Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/15/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	NY1049
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Westchester County Dept. of 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): (for multiple selections hold CTRL key)	New York
15. Descriptive Title of Applicant's Project:	New Start
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	NY-016, NY-017, NY-018
b. Project: (for multiple selections hold CTRL key)	NY-016, NY-017, NY-018
17. Proposed Project	
a. Start Date:	09/01/2016
b. End Date:	08/31/2019
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Kevin
Middle Name:	
Last Name:	McGuire
Suffix:	
Title:	Commissioner
Telephone Number: (Format: 123-456-7890)	(914) 995-5501
Fax Number: (Format: 123-456-7890)	(914) 995-3015
Email:	kmm9@westchestergov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/15/2018

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:	$870,521.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: New Start 112 East Post Road White Plains New York

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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	11113.0	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 (%)
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				

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Kevin McGuire, Commissioner

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

Date Signed: 08/06/2018

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;**		

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 the accompaniment herewith, is true and X

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: (Format: 123-456-7890)	(914) 995-5501
Fax Number: (Format: 123-456-7890)	(914) 995-3015
Email:	kmm9@westchestergov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/15/2018

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: 08/15/2018

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: (Format: 123-456-7890)	(914) 995-5501
Fax Number: (Format: 123-456-7890)	(914) 995-3015
Email:	kmm9@westchestergov.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/15/2018

Information About Submission without Changes

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

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

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

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: $781,485

Organization	Type	Type	Sub-Award Amount
Caring for the Homeless of Peekskill	M. Nonprofit with 501C3 IRS Status		$191,929
Westhab, Inc.	N. Nonprofit without 501C3 IRS Status		$589,556

2A. Project Subrecipients Detail

a. Organization Name: Caring for the Homeless of Peekskill

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

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):
(for multiple selections hold CTRL key) NY-017

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

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

i. Expected Sub-Award Amount: $191,929

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

2A. Project Subrecipients Detail

a. Organization Name: Westhab, Inc.

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 06-1064281

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

e. Physical Address
Street 1: 8 Bashford St.
Street 2:
City: Yonkers
State: New York
Zip Code: 10701

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

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

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

i. Expected Sub-Award Amount: $589,556

j. Contact Person

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	NY1049
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:	New Start
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

Westchester County DSS proposes to renew New Start, a Rapid Rehousing program with three components:
1) A component serving at least 12 homeless families and single adults, operated by Westhab,
2) A component serving at least 9 homeless families and single adults with priority given to survivors of domestic violence, operated by Caring for the Homeless of Peekskill, and
3) A component serving at least 8 currently homeless youth/young adults aged 18-24, particularly those who have aged out of foster care, which will be operated by Westhab.

Households are moved directly from homelessness into apartments that are retained after exit. At least quarterly, staff re-assess participant income, re-evaluate the client's program eligibility, & the amount of assistance needed.

All three components will provide rent subsidies for up to 24 months and mobile support services including case management and employment services. The Family/Singles components are expected to provide shallow rent subsidies averaging $500-$700 per month. The Youth component is budgeted to provide up to full Fair Market rent subsidies for the full 24-months in order to give young adults the opportunity to go to college, adult education, or vocational training programs full-time.

The grant-funded staff in Component 1 includes 2.0 FTE Case Managers, a 0.75 FTE Housing Case Manager, and a 0.5 FTE Employment Counselor. All of the support staff for Component 2 is provided by DSS as match for the HUD grant, including 1 FTE Case Manager, and 0.4 FTE Housing Specialist. The grant-funded staff in the Youth component includes a 1.0 FTE Case Manager/Life Coach/Housing Counselor plus educational and vocational services.

Case Managers and Housing Specialists help participants identify appropriate housing units by networking with landlords. They also provide monthly case management, help clients learn realistic household budgeting, and understand their rights and responsibilities as tenants. Staff works with participants to develop realistic interim goals and action steps to reach longer-term goals. The Case Managers maintain frequent contact with each client to help swiftly identify and resolve any problems before they develop in a crisis that threatens housing stability.

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

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

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

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

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

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

3d. Does the project follow a "Housing First" No

approach?

4A. Supportive Services for Participants

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

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

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

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

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

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

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

4B. Housing Type and Location

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

Total Units: 29

Total Beds: 43

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	24
Scattered-site apartments (...	---	9	19

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: 20

b. Beds: 24

3. 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: 8 Bashford St.

Street 2:

City: Yonkers

State: New York

ZIP Code: 10701

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

367260 Yonkers, 369119 Westchester County

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: 9

b. Beds: 19

3. 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

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

369119 Westchester County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	18	0	29

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	10	10		20
Adults ages 18-24	1	8		9
Accompanied Children under age 18	14		0	14
Unaccompanied Children under age 18			0	0
Total Persons	25	18	0	43

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							4			6
Adults ages 18-24							1			
Children under age 18										14
Total Persons	0	0	0	0	0	0	5	0	0	20

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							1			9
Adults ages 18-24										8
Total Persons	0	0	0	0	0	0	1	0	0	17

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

The persons identified are homeless individuals who are not disabled, not victims of domestic violence, and are not veterans; 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.
100%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

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

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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%	$310,233

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

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

4. Renewal Grant Term: 1 Year

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

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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

Total Request for Grant Term:	$533,184
Total Units:	29

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Westchester County, NY Statutory...	29	$533,184

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$897	$897	x	12		=	$0
0 Bedroom	5	x	$1,196	$1,196	x	12		=	$71,760
1 Bedroom	13	x	$1,401	$1,401	x	12		=	$218,556
2 Bedrooms	8	x	$1,706	$1,706	x	12		=	$163,776
3 Bedrooms	3	x	$2,197	$2,197	x	12		=	$79,092
4 Bedrooms		x	$2,521	$2,521	x	12		=	$0
5 Bedrooms		x	$2,899	$2,899	x	12		=	$0
6 Bedrooms		x	$3,277	$3,277	x	12		=	$0
7 Bedrooms		x	$3,655	$3,655	x	12		=	$0
8 Bedrooms		x	$4,034	$4,034	x	12		=	$0
9 Bedrooms		x	$4,412	$4,412	x	12		=	$0
Total Units and Annual Assistance Requested	29								$533,184
Grant Term									1 Year
Total Request for Grant Term									$533,184

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:	$217,630
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$217,630

1. Does 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...	07/17/2018	$70,000
Yes	Cash	Government	Westchester Count...	08/07/2018	$147,630

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Westchester County DSS contract with Caring for the Homeless of Peekskill
5. Date of Written Commitment:	07/17/2018
6. Value of Written Commitment:	$70,000

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: (Be as specific as possible and include the office or grant program as applicable)	Westchester County DSS contracts with Westhab
5. Date of Written Commitment:	08/07/2018
6. Value of Written Commitment:	$147,630

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$533,184
3. Supportive Services	$283,129
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$816,313
7. Admin (Up to 10%)	$54,208
8. Total Assistance plus Admin Requested	$870,521
9. Cash Match	$217,630
10. In-Kind Match	$0
11. Total Match	$217,630
12. Total Budget	$1,088,151

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	New Start Subreci...	08/06/2018
2) Other Attachmenbt	No	APR due date exte...	08/15/2018
3) Other Attachment	No		

Attachment Details

Document Description: New Start Subrecipient Nonprofit Documentation

Attachment Details

Document Description: APR due date extension letter from Vincent Hom, Director of New York HUD Field Office

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 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Kevin McGuire

Date: 08/15/2018

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

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

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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

This is a first time renewal Project Application; all screens are available for changes by default.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/06/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/06/2018

1E. SF-424 Compliance	08/06/2018
1F. SF-424 Declaration	08/06/2018
1G. HUD-2880	08/06/2018
1H. HUD-50070	08/06/2018
1I. Cert. Lobbying	08/06/2018
1J. SF-LLL	08/06/2018
Recipient Performance	08/07/2018
Renewal Grant Consolidation	08/06/2018
2A. Subrecipients	08/06/2018
3A. Project Detail	08/06/2018
3B. Description	08/06/2018
4A. Services	08/06/2018
4B. Housing Type	08/06/2018
5A. Households	08/06/2018
5B. Subpopulations	08/06/2018
5C. Outreach	08/06/2018
6A. Funding Request	08/06/2018
6C. Rental Assistance	08/06/2018
6D. Match	08/06/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2018
7B. Certification	08/06/2018
Submission Without Changes	08/06/2018

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 maximu 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).

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

onors may deduct contributions to your organization as provided in section 70 of the Code. Bequests, legacies, devises, transfers, or gifts to your rganization or for its use are deductible for federal estate and gift tax urposes if they meet the applicable provisions of sections 2055, 2106, and 522 of the Code.

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

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

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

is letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard

C. Ashley Bullard
District Director

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

DEPARTMENT OF THE TREASURY

ate: MAR 0 6 1995

WESTHAB INC
35 EXECUTIVE BLVD
ELMSFORD, NY 10523-1326

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

Dear Applicant:

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

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

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

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

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

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

IESTHAB INC

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

Sincerely yours,

Herbert J. Huff

Herbert J. Huff
District Director

Enclosure:
Addendum

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

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

U.S. Department of Housing and Urban Development
New York State Office
Jacob K. Javits Federal Building
26 Federal Plaza
New York, New York 10278-0068
http://www.hud.gov/local/nyn/

NOV 14 2017

Received Westchester County
DCMH
NOV 20 2017
Commissioner's Office

Mr. Michael Orth
Acting Commissioner
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, New York 10601

Dear Acting Commissioner Orth:

SUBJECT: Annual Performance Report (APR) Submission Extension
Continuum of Care (CoC) Program
Westchester County CoC

On October 31, 2017, this Office received an email correspondence from Ms. Annette Peters-Ruvolo, Program Director, Community Support Services, to request an extension to December 28, 2017 to submit the APRs listed below to the SAGE system. The grants requiring APRs and the original due dates are listed below.

Submission Date: October 29, 2017	Submission Date: November 29, 2017
NY0475L2T041508 Shallow Rent	NY0473L2T041508 Life Bridges
NY0625L2T041507 CMV RA 06	NY0502L2T041508 STAIR
NY0988L2T041501 Turning Point	NY0627L2T041507 CMV RA 07
	NY1049L2T041507 New Start

Westchester County has indicated that its CoC HMIS vendor, Eccovia, encountered continuing delays in generating accurate information for some of the new CSV files, which has prevented submission of the APRs by the due dates. Please note that if further APR extensions are requested, supporting documentation by Eccovia must be submitted.

Ms. Peters-Ruvolo's request to extend submission of the APRs for the listed grants until December 28, 2017 is granted. Should you have any questions, please contact Ms. Lisa Lockley, Senior Community Planning and Development Representative at (212) 542-7429.

Sincerely,

Vincent Hom

Vincent Hom
Director
Community Planning and Development