

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/17/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Human Services Coalition of Tompkins County Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 16-1036873

c. Organizational DUNS:	167409200	PLUS 4	
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d. Address

Street 1: 171 East MLK Jr./State Street #133

Street 2:

City: Ithaca

County: Tompkins

State: New York

Country: United States

Zip / Postal Code: 14850

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Liddy

Middle Name:

Last Name: Bargar

Suffix:

Title: CoC Coordinator

Organizational Affiliation: Human Services Coalition of Tompkins County Inc.

Telephone Number: (607) 273-8686

Extension: 241

Fax Number: (607) 273-3002

Email: lbargar@hsctc.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: NY510 CoC Planning Project FY2019

16. Congressional District(s):

a. Applicant: NY-023
b. Project: NY-023
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2020
b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schlather

Suffix: MSW

Title: Executive Director

Telephone Number: (607) 273-8686
(Format: 123-456-7890)

Fax Number: (607) 273-3002
(Format: 123-456-7890)

Email: kschlather@hsctc.org

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

Date Signed: 09/17/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Human Services Coalition of Tompkins County Inc.

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schlather

Suffix: MSW

Title: Executive Director

Organizational Affiliation: Human Services Coalition of Tompkins County Inc.

Telephone Number: (607) 273-8686

Extension: 228

Email: kschlather@hsctc.org

City: Ithaca

County: Tompkins

State: New York

Country: United States

Zip/Postal Code: 14850

2. Employer ID Number (EIN): 16-1036873

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$12,078

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: NY510 CoC Planning Project FY2019 171 East MLK Jr./State Street #133 Ithaca New York

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Kathleen Schlather, Executive Director

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

Date Signed: 09/17/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Human Services Coalition of Tompkins County Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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: Ms.

First Name: Kathleen

Middle Name

Last Name: Schlather

Suffix: MSW

Title: Executive Director

Telephone Number: (607) 273-8686
(Format: 123-456-7890)

Fax Number: (607) 273-3002
(Format: 123-456-7890)

Email: kschlather@hsctc.org

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

Date Signed: 09/17/2019

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: Human Services Coalition of Tompkins County Inc.

Name / Title of Authorized Official: Kathleen Schlather, Executive Director

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

Date Signed: 09/17/2019

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: Human Services Coalition of Tompkins County Inc.

Street 1: 171 East MLK Jr./State Street #133

Street 2:

City: Ithaca

County: Tompkins

State: New York

Country: United States

Zip / Postal Code: 14850

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Schlather

Suffix: MSW

Title: Executive Director

Telephone Number: (607) 273-8686
(Format: 123-456-7890)

Fax Number: (607) 273-3002
(Format: 123-456-7890)

Email: kschlather@hsctc.org

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

Date Signed: 09/17/2019

2A. Project Detail

1a. CoC Number and Name: NY-510 - Ithaca/Tompkins County CoC

1b. Collaborative Applicant Name: Human Services Coalition of Tompkins County, Inc.

2. Project Name: NY510 CoC Planning Project FY2019

3. Component Type: CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

HUD Planning funding combined with local funding currently allows for a full time Coordinator who supports the CoC committees and assures that the Continuum requirements and responsibilities, as outlined in 24 CFR 578.7, are carried out including updates to the Governance charter, development of new policies and procedures and evaluation of all CoC-funded projects. The Coordinator provides support and coordination of the CoC and its committees. The Coordinator manages the Coordinated Assessment community wait list, as well as provides ongoing training to participating agencies. The Coordinator plans the annual Point in Time Count and provides trainings for volunteers. The Coordinator also now serves as the HMIS lead, providing CoC Governance committee with relevant system performance information. The Coordinator is responsible for soliciting new CoC members and providing education and outreach to community stakeholders and service providers

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

In calendar year 2019 NY-510 is changing HMIS providers. The CoC coordinator will be getting trained in the new system and supporting agencies in their on-boarding to the new system. The CoC coordinator is also the HMIS lead and will be providing monitoring and oversight to all projects entering into to HMIS. The CoC coordinator does the bulk of administrative work related to the operations of the CoC including sending out all meeting announcements and reminders, scheduling committee meetings and communicating between committees and with the full CoC about all work currently in progress. This year the CoC will be reorganizing it's committees and adding new committees including a youth action board, and a racial disparity study committee. The CoC is also working on finalizing it's community wide strategic plan which we expect will be adopted in FY2020. The CoC coordinator meets weekly with the co-chair of the CoC and reports to the governance committee bi-monthly to ensure work is being completed in a timely and effective fashion

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The funds will help support the CoC's transition to a new HMIS system which will in turn greatly improve the CoC's ability to to evaluate the outcomes of all CoC projects. The requested funding will also support the CoC coordinator in their work of maintaining coordinated entry for the community. The CoC coordinator is currently tasked with maintaining the coordinated entry lists as well as providing appropriate referrals based on program requirements and vulnerability scores for all CoC projects. The role as coordinated entry lead

allows for close oversight of the CoC programs' exits and entries as well as their overall operations. The CoC conducts yearly site visits including random client file audits to ensure that the requirements of the CoC programs are being met. Beyond that the requested funds will help support the CoC coordinator full time position and allow for development of the position to include staffing of all committees, acting as HMIS lead, maintaining the entire coordinated entry process, and working within the community to raise awareness and move people to action around homelessness. The CoC coordinator is often called upon within the community to speak at public events and meetings representing the CoC and it's work to prevent and end homeless.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

NY-510 the Ithaca/Tompkins CoC is considered a crucial part of the overall planning for homeless services and housing in our area. The CoC Coordinator position is jointly funded by the Park Foundation, Tompkins County, United Way of Tompkins County and the City of Ithaca. We expect this consortium of funding to continue. The HUD funds, with some additional County money, has allowed us to make the Coordinator position full time which has allowed the Collaborative Applicant to also become the HMIS lead, to provide ongoing Coordinated Assessment training and to improve the web presence of the CoC. If HUD financial assistance expires we will cut back on the Coordinator's hours or make up the difference through additional fundraising. NY-510 is committed to it's important work in our community and will continue to engage in planning and working collaboratively with it's agencies.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Yes

4a. If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.

Tompkins Community Action grieved their ranking in the FY2018 program competition. They submitted a written grievance to HUD which was denied on 5/15/2019

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Governance Committee	Governance is the Administrative Arm of the CoC. It gathers feedback from all of the members, identifies current initiatives, and then sets the agenda for the year. It sets up the committee structure, develops policies and procedures, sets performance measures, evaluates outcomes, and deals with any issues that come up regarding CoC funded projects. It recruits members, advertises grant opportunities, assures that the CoC is in compliance with Section 578.7 – Responsibilities of the Continuum of Care, seeks out funding opportunities and oversees the CoC Coordinator position.	Bi-Monthly	Human Services Coalition, Ithaca Urban Renewal Agency, TCDSS, Tompkins County Youth Services Department, TCAction, Alcohol and Drug Council, Catholic Charities of Tompkins and Tioga,
Coordinated Assessment Team	The Coordinated Assessment Team was responsible for the development and implementation of the Coordinated Assessment System. The Team consists of mainly CoC-funded programs, but meets monthly with all of the participating agencies for case conferencing of persons on the community wait list. After the case conferencing, the Team meets to discuss process and performance, making adjustments to the Vulnerability Tool or referral process as necessary, and strategizing outreach opportunities to secure more housing options for persons on the list. The Team is responsible for quarterly report-outs to the CoC and broader community on the effectiveness of the system as well as improvements.	Monthly	TCAction, Family and Children’s Services, The Advocacy Center, The Learning Web, Lakebiew Health Services, Catholic Charities of Tompkins and Tioga, Human Services Coalition
Point in Time Committee	The Point-in-Time Committee works to perfect the process for identifying both the sheltered and unsheltered homeless in our community. They identify teams of outreach workers and volunteers to do the count. They train workers, develop an instrument and system for collecting data that eliminates duplication, identify incentives for participation, partner with local law enforcement to identify areas throughout the county where homeless people stay (including doing ride-alongs the day of the count) and review and coordinate the responses.	Semi-Annually	Emergency Shelter, Family and Childrens Services, Loaves and Fishes, Second Wind Cottages, TCDSS, First Baptist Church, Community Faith Partners, Ithaca Police Department, TC Sheriffs Office, NYS Police, TCDSS, Human Services Coalition

Strategic Planning Committee	The strategic planning committee is responsible for the production of a new 5 year community wide plan to prevent and end homelessness. The plan will be data driven and person centered. The plan produced by this committee will be sent to the full CoC for approval in the spring of 2020 and adopted county-wide by other homeless serving agencies and municipalities.	Monthly	City Government, Human Services Coalition, County Government, The Alcohol and Drug Council, Tompkins County Department of Social Services, St. John's Community Services, Tompkins Community Action, The Advocacy Center
Youth Committee	The Youth committee serves as a planning committee for youth homeless services. It has a strong emphasis on trauma informed policy and inclusion of youth in the process. The youth committee recently participated in a 100 Days to End Youth Homelessness Challenge.	Monthly	Tompkins County Youth Services, Tompkins County Child Welfare, Youth Employment Services, Members of the faith community, Youth with lived experience, Human Services Coalition, The Learning Web, Family and Children's Services,

4A. 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:	\$8,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$8,000

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	Private	The United Way	07/01/2019	\$8,000

Sources of Match Details

1. Will this commitment be used towards Match? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: The United Way
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/01/2019

6. Value of Written Commitment: \$8,000

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	To pay for salary and fringe for the CoC Coordinator to staff the CoC and its committees for 6 hours a week for 50 weeks at \$33/hour. This includes the whole CoC, Governance, Youth, HMIS, Coordinated Assessment and Strategic Planning Committees. The Youth, Coordinated Assessment and Strategic Planning Committees meet monthly for 1 to 2 hours with 1 to 2 hours of prep per committee. The Governance, CoC, and HMIS meet bi-monthly with 1 to 2 hours of prep on average.	\$9,900
2. Project Evaluation		
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities	To pay for salary and fringe to submit the yearly CoC application for 66 hours of work over a 12-week period at \$33/hour. Tasks include grant writing, running the project application and review process, project evaluation, assuring that all parts of the application are completed and filed on time and the posting of the NOFA, its requirements, the process and the results of the process in a timely and transparent manner.	\$2,178
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities		
Total Costs Requested		\$12,078
Cash Match		\$8,000
In-Kind Match		\$0
Total Match		\$8,000
Total Budget		\$20,078

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

5B. 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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

Name of Authorized Certifying Official: Kathleen Schlather

Date: 09/17/2019

Title: Executive Director

Applicant Organization: Human Services Coalition of Tompkins County Inc.

PHA Number (For PHA Applicants Only):

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

X

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2019
1E. SF-424 Compliance	09/09/2019
1F. SF-424 Declaration	09/09/2019
1G. HUD 2880	09/09/2019
1H. HUD 50070	09/09/2019
1I. Cert. Lobbying	09/09/2019
1J. SF-LLL	09/09/2019
2A. Project Detail	09/09/2019

2B. Description	09/17/2019
3A. Governance and Operations	09/13/2019
3B. Committees	09/17/2019
4A. Match	09/13/2019
4B. Funding Request	09/17/2019
5A. Attachment(s)	No Input Required
5B. Certification	09/13/2019