

## 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:** 08/13/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NY0496

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

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

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** The Municipal Housing Authority for the City of Yonkers

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 13-6007014

	<b>c. Organizational DUNS:</b>	038243119	<b>PLUS 4</b>	
--	--------------------------------	-----------	---------------	--

### d. Address

**Street 1:** 1511 Central Park Avenue, P.O. Box 35

**Street 2:**

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10701

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Marcie

**Middle Name:**

**Last Name:** Ciuffetelli

**Suffix:**

**Title:** Housing Supervisor

**Organizational Affiliation:** The Municipal Housing Authority for the City of Yonkers

**Telephone Number:** (914) 793-8400

**Extension:** 123

**Fax Number:** (914) 793-6916

**Email:** mciuffetelli@mhacy.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** La. Public Housing Authority

**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:** Yonkers RA

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

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

**b. Project:** NY-016  
(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:** Joseph

**Middle Name:**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (914) 793-8400  
**(Format: 123-456-7890)**

**Fax Number:** (914) 793-6916  
**(Format: 123-456-7890)**

**Email:** jshuldiner@mhacy.org

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

**Date Signed:** 08/13/2017



# 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:** The Municipal Housing Authority for the City of Yonkers

**Prefix:** Mr.

**First Name:** Joseph

**Middle Name:**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** The Municipal Housing Authority for the City of Yonkers

**Telephone Number:** (914) 793-8400

**Extension:**

**Email:** jshuldiner@mhacy.org

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip/Postal Code:** 10701

**2. Employer ID Number (EIN):** 13-6007014

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$520,731.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Yonkers RA 1511 Central Park Avenue, P.O. Box 35 Yonkers 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
Westchester County Dept. of Social Services 112 East Post Road, White Plains NY 10601	contract	\$206,150.00	Supportive services staff
NYS Office of Temporary and Disability Assistance 40 North Pearl Street, Albany, NY 12243	grant	53420.0	Supportive services staff
Westchester County Dept. of Community Mental Health 112 East Post Road, White Plains NY 10601	contract	\$5,194.00	Supportive services staff

**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 Sharing Community	133186666	Permanent Supportive Housing provider	\$414,515.00	28%
Mental Health Association of Westchester	131740002	Permanent Supportive Housing provider	\$88,599.00	6%
Westhab	061064281	Rapid Rehousing and Permanent Supportive Housing provider	\$845,349.00	58%
Lifting Up Westchester	133121606	Permanent Supportive Housing provider	\$61,931.00	4%

**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:** Joseph Shuldiner, Executive Director

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

**Date Signed:** 08/06/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Municipal Housing Authority for the City of Yonkers

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

### Sites for Work Performance.

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

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

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

X

**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Joseph

**Middle Name**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (914) 793-8400  
**(Format: 123-456-7890)**

**Fax Number:** (914) 793-6916  
**(Format: 123-456-7890)**

**Email:** jshuldiner@mhacy.org

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

**Date Signed:** 08/13/2017

## **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
---

**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:** The Municipal Housing Authority for the City of Yonkers

**Name / Title of Authorized Official:** Joseph Shuldiner, Executive Director

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

**Date Signed:** 08/13/2017

# 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:** The Municipal Housing Authority for the City of Yonkers

**Street 1:** 1511 Central Park Avenue, P.O. Box 35

**Street 2:**

**City:** Yonkers

**County:** Westchester

**State:** New York

**Country:** United States

**Zip / Postal Code:** 10701

**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:** Joseph

**Middle Name:**

**Last Name:** Shuldiner

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (914) 793-8400  
**(Format: 123-456-7890)**

**Fax Number:** (914) 793-6916  
**(Format: 123-456-7890)**

**Email:** jshuldiner@mhacy.org

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

**Date Signed:** 08/13/2017

## **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 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.

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: \$503,114

Organization	Type	Type	Sub-Award Amount
The Sharing Community	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$414,515
The Mental Health Association of Westchester, Inc.	M. Nonprofit with 501C3 IRS Status		\$88,599

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Sharing Community

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

**c. Employer or Tax Identification Number:** 13-3186666

	<b>* d. Organizational DUNS:</b>	150865087	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 1 Hudson 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:** \$414,515

### j. Contact Person

**Prefix:** Ms.

**First Name:** Nadine

**Middle Name:**

**Last Name:** Burns-Lyons

**Suffix:**

**Title:** Executive Director

**E-mail Address:** nadine@thesharingcommunity.org

**Confirm E-mail Address:** nadine@thesharingcommunity.org

**Phone Number:** 914-963-2626

**Extension:** 220

**Fax Number:** 914-969-7877

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>	
--	----------------------------------	-----------	---------------	--

**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** No

**Organization?**

**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:** \$88,599

**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:**

## 2B. Recipient Performance

**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. 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.**

MHACY was delayed in submitting claims to HUD because the FY2015 Grant Agreement was not signed by HUD until late June 2016 for a grant period that began 02/01/2016. The executed Grant Agreement was returned to HUD July 2016; the award was reflected in eLOCCS by HUD in August 2016. MHACY thus was unable to submit claims until six months into the grant operating period.

After the Grant Agreement was executed, and the grant active in eLOCCS, we maintained consistent drawdowns every 1-2 months until 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.**

Sharing Community RA NY0496L2T041508 had remaining a balance of \$25,858.11 in the Administration line (the Rental Assistance category was completely expended).



### 3A. Project Detail

**1. Expiring Grant Number:** NY0496

(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:** Yonkers RA

**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

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

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

The Sharing Community has successfully operated the City of Yonkers first Shelter Plus Care (Rental Assistance) Program since 1995. This grant funds 33 permanent housing units for individuals those with a history of addiction, mental illness and those living with HIV/AIDS. The Sharing Community's ability to accurately assess and meet the needs of the homeless and multi-disabled people we serve is enhanced by the unusually rich mixture of services we have assembled. On-site assessment and treatment services available at our Community Service Center at One Hudson Street include a medical clinic sponsored by Hudson River HealthCare. Other supportive services such as health care, home care, and supportive counseling are arranged as needed from among the 120+ private and public agencies with which we have already established linkages.

We use a Housing First approach to offer eligible participants immediate access to permanent supportive housing. All residents are given a psycho-social assessment at enrollment to determine the types of services needed and types of issues that must be addressed in order to maximize each participant's ability to retain permanent housing. The primary emphasis of our program is on linking participants to chemical dependency treatment and other services that directly address the factors that have led to participants' previous episodes of homelessness. The Sharing Community's Case Managers works with each resident to develop an Individualized Service Plan that addresses these needs and issues. The Case Manager monitors participation in recommended services and follows-up to resolve any problems that arise that could threaten housing stability.

**2. Does your project have a specific population focus?** No

**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 from leasing to rental assistance?** No

### 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	As needed
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Partner	Weekly
Outpatient Health Services	Non-Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation		
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:** 33

**Total Beds:** 48

**Total Dedicated CH Beds:** 0

Housing Type	Units	Beds
Scattered-site apartments (...)	12	12
Clustered apartments	15	30
Clustered apartments	6	6

## 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:** 12

**b. Beds:** 12

**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:** 1 Hudson Street

**Street 2:**

**City:** Yonkers

**State:** New York

**ZIP Code:** 10701

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

367260 Yonkers

## 4B. Housing Type and Location Detail

**1. Housing Type:** Clustered apartments

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

**a. Units:** 15



**b. Beds:** 30

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

**This includes both the "dedicated" and "prioritized" beds from previous  
competitions.**

**4. Address:**

**Street 1:** 100 Vark Street

**Street 2:**

**City:** Yonkers

**State:** New York

**ZIP Code:** 10701

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

367260 Yonkers

## **4B. Housing Type and Location Detail**

**1. Housing Type:** Clustered apartments

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

**a. Units:** 6

**b. Beds:** 6

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

**This includes both the "dedicated" and "prioritized" beds from previous  
competitions.**

**4. Address:**

**Street 1:** 87 Locust Hill Avenue

**Street 2:**

**City:** Yonkers

**State:** New York

**ZIP Code:** 10701

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

367260 Yonkers

## 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>	0	48	0	48

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>	0	48		48
<b>Adults ages 18-24</b>	0	0		0
<b>Accompanied Children under age 18</b>	0		0	0
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	0	48	0	48

**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 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										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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	20	0	0	40	15	25	3	6	3	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	20	0	0	40	15	25	3	6	3	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 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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 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.**

	Directly from the street or other locations not meant for human habitation.
100%	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	18%	\$35,235

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

**c. Do you plan to use the 10% de minimis rate?** No

**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 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>		\$485,496	
<b>Total Units:</b>		33	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	NY - Westchester County, NY Statutory...	33	\$485,496



## 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	3	x	\$1,036	\$1,036	x		=	\$37,296
1 Bedroom	30	x	\$1,245	\$1,245	x		=	\$448,200
2 Bedrooms		x	\$1,510	\$1,510	x		=	\$0
3 Bedrooms		x	\$1,942	\$1,942	x		=	\$0
4 Bedrooms		x	\$2,229	\$2,229	x		=	\$0
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>	<b>33</b>							<b>\$485,496</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$485,496</b>

**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:	\$130,183
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$130,183

**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** \$79,200  
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Westchester Count...	07/25/2017	\$50,983
Yes	Cash	Private	The Sharing Commu...	07/25/2017	\$43,200
Yes	Cash	Private	Mental Health Ass...	07/25/2017	\$36,000

## 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 Services WestCARES program contracts with Sharing Community and MHAW  
(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: \$50,983

## 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 Sharing Community 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: \$43,200

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

**office or grant program as applicable)**

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

**6. Value of Written Commitment:** \$36,000

## 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	\$485,496
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$485,496
7. Admin (Up to 10%)	\$35,235
8. Total Assistance plus Admin Requested	\$520,731
9. Cash Match	\$130,183
10. In-Kind Match	\$0
11. Total Match	\$130,183
12. Total Budget	\$650,914

## 7A. Attachment(s)

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

## Attachment Details

**Document Description:** Subrecipient Nonprofit Documentation for Yonkers RA

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## **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** Joseph Shuldiner

**Date:** 08/13/2017

**Title:** Executive Director

**Applicant Organization:** The Municipal Housing Authority for the City of Yonkers

**PHA Number (For PHA Applicants Only):** NY003

**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 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?** No

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

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

<b>Part 2- Recipient and Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input 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"/>
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 - Indicate additional subrecipient added to project after previous Project Application was submitted
- \* 2B - Update recipient performance based on most recently expired operating period
- \* 5C - Update outreach information
- \* 6A - Change answers to question #3 Indirect Cost Rate

**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>	08/08/2017
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/08/2017
Renewal Project Application FY2017	Page 53 08/13/2017

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

Internal Revenue Service

Department of the Treasury  
P. O. BOX 1680 GPO  
B'KLYN., NY 11202

District  
Director

Date: MAY 2 1986

Employer Identification Number:  
13-3106666  
Our Letter Dated:  
May 24, 1985  
Person to Contact:  
E. Birnbaum  
Contact Telephone Number:  
(718) 780-6138

THE SHARING COMMUNITY, INC.  
118 New Main Street  
Post Office Box 657  
Yonkers, NY 10702

Dear Gentlemen:

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

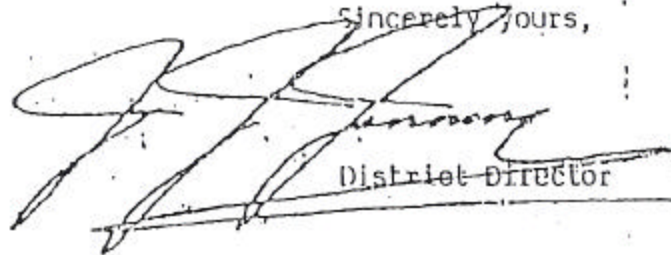
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) & 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3)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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a 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 that resulted in your loss of section 509(a)(1) & 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service has given notice that you would be removed from classification as a section 509(a)(1) & 170(b)(1)(A)(vi) organization.

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

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

cc:

Letter 1050(D0)(7-77)



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