Standard and Poor's and Fitch. Westchester County is the only county in New York State with two AAA bond ratings.

CHOP is governed by a 12-member Board of Directors. Its Board Chair has over 20 years of experience in the construction industry. Its Vice Chair has strong political and community ties. CHOP's Treasurer works in the not-for-profit and financial services sectors at a Big 30 accounting firm. CHOP's Secretary is a respected faith leader in the community. Other board members have extensive experience in non-profit governance and fundraising.

CHOP's Executive Director, Cynthia B. Knox, Esq., has over 20 years' experience operating not-for-profit programs and managing government grant-funded programs. Ms. Knox founded a still-running DV Legal Services program for people with HIV/AIDS at Bronx AIDS Services in the late 1990s and has strong ties in Westchester's DV, women's services and LGBTQ networks.

CHOP has provided 24/7 supervised housing for homeless adults since 1988. It is thoroughly integrated into local systems of housing and supportive services, particularly through its active participation in the Westchester County Continuum of Care Partnership for the Homeless including our CoC board and our Coordinated Entry and rehousing processes.

CHOP successfully manages a \$1.6 million annual budget including grant and contract funding from DSS, HUD and the VA. CHOP's Treasurer is a forensic CPA and is actively involved in all aspects of financial planning and management. CHOP has a full-time Bookkeeper/Office Manager and its computerized financial records are maintained in accordance with Generally Accepted Accounting Principles. It is audited annually by an independent CPA.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including Yes

ESG) operated by the applicant or potential subrecipients (if any)?

4b. Describe the unresolved monitoring or audit findings.

HUD conducted an on-site monitoring review of FY2010 SHP grant NY0624B2T041002 Domestic Violence TH administered by Westchester County DSS on 05/02/2013.

The subsequent HUD findings letter was dated 07/26/2013. Two Findings were noted, including insufficient tracking of Cash Match in financial records, and ineligible activities charged to the grant.

Westchester County DSS responded to the HUD letter on 10/04/2013, but no final determination has been received from HUD.

3A. Project Detail

1a. CoC Number and Name: NY-604 - Yonkers, Mount Vernon/Westchester County CoC

1b. CoC Collaborative Applicant Name: Westchester County Dept. of Community Mental Health

2. Project Name: RISE

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

CHOP will offer 8 transitional units and 16 Rapid Rehousing units. Six of the eight transitional units will be two-bedroom EHAP units targeted by DSS to participants in this program. Two will be new scattered-site one-bedroom units leased by CHOP. The transitional units will be located across multiple communities and areas of the county so survivors can be quickly relocated to safe transitional housing in a community not frequented by their abuser. The mix of one-bedroom and two-bedroom apartments will enable us to serve both individuals and small families. Including the EHAP units will give us a dependable source of \$122,832 in annual matching funds. Including the grant-funded non-EHAP units ensures that our program will be able to serve single adults and others who don't qualify for Westchester's EHAP program.

Program participants will hold the leases for the Rapid Rehousing units. The amount of housing subsidy provided will be decreased gradually as the families increase their income and move closer to being able to sustain the housing after the subsidies end. We are focusing on serving individuals and people with small families because these are the two groups most likely to succeed in a time-limited Rapid Rehousing program. Homeless people with large families are much less likely to be able to sustain housing with earned income, both because they need larger and more expensive apartments and because they need to spend more of their income on childcare for the larger number of children.

CHOP will subcontract with one of Westchester's two major domestic violence (DV) shelter and service providers (My Sisters' Place or Hope's Door) to provide a full-time Domestic Violence Community Counselor (DVCC) to provide trauma-informed holistic services, both on-site and off-site, specifically tailored to meet the needs of homeless families coming from the domestic violence shelter system. The DVCC will work directly with families to identify their needs and facilitate achievement of their goals, while providing comprehensive trauma-informed holistic care. The DVCC will travel to the various housing locations to provide on-site services. The DVCC will work as part of an integrated team with CHOP's Case Manager and Lifting Up Westchester's Employment Specialist to ensure streamlined service delivery and a comprehensive support system for domestic violence survivors. The DVCC's responsibilities will include: domestic violence counseling for individuals and families; specialized trauma-informed risk assessment; crisis management and safety planning; and referrals to a full range of DV-related supportive services including children's programming (including individual and group counseling, art therapy, therapeutic childcare, educational advocacy and academic assistance), legal assistance (covering family law, immigration and other matters), support groups, and workshops on topics such as life-skills, parenting, health, legal issues and personal finances.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the

| | | |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| New project staff hired, or other project expenses begin? | 30 | | | |
| Participant enrollment in project begins? | 30 | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 60 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 272 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| Rehabilitation started? | | | | |
| Rehabilitation completed? | | | | |
| New construction started? | | | | |
| New construction completed? | | | | |

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

| | | | |
|------------------|--------------------------|--------------------------------|-------------------------------------|
| Chronic Homeless | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. 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"/> |

c. 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"/> |

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

We'll offer 8 transitional units scattered countywide so participants can swiftly access safe apartment-style housing away from their abuser. CHOP's Housing Counselor will help participants find RRH units in the city they choose. A team including 1.0 Case Manager, 1.0 DV Counselor, 0.5 Employment Counselor and 0.1 Housing Counselor will be trained in trauma-informed, client-centered care that is strength-based, emphasizes creating physical, psychological and emotional safety, and helps survivors rebuild a sense of control. We will empower clients to make decisions regarding where to live, how to best maximize their safety, what kinds of support services they need and how to best provide for their family. It's an empowerment model in which our service team will act as guides while the client makes the decisions and does the work with our support. We'll address unique DV issues like obtaining orders of protection, working with temporary school districts, and using social media safely.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Our Case Manager, DVCC and Employment Counselor will work as a team to ensure that all family members receive the services they need. We will begin by ensuring that each participant is linked to DSS and the mainstream resources it provides including public assistance, SNAP, Medicaid and childcare subsidies. CHOP's CEO's experience working at Legal Services of the Hudson Valley gives her an extraordinary depth of understanding of the precise services available and the legal eligibility requirements for each. Our Case Manager and

DVCC will work with the Child Care Council of Westchester to ensure that families can access high-quality affordable childcare. Our Case Manager will link families as needed to Student Advocacy and Student Assistance Services for assistance with school-related issues. The Employment Specialist will be responsible for ensuring that each participant's Independent Living Plan (ILP) maximizes their ability to achieve self-sufficiency through education, training and employment. The team will review each participants' ILP with the client quarterly and amend the plans as needed. CHOP's leveraged Housing Specialist will help clients with housing search.

The Employment Specialist will assess participants' work skills and job readiness, link clients to job readiness and job training programs, provide job search and job readiness training, assist with job search, arrange transportation, monitor progress; and provide 6-12 months of post-hiring follow-up support to promote job retention.

The team will prioritize giving participants options that promote feelings of safety, including assistance with various strategies to address violent partners or stalkers who menace participants at work or school. Traveling at predictable times is particularly dangerous for many survivors and the team when necessary may accompany or arrange traveling companions for participants' travel to or from work or school. They will also offer participants other assistance including e.g. help obtaining legal orders of protection, assistance moving to another undisclosed location, temporary respite in a shelter, or assistance finding alternative jobs in another community.

Our budget includes several major wrap-around resources that will be essential to helping residents achieve safety, self-sufficiency and other life goals. We've budgeted \$10,000 to help pay essential training and education costs (e.g. fees, tuition, text books, certification or licensing fees, etc.). We've budgeted \$12,000 to help cover the cost of babysitting or childcare as needed for residents' self-sufficiency. We've budgeted \$9,792/year to provide transportation assistance. We've included two forms of emergency food assistance to help families use more of their limited resources for rent. We budgeted \$3,840 that will be used to distribute grocery vouchers to families as needed (in \$40 increments). CHOP's food pantry will also contribute supplemental food for participants when needed.

**4. 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 | Applicant | As needed |
| Case Management | Subrecipient | Bi-weekly |
| Child Care | Applicant | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Subrecipient | Monthly |
| Food | Subrecipient | As needed |
| Housing Search and Counseling Services | Subrecipient | Bi-weekly |
| Legal Services | Non-Partner | As needed |

| |
|------------------------------------|
| Life Skills Training |
| Mental Health Services |
| Outpatient Health Services |
| Outreach Services |
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|--------------|-----------|
| Subrecipient | As needed |
| Non-Partner | As needed |
| Non-Partner | As needed |
| Partner | Weekly |
| Non-Partner | As needed |
| Subrecipient | As needed |
| Applicant | As needed |

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | Total |
|---------------------|----|-----|-------|
| Total Units: | 8 | 16 | 24 |
| Total Beds: | 14 | 28 | 42 |

| Housing Type | Housing Type (JOINT) | Units | Beds |
|--------------|----------------------|-------|------|
| --- | Scattered-site ap... | 2 | 2 |
| --- | Scattered-site ap... | 6 | 12 |
| --- | Scattered-site ap... | 16 | 28 |

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

1b. Is this a private or semi private room? Yes

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

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 2

b. Beds: 2

5. Address

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

Street 1: 200 North Water Street

Street 2:

City: Peekskill

State: New York

ZIP Code: 10566

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

369119 Westchester County

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

1b. Is this a private or semi private room? Yes

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

3. What is the funding source for these units and beds? Other
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: Westchester County Department of Social Services local tax revenue

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

a. Units: 6

b. Beds: 12

5. Address

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

Street 1: 200 North Water Street

Street 2:

City: Peekskill

State: New York

ZIP Code: 10566

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

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4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? RRH

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

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 16

b. Beds: 28

5. Address

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

Street 1: 200 North Water Street

Street 2:

City: Peekskill

State: New York

ZIP Code: 10566

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

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5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Number of Households | 18 | 6 | 0 | 24 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 | 17 | 5 | | 22 |
| Adults ages 18-24 | 1 | 1 | | 2 |
| Accompanied Children under age 18 | 18 | | 0 | 18 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 36 | 6 | 0 | 42 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | 17 | | | |
| Adults ages 18-24 | | | | | | | 1 | | | |
| Children under age 18 | | | | | | | | | | 18 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 0 | 0 | 18 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | 5 | | | |
| Adults ages 18-24 | | | | | | | 1 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

The 18 persons identified are homeless children who are not disabled; they

therefore do not fall under the other categories in columns 1 through 9.

5C. Outreach for Participants

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

| | |
|------|--|
| | Directly from the street or other locations not meant for human habitation. |
| 70% | Directly from emergency shelters. |
| | Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing. |
| | Directly from safe havens. |
| 20% | Persons fleeing domestic violence. |
| 10% | Directly from transitional housing. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters). |
| 100% | Total of above percentages |

2. Describe the outreach plan to bring these homeless participants into the project.

Coordinated Entry will provide all referrals to this project. Our DV Community Counselor will use her connections to conduct weekly outreach to Westchester’s two DV shelter and service providers. She will ensure that clients and counselors in those shelters and those agencies’ non-residential DV counseling programs understand the unique services offered by this program and how to effectively access the service. CHOP’s CEO will coordinate outreach in its shelters, which include a specialized transitional housing program for homeless veterans as well as northern Westchester’s only year-round drop-in low-demand overnight-only and more structured 24-hour shelters for men and women. Lifting Up Westchester’s CEO will coordinate outreach in its network of shelters in central Westchester, including year-round drop-in low-demand overnight-only and more structured 24-hour shelters including Westchester’s only non-DV shelter for single women.

The County also has a Coordinated Community Response to domestic violence (“CCR”) led by the Westchester County Office for Women with numerous partners (including various CoC members) including residential and non-residential DV service providers, police departments, Probation, Department of Social Services, Department of Community Mental Health, Department of Health, and faith based and community based organizations. The CCR is in place to ensure wrap around services are available to DV survivors – particular those in the process of fleeing domestic violence. The Office for Women also provides two DV Liaisons who provide specialized counseling and advocacy to everyone who requests assistance from DSS in fleeing DV. The network of CCR and CoC partners will all be trained how to initiate effective referrals to Coordinated Entry. Our CoC will designate a single point of contact to coordinate assessments and housing referrals for DV survivors referred to Coordinated Entry for CoC-funded housing including this project.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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 |
|--|--------------------|------------------|
| Not applicable - we will use the 10% de minimis rate | 10% | \$275,578 |
| | | |
| | | |
| | | |
| | | |

b. Has this rate been approved by your cognizant agency? No

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

4. Select a grant term: 1 Year

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

| | |
|--------------------------|---|
| Leased Units | X |
| Leased Structures | |

| | |
|----------------------------|---|
| Rental Assistance | X |
| Supportive Services | X |
| Operating | X |
| HMIS | |

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| Total Annual Assistance Requested: | | \$33,624 | |
|---|-----------------------|-----------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$33,624 | |
| Total Units: | | 2 | |
| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
| NY - Westchester ... | 2 | \$33,624 | \$33,624 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

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



Leased Units Annual Budget

| | | |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|---|-----------------------------|---|-----------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$897 | | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,196 | | x | 12 | = | \$0 |
| 1 Bedroom | 2 | x | \$1,401 | \$1,401 | x | 12 | = | \$33,624 |
| 2 Bedroom | | x | \$1,706 | | x | 12 | = | \$0 |
| 3 Bedroom | | x | \$2,197 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$2,521 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$2,899 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$3,277 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$3,655 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$4,034 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$4,412 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 2 | | | | | | | \$33,624 |
| Grant term: | | | | | | | | 1 Year |
| Total request for grant term: | | | | | | | | \$33,624 |

Click the 'Save' button to automatically calculate totals.

6E. Rental Assistance Budget

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

| Total Request for Grant Term: | | | \$312,912 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 16 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | NY - Westchester County, NY Statutory... | 16 | \$312,912 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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

| | | | | |
|---------------|------------------------|----------------------|-----------|---------------------------|
| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|---------------|------------------------|----------------------|-----------|---------------------------|

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| SRO | | x | \$897 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$1,196 | x | 12 | = | \$0 |
| 1 Bedroom | 4 | x | \$1,401 | x | 12 | = | \$67,248 |
| 2 Bedrooms | 12 | x | \$1,706 | x | 12 | = | \$245,664 |
| 3 Bedrooms | | x | \$2,197 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$2,521 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$2,899 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$3,277 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,655 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$4,034 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$4,412 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 16 | | | | | | \$312,912 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$312,912 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|-----------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | 24 moves annually at \$300 each | \$7,200 |
| 3. Case Management | 1.0 FTE Case Manager @ \$66,000 + 28% fringe | \$84,480 |
| 4. Child Care | \$500/year x 24 families to assist with babysitting and childcare costs needed to facilitate employment & training | \$12,000 |
| 5. Education Services | | |
| 6. Employment Assistance | 0.5 FTE Employment Counselor @ \$52,800 + 30% fringe = \$34,320; \$11,000 job training fees (subcontracted to Lifting Up Westchester) | \$45,320 |
| 7. Food | Emergency Food @ \$160/year x 24 households | \$3,840 |
| 8. Housing/Counseling Services | 0.5 FTE Domestic Violence Counselor @ \$44,000 + 35% fringe | \$29,700 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |

| | | |
|--|--|-----------|
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | \$34 per month * 24 households * 12 months | \$9,792 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$192,332 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$192,332 |

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|-----------------------------|
| 1. Maintenance/Repair | 8 units * \$750 each annually for repairs | \$6,000 |
| 2. Property Taxes and Insurance | | |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | 8 units * \$100 per month * 12 months | \$9,600 |
| 6. Furniture | 8 units * \$501 each for furniture for participant apartments | \$4,011 |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$19,611 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$19,611 |

Click the 'Save' button to automatically calculate totals.

6I. 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: | \$140,987 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$140,987 |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | Westchester Count... | 08/13/2018 | \$122,832 |
| Yes | Cash | Government | Westchester Count... | 08/13/2018 | \$18,155 |

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 DSS Transitional Housing unit leasing payments
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/13/2018
- 6. Value of Written Commitment:** \$122,832

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 DSS contract for DV Counselor staffing
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/13/2018
- 6. Value of Written Commitment:** \$18,155

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$33,624 | 1 Year | \$33,624 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$312,912 | 1 Year | \$312,912 |
| 4. Supportive Services | \$192,332 | 1 Year | \$192,332 |
| 5. Operating | \$19,611 | 1 Year | \$19,611 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$558,479 |
| 8. Admin (Up to 10%) | | | \$39,094 |
| 9. Total Assistance Plus Admin Requested | | | \$597,573 |
| 10. Cash Match | | | \$140,987 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$140,987 |
| 13. Total Budget | | | \$738,560 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | RISE Subrecipient... | 08/12/2018 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: RISE Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. 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 part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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 provide

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

Name of Authorized Certifying Official: Kevin McGuire

Date: 08/14/2018

Title: Commissioner

Applicant Organization: Westchester County Dept. of Social Services

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

| Page | Last Updated |
|--------------------------------|--------------|
| New Project Application FY2018 | Page 61 |
| | 08/14/2018 |

| | |
|---|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/08/2018 |
| 1E. SF-424 Compliance | 08/08/2018 |
| 1F. SF-424 Declaration | 08/08/2018 |
| 1G. HUD 2880 | 08/08/2018 |
| 1H. HUD 50070 | 08/08/2018 |
| 1I. Cert. Lobbying | 08/08/2018 |
| 1J. SF-LLL | 08/08/2018 |
| 2A. Subrecipients | 08/10/2018 |
| 2B. Experience | 08/14/2018 |
| 3A. Project Detail | 08/08/2018 |
| 3B. Description | 08/14/2018 |
| 3C. Expansion | 08/08/2018 |
| 4A. Services | 08/14/2018 |
| 4B. Housing Type | 08/12/2018 |
| 5A. Households | 08/12/2018 |
| 5B. Subpopulations | 08/10/2018 |
| 5C. Outreach | 08/14/2018 |
| 6A. Funding Request | 08/10/2018 |
| 6C. Leased Units | 08/12/2018 |
| 6E. Rental Assistance | 08/12/2018 |
| 6F. Supp Srvcs Budget | 08/12/2018 |
| 6G. Operating | 08/12/2018 |
| 6I. Match | 08/14/2018 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/12/2018 |
| 7D. Certification | 08/12/2018 |

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: May 17, 1999

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

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

Dear Sir or Madam:

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

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

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

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

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

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

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

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director