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) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 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 2014 Project Application will be imported into the FY 2015 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 2014 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 2015 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	10/21/2015
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	NY0482L2T041407
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. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

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

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

	c. Organizational DUNS:	038243119	**PL US 4**	

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:	Mr.
First Name:	Karl
Middle Name:	
Last Name:	Bertrand
Suffix:	
Title:	Grant Writer
Organizational Affiliation:	The Municipal Housing Authority for the City of Yonkers
Telephone Number:	(914) 592-1272
Extension:	
Fax Number:	(914) 592-1070
Email:	KBertrand@programdesign.com

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	L. Public/Indian Housing Authority
If "Other" please specify:	
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-5900-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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: Job Plus

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 02/01/2016

b. End Date: 01/31/2017

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process:In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt:In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

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. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative:The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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:	Joseph
Middle Name:	
Last Name:	Shuldiner
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(914) 793-8400
Fax Number: (Format: 123-456-7890)	(914) 793-6916

Email: jshuldiner@mhacy.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/21/2015

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: $45,377

Organization	Type	Sub-Award Amount
YWCA of Yonkers	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$45,377

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: YWCA of Yonkers

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 13-1740521

	*** d. Organizational DUNS:**	103728226	**PL US 4**	

e. Physical Address

Street 1: 87 South Broadway

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? Yes

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: $45,377

j. Contact Person

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: Gonzalez

Suffix:

Title: Executive Director

E-mail Address: michellehgonzalez@gmail.com

Confirm E-mail Address: michellehgonzalez@gmail.com
Phone Number: 914-963-0640
Extension: 110
Fax Number: 914-963-7103

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

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. APR Submission

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

2. HUD Monitoring Findings

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. Quarterly Drawdowns

Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes

4. Recaptured Funds

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.

Job Plus NY0482L2T041205 had remaining a balance of $1,850 in the Administration line (other budget categories were completely expended). This was due to the subrecipient agency (Yonkers YWCA) choosing not to claim the funds allocated in Administration.

The Yonkers YWCA has begun to claim from the portion of Administration funds allocated to the subrecipient as of 02/01/2015, the start of the current FY2014 renewal grant.

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “9A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: NY0482L2T041407

(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: Job Plus

4. Project Status: Standard

5. Component Type: TH

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

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. If a coordinated entry process does not exist in the CoC or if the project does not participate, select "No" and the following question will be visible:
- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. The applicant must select “Yes” or “No” from the dropdown.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2015 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected HUD approved a change from leasing to rental assistance during the FY 2015 GIW process.

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

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

Aimed at deterring homelessness and recidivism of chronic unemployment and transitioning formerly homeless or chronically homeless women from public assistance to independence and long-term self-sufficiency, Job Plus provides safe affordable housing as the foundation for achieving independence. Through opportunities provided to explore training and employment options, the Program prepares residents for full-time employment, assisting them to find, obtain and retain employment. It is designed to motivate residents to set realistic life goals based on a comprehensive assessment of their educational and vocational needs and interests. Based on these assessed goals and needs, the program then connects them to appropriate vocational and/or educational services and provides follow-up and continued support necessary to ensure that the women make steady progress towards achieving their goals. The program thus helps women to acquire vocational/job skills in order to become motivated and qualified candidates for available job openings. Success is evidenced by participants' residence at the YWCA transitional housing facility, subsequent relocation from YWCA to permanent housing, and retention of permanent housing for at least six months. Services comprise quality housing units with support services including assessments leading to the development of Independent Living Plans, counseling, intensive case management, nutritious food from our food pantry two times a month, instruction in job search, resume writing and interviewing skills as well as referrals for benefits, training programs, internships, work experience activities.

The program is operated by the Case Manager who is responsible for providing the essential services needed to enable women to acquire the necessary skills through skills testing, resume preparation, interviewing skills, academic referrals and training, internships, work experience and placement activities. The program provides accurate assessments and evaluation of residents' strength and transferable skills in relation to current employment market demands. Counseling sessions geared to specific areas promote participants' personal growth and development, increasing their self-esteem and ability to establish goals. Through these support services, candidates are prepared for available job openings.

Through the YWCA's My Sister's Closet, women are also provided with work-appropriate attire and accessories and taught to dress for success. Transportation is also provided as needed. The life skills component comprehensively addresses critical life skills that help women to retain housing and include self-empowerment skills, physical and mental health services, and finance management.

As a means of ensuring housing retention, support to participants is maintained for six months after a participant moves to permanent housing. This is done through follow up case plans developed and monitored throughout the period.

2. Does your project participate in a CoC Coordinated Entry Process? No

Please explain why your project does not participate in a CoC Coordinated Entry Process.

This project does not participate in a CoC Coordinated Entry Process because the Westchester County CoC is developing a fully operational Coordinated Entry Process. While HUD has not yet established definitive timelines for implementation, our Coordinated Entry Process is expected to be fully developed in the near term.

The Westchester County CoC Board appointed a steering committee to oversee the process of developing our Coordinated Entry Process in February 2015, and that body has met continuously since that time to plan implementation.

Our HMIS Lead has negotiated a $93,000 contract with our HMIS software vendor to pay to customize and enhance the CoC's HMIS software to integrate coordinated entry. We expect that the programming and database migration will be completed by June 2016.

In addition, the Westchester CoC Board has elected to reallocate $131,167 into a new Coordinated Entry CoC project in the FY2015 CoC competition in order to provide funding to operationalize the Coordinated Entry Process being implemented.

We are testing best practice implementation of our Coordinated Entry process using our new Turning Point Permanent Supportive Housing Bonus project.

3. Does your project have a specific population focus? No

4. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or no income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

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

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

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

5. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Semi-annually
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Subrecipient	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	Bi-weekly
Housing Search and Counseling Services		Subrecipient	Bi-weekly
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	Bi-weekly
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			
Utility Deposits			

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

3a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

3b. Use of a single application form for four or more mainstream programs?	Yes
3c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
4a. 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: 14

Total Beds: 14

Total Youth Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Dormitory, shared or privat...	14	14	0	14

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Dormitory, shared or private rooms

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

a. Units: 14

b. Beds: 14

3. Beds for Youth

a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:

Street 1: 87 South Broadway

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

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	14	0	14

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	0	11		11
Adults ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	14	0	14

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked. Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0	0	0	3	0	3	4	0	0	4
Adults ages 18-24	0	0	0	1	0	1	1	0	0	1
Total Persons	0	0	0	4	0	4	5	0	0	5

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, are 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

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

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

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.
80%	**Directly from emergency shelters.**
	Directly from safe havens.

	Directly from the street or other locations not meant for human habitation.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
20%	**Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)**
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
	Persons fleeing domestic violence.
100%	**Total of above percentages**

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

This project is a Transitional Housing (TH) project; we verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
1a. Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	10	14	71%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	7	28	25%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.	0	0	0%

6B. Additional Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

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

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.
Select a grant term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2015 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

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

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

4. 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%	$46,911

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

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

5. Renewal Grant Term: 1 Year

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

Leased Units	
Leased Structures	
Supportive Services	
Operations	X
HMIS	

7F. Operating Budget

Instructions:

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

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

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

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2015 GIW

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

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2015 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” and will be read only.

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

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

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

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	16.8% of agency maintenance costs [$14,591] = $2,451 16.8% of agency Janitorial services costs [$64,704] = $10,870 16.8% of agency elevator repair costs [$6,820] = $1,146 [$1010 requested] 16.8% of agency boiler repair costs [$5,605] = $942 16.8% of agency carting costs [$2,426] = $408 16.8% of agency extermination costs [$6,600]= $1109 16.8% of agency snow removal costs [$2,000] = $336	$17,126
2. Property Taxes and Insurance	16.8% of facility property tax costs [$4,435] = $745; 16.8% of facility insurance costs [$55,000] = $9,240	$9,985
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	16.8% of facility utilities [$3,780/month] = $635/month * 12 months = $7,620	$7,620

6. Furniture	5 rooms estimated @ $1,470 each (Bed: $400, Desk & chair $350 Nightstand/mirror, dresser $575, freight $150) = $7,350; 5 mattresses @ $166 each, 5 Mattress covers @ $36 = $1,011	$8,361
7. Equipment (lease, buy)	Vehicle lease @ $62.50/month x 12 months	$750
Total Annual Assistance Requested		$43,842
Grant Term		1 Year
Total Request for Grant Term		$43,842

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

7H. Sources of Match/Leverage

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

Summary for Match

Total Value of Cash Commitments:	$11,728
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$11,728

Summary for Leverage

Total Value of Cash Commitments:	$88,272
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$88,272

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	Westchester Count...	10/05/2015	$11,728
Leverage	Cash	Government	Westchester Count...	10/12/2015	$88,272

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage?	Match
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 Department of Social Services transitional shelter contract
5. Date of Written Commitment:	10/05/2015
6. Value of Written Commitment:	$11,728

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage?	Leverage
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 Department of Social Services homeless shelter contract
5. Date of Written Commitment:	10/12/2015
6. Value of Written Commitment:	$88,272

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2015 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “7H. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “7H. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “7H. Sources of Match/Leverage” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$0
4. Operating	$43,842
5. HMIS	$0
6. Sub-total Costs Requested	$43,842
7. Admin (Up to 10%)	$3,069
8. Total Assistance plus Admin Requested	$46,911
9. Cash Match	$11,728
10. In-Kind Match	$0
11. Total Match	$11,728
12. Total Budget	$58,639

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Yonkers YWCA Nonp...	12/17/2013
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: Yonkers YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. 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: 10/21/2015

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

9B Submission Summary

Page	Last Updated
1A. Application Type	09/30/2015
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	09/30/2015
1E. Compliance	09/30/2015
1F. Declaration	09/30/2015
2A. Subrecipients	09/30/2015
2B. Recipient Performance	10/08/2015
3A. Project Detail	10/07/2015
3B. Description	10/13/2015
4A. Services	10/21/2015
4B. Housing Type	10/07/2015
5A. Households	10/07/2015
5B. Subpopulations	10/07/2015
5C. Outreach	09/30/2015
6A. Standard	10/07/2015
6B. Additional Performance Measures	No Input Required
7A. Funding Request	10/07/2015
7F. Operating	09/30/2015
7H. Match/Leverage	10/13/2015
7I. Summary Budget	No Input Required
8A. Attachment(s)	09/30/2015
8B. Certification	10/08/2015

Internal Revenue Service

Department of the Treasury

District Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Date: JAN 14 1998

Young Women's Christian
Association of Yonkers
87 South Broadway
Yonkers, NY 10701-4004

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-1740521

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Young Women's Christian Association of Yonkers.

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

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Young Women's Christian Association of Yonkers

Date of Exemption Letter: May 1956

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

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

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR -Chief, Audit Division
484 Lexington Avenue
UPPER MANHATTAN
New York 17, New York

In replying refer to:
AU:F:JGC

Young Women's Christian Assoc'n, ~~Inc.~~ of Yonkers
87 South Broadway
Yonkers, New York

MAY 3 1958

Gentlemen:

It is the opinion of this office, based upon the evidence presented, that you are exempt from Federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, as it is shown that you are organized and operated exclusively for educational purposes.

Accordingly, you are not required to file income tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to The District Director, Attention: AU:F:JGC in order that their effect upon your exempt status may be determined.

You are required, however, to file an information return, Form 990-A, annually, with The District Director so long as this exemption remains in effect. This form may be obtained from The District Director and is required to be filed on or before the 15th day of the fifth month following the close of your annual accounting period.

Contributions made to you are deductible by the donors in computing their taxable net income in the manner and to the extent provided by section 170(b)(1) and (2) of the Code.

Bequests, legacies, devises, or transfers, to or for your use are deductible in computing the value of the net estate of a decedent for estate tax purposes in the manner and to the extent provided by section 2055(a) of the Code. Gifts of property to you are deductible in computing net gifts for gift tax purposes in the manner and to the extent provided in section 2522(a) and (b) of the Code.

In the event you have not filed a waiver of exemption certificate in accordance with the provisions of section 3121(k)(1) of the Code, no liability is incurred by you for the taxes imposed under the Federal Insurance Contributions Act. Tax liability is not incurred by you under the Federal Unemployment Tax Act by virtue of the provisions of section 3301 of such Act.

UM:A:321

Your attention is called to the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 under which the exemption hereby granted will be revoked if any substantial part of your activities consists of carrying on propaganda, or otherwise attempting to influence legislation, or if you participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

Very truly yours,

Harold B. A'Hearn

Harold B. A'Hearn
District Director

Date 5-4-56

UMWA: 321-322