

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

3A. Project Detail

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

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

2. Project Name: Rapid ReHousing

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

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

3B. Project Description

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

Tompkins Community Action (TCAAction) and the Advocacy Center of Tompkins County (Advocacy Center) will partner to provide a Rapid Rehousing Program (RRP) that serves victims of domestic violence who are experiencing homelessness in Tompkins County. RRP provides medium term financial assistance that includes a security deposit, ongoing rental assistance up to twelve months and supportive services to promote housing stability. We are requesting the full \$50,000 domestic violence bonus amount that will allow us to serve three survivor households.

TCAAction and the Advocacy Center will assist the participant with housing identification activities. Staff will work with the survivor to develop an individualized plan based on housing first principles of access to housing, consumer choice, individualized support and community integration. Housing case management services may include: assistance applying for housing assistance programs, assistance with identifying open rental properties, transportation to view apartments, advocacy with landlords and moving assistance.

In addition to immediately addressing barriers and securing housing, ongoing supportive services continue with the Advocacy Center who will provide trauma informed, survivor driven case management services for victims of domestic violence enrolled in RRP. Services will be holistic and include flexible case management that addresses a range of survivor needs including: physical and emotional safety; housing and economic stability; employment; and community connections including application assistance to access mainstream benefits.

Our experience has shown that providing short term rental assistance partnered with supportive services is an effective way to ameliorate the effects of homelessness and poverty, while enhancing the outcomes for people experiencing homelessness. This RRP will support the community goal of increasing the affordability of existing units by providing security deposit assistance and ongoing rental assistance. The proposed program targets very low income individuals and families experiencing homelessness which are listed as a priority population in the City of Ithaca Consolidated Plan 2013-2018.

TCAAction has administered rental assistance and supportive housing for over 35 years' and has significant expertise with securing appropriate housing; working with landlords to make sure their concerns are addressed; providing opportunities of Fair Housing education; and helping households move toward stabilization with supportive services. The Advocacy Center has over 40 years' experience providing comprehensive supportive services for victims of domestic and sexual violence. Our partnership brings together housing expertise and specialized service delivery for victims of domestic and sexual violence which will provide the maximum amount of quality support to ensure the success of the enrolled households.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds

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requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1	0	0	0
Participant enrollment in project begins?	30	0	0	0
Participants begin to occupy leased units or structure(s), and supportive services begin?	60	0	0	0
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90	0	0	0
Closing on purchase of land, structure(s), or execution of structure lease?	0	0	0	0
Rehabilitation started?	0	0	0	0
Rehabilitation completed?	0	0	0	0
New construction started?	0	0	0	0
New construction completed?	0	0	0	0

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

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

(Select ALL that apply)

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

5. Housing First

a. Will the project quickly move participants Yes

into permanent housing

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

Not applicable

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

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

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

X

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

RRP is a medium term rental assistance program that provides up to 12 months of assistance. Participants are supported to complete a Housing Choice Voucher Program application to ensure the household is on the wait list. Staff assist in the identification of housing that is affordable, safe and appropriate. TCAction is a member of the Landlord Association of Tompkins County and regularly attends meetings to network and provide new housing options to our participants. Staff facilitate and support communication to complete rental applications and lease up. Rents are affordable as the participant contributes 30% of their monthly adjusted income or a welfare rent. A Housing Quality Standards (HQS) inspection is completed to make sure the unit is safe and habitable. The participant reviews and signs a twelve month lease with the landlord and upon a satisfactory HQS inspection, the Housing Asst. coordinates with the Case Manager and household to create a move in strategy.

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

After housing is secured the participant will be supported primarily by the Advocacy Center Housing Case Manager. This Housing Case Manager will provide holistic services and include flexible case management that will address range of survivor needs including: physical and emotional safety; housing and economic stability; employment; and community connections to mainstream benefits and support. The RRH case management will be supervised by the Residential Services Coordinator and provided by the Housing Case Manager

who works out of the Advocacy Center safe house and has experience providing survivor driven case management with the goal of securing safe, permanent housing for victims of domestic violence. The Case Manager will use a mobile advocacy model and that includes home visits and meetings in other community settings chosen by the survivor.

Our community is rich with employment and income growth opportunities. Upon enrollment into the program the household will be supported to apply for any mainstream benefits that are available. All levels of support are individually based and may include transportation to application meetings and assisting with application and documentation requirements.

If the enrolled household wishes to move forward on education goals, the Housing Case Manager will facilitate connections to resources to finish the High School Equivalency Diploma and/or apply for Certification Programs and/or Secondary Education options. For households who are ready for employment will be supported to connect with preparation programs already available in our community. These resources may include the Women’s Opportunity Center, Challenge Workforce Solutions, Hospitality Training Employment Program, and Workforce NY Once Stop Center. The Housing Case Manager will determine the best way to facilitate connections, provide transportation and planning for ongoing transportation and child care once employment is secured.

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

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

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



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

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

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

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

4B. Housing Type and Location

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

Total Units: 3

Total Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	3	5

4B. Housing Type and Location Detail

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

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

a. Units: 3

b. Beds: 5

3. Address

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

Street 1: 701 Spencer Road

Street 2:

City: Ithaca

State: New York

ZIP Code: 14850

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

369109 Tompkins County, 363168 Ithaca

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	1	0	3
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	1	1		2
Adults ages 18-24	1	0		1
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	1	0	5

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	0	0	0	0	0	1	0	0	0
Adults ages 18-24	1	0	0	0	0	0	1	0	0	0
Children under age 18	2			0	0	0	2	0	0	0
Total Persons	4	0	0	0	0	0	4	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

The Rapid Rehousing Program (RRP) will use the Ithaca/Tompkins CoC Coordinated Entry/ Assessment System (CAS) to bring homeless participants into the project. The CAS has been in place since January 2017. CAS applies a “no wrong door approach” to those seeking housing services by having trained assessors available at organizations throughout the community. The assessment tool requires answers to a series of questions that help measure vulnerability and prioritizes chronically homeless above all else on a community wide homeless waiting list. All housing providers who utilize HUD funding are required to use the system; however, several housing programs voluntarily participate, who do not receive HUD funding. Housing providers contact the CoC, who manages the waiting list, for contact information for the next person on the list. The system requires documentation from housing provider if they deny the applicant or determine them to be ineligible, to ensure that the most vulnerable households are served first and are not passed by for invalid reasons. The household has the ultimate decision on whether to accept or decline the housing opportunity. If the household declines an opportunity they are only removed from that opportunity and remain on the list for any other housing options they may be eligible for. The CAS Team members meet monthly to review the waiting list and evaluate the entire process. TCAAction played a leading role in the development of CAS and the ongoing evaluation of the system in addition to be a trained assessment agency and housing provider. The Advocacy Center is also a partner and completes assessments for the survivors they work with. The assessment tool has built in connection to the Advocacy Center for anyone reporting violence during their assessment meeting. This helps ensure that victims who do not directly seek assistance immediately from the Advocacy Center will still have this project as an option.

6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Health and Human Services	15%	5448039.

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

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



4. Select a grant term: 1 Year

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

- Rental Assistance
- Supportive Services

HMIS

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$36,636
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NY - Ithaca, NY MSA (3610999999)	3	\$36,636

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NY - Ithaca, NY MSA (3610999999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	0 x	\$632 x	12	\$0
0 Bedroom	0 x	\$842 x	12	\$0
1 Bedroom	1 x	\$911 x	12	\$10,932

2 Bedrooms	2	x	\$1,071	x	12	=	\$25,704
3 Bedrooms	0	x	\$1,383	x	12	=	\$0
4 Bedrooms	0	x	\$1,750	x	12	=	\$0
5 Bedrooms	0	x	\$2,012	x	12	=	\$0
6 Bedrooms	0	x	\$2,275	x	12	=	\$0
7 Bedrooms	0	x	\$2,538	x	12	=	\$0
8 Bedrooms	0	x	\$2,800	x	12	=	\$0
9 Bedrooms	0	x	\$3,063	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$36,636
Grant Term							1 Year
Total Request for Grant Term							\$36,636

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Security deposit assistance to secure housing	\$1,982
3. Case Management	Advocacy Center staff portion of salary	\$2,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	TCAction staff time for housing identification, inspection, rent calculations	\$3,382
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	local travel expenses for case manager to transport participant	\$1,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$8,864
Grant Term		1 Year
Total Request for Grant Term		\$8,864

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$12,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,500

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Tompkins County	01/01/2018	\$12,500

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Tompkins County
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 01/01/2018
- 6. Value of Written Commitment:** \$12,500

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$36,636	1 Year	\$36,636
4. Supportive Services	\$8,864	1 Year	\$8,864
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$45,500
8. Admin (Up to 10%)			\$4,500
9. Total Assistance Plus Admin Requested			\$50,000
10. Cash Match			\$12,500
11. In-Kind Match			\$0
12. Total Match			\$12,500
13. Total Budget			\$62,500

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Indirect Rate Agr...	08/09/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Rate Agreement

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Lee Dillon

Date: 08/13/2018

Title: Executive Director

Applicant Organization: Tompkins Community Action, 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

X

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

8B. Submission Summary

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

Page	Last Updated
3A. Project Detail	08/06/2018
3B. Description	08/13/2018
3C. Expansion	08/06/2018
4A. Services	08/13/2018
4B. Housing Type	08/09/2018
5A. Households	08/09/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/13/2018
6A. Funding Request	08/09/2018
6E. Rental Assistance	08/09/2018
6F. Supp Srvcs Budget	08/13/2018

6I. Match	08/13/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/09/2018
7D. Certification	08/13/2018

NONPROFIT RATE AGREEMENT

EIN: 160910547

DATE:10/18/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 11/16/2016

Tompkins Community Action, Inc.
701 Spencer Road
Ithaca, NY 14850

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	04/01/2016	03/31/2017	14.20	On-Site	All Programs
PROV.	04/01/2017	03/31/2019	14.50	On-Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), subawards and flow-through funds.

ORGANIZATION: Tompkins Community Action, Inc.

AGREEMENT DATE: 10/18/2017

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

(1) Grantee charges all costs direct to grants and/or contracts except the costs below:

A. For the period 04/01/16 - 03/31/17, salaries and wages of agency-wide employees are as follows: Executive Director, Deputy Director/CFO, Human Resources Director, Information Technology Director, Accounts Manager, Receptionist and Bookkeeper - All 100%.

B. For the period 04/01/17 - 03/31/19, salaries and wages of agency-wide employees are as follows: Executive Director, Deputy Director/CFO, Human Resources Director, Information Technology Director, Accounts Manager, Receptionist and Bookkeeper - All 100%.

C. Leave and fringe benefits for above personnel only are included in the indirect cost pool.

D. Other Expenses - Administrative portion only: travel, telephone, postage, equipment rental, occupancy/utilities/maintenance, professional fees, contractual services, supplies, printing, copying, insurance, and misc. other.

(2) Treatment of Fringe Benefits: The directly claimed fringe benefits include FICA, Worker's Compensation, Unemployment Insurance, Disability Insurance, Health Insurance, Life Insurance and Retirement.

(3) Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$1,000.

ORGANIZATION: Tompkins Community Action, Inc.

AGREEMENT DATE: 10/18/2017

(4) The indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF-PI-HS-08-03) dated 5/12/2008, which precludes recipients of Head Start grants to use any Federal funds to pay for any part of the compensation of an individual either as a direct cost or any pro-ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January, 2017, the rate of compensation for an Executive Level II is \$187,000 per year.

(5) Your next proposal based on actual costs for the fiscal year ending 03/31/18 is due in our office by 09/30/18.

ORGANIZATION: Tompkins Community Action, Inc.

AGREEMENT DATE: 10/18/2017

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Tompkins Community Action, Inc.

(INSTITUTION)

Lee Dillon

(SIGNATURE)

LEE DILLON

(NAME)

EXECUTIVE DIRECTOR

(TITLE)

10/24/17

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -A

Digitally signed by Darryl W. Mayes -A
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, ou=2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -A
Date: 2017.10.20 15:48:16 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

10/18/2017

(DATE) 6832

HHS REPRESENTATIVE:

Regina DiGennaro

Telephone:

(212) 264-2069