

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 2018 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 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 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 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: 09/15/2018

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: Tierra

Middle Name:

Last Name: Labrada

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: tlabrada@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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CoC Planning Project Application FY2018

16. Congressional District(s):

a. Applicant: NY-023

b. Project: NY-023

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: 09/15/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880 U.S. Department of Housing and Urban Development OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$12,421

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CoC Planning Project Application FY2018 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 this information is true and complete.

I AGREE:

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

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

Date Signed: 07/18/2017

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: 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: 09/15/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: 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: 09/15/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: 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: 09/15/2018

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: CoC Planning Project Application FY2018

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.

Now that the Coordinated Assessment has been successfully rolled out and is operational, the Coordinator will be focused on researching HMIS providers, and increasing the CoC's overall system performance. The CoC hopes to have a new HMIS provider by the end of the calendar year 2019 as well as assisting CoC-funded projects in increasing their system performance measures by the end of FY2019. The CoC coordinator is a staff person of the Human Services Coalition of Tompkins County, which also serves as the CoC lead agency. The Coordinator is supervised by one of the CoC co-chairs and reports directly to her. The Coordinator attends all committee meetings, including Governance, who is responsible for CoC oversight. The Coordinator will convene a special committee by October 1 to begin research and review of HMIS providers. Progress on system performance measures will be measured by how effectively CoC-funded projects a)increase income for program participants b)effectively ensure participants exit to or retain permanent housing c) shorten the length of stay for homeless individuals and families d) provide effective housing and support to unaccompanied youth. Progress will be measured by data in HMIS as well as CoC-funded project APRs. The Coordinator will report to the Governance committee as well as weekly meetings with the co-chair to assess progress, offer advice and adjust the plan as necessary.

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

The scope of the tasks will require that the Coordinator remain an FTE. HUD funding combined with County funding will allow for the research for and

transition of a new HMIS, ensuring all project types are covered in HMIS at 100%, as well as the activities and coordination needed to improve the overall CoC system performance. Increasing system performance by having tools to more effectively analyze local data, trends and needs is important to the CoC. In addition, it has been proven that the work of the CoC committees moves forward more quickly and completely if there is staff support provided.

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 will allow 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.

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? No

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? No

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,
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 coordinates the responses.	No regular meetings	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
Coordinated Assessment Team	The Coordinated Assesment Team was responsible for the development and implementation of the Coordinated Assessment System. The Team consists of mainly CoC-funded programs, but meet 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, makes adjustments to the Vulnerability Tool or referral process as necessary, and strategize 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 Chidlren's Servives, The Advocacy Center, The Learning Web, Lakebiew Health Services, Catholic Charitie of Tompkins and Tioga, Human Services Coalition

Workforce Working Group	This is a new committee that is currently in development, as the CoC aims to increase employment opportunities for CoC-funded project participants. The Group will analyze current program employment plans, develop outreach to local workforce development agencies and local employers, and research funding opportunities for potential apprenticeship or job training programs.	Monthly	Human Services Coalition, TCAction, The Learning Web, Lakeview Health Services, Workforce NY, Challenge Industries, Catholic Charities TT, Women's Opportunity Center, OAR
Development Committee	This is a long-standing committee of the CoC which has recently seen its role change. The CoC is committed to identifying outside funding and resources to increase development of supportive housing, increase access to rental assistance and to increase access to support services for the community. The Development committee will be responsible for developing and maintaining active lists of funding opportunities, identifying agencies to apply and supporting the agency in their efforts.	Monthly	Human Services Coalition, TCAction, The Learning Web, The Advocacy Center, Catholic Charities

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	United Way of Tom...	06/28/2018	\$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: United Way of Tompkins County
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 06/28/2018

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, 2020? 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	Funding will partially pay for the cost of the CoC Coordinator position at \$24/hr. Duties include: overseeing compliance with the Coordinated Assessment System, planning and overseeing the PIT counts, HMIS data entry and analysis, maintaining COC website and developing marketing materials, developing and updating policy and procedure manuals, education and outreach, corresponding with other CoC's.	\$7,200
2. Project Evaluation		
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities	Writing CoC grant application, developing and updating Ranking and Rating procedures,	\$720
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Ensuring data quality standards and system performance measures are in accordance with HUD guidelines.	\$4,501
Total Costs Requested		\$12,421
Cash Match		\$8,000
In-Kind Match		\$0
Total Match		\$8,000
Total Budget		\$20,421

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: 09/15/2018

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)	09/14/2018
1E. SF-424 Compliance	09/05/2018
1F. SF-424 Declaration	09/05/2018
1G. HUD 2880	09/05/2018
1H. HUD 50070	09/05/2018
1I. Cert. Lobbying	09/05/2018
1J. SF-LLL	09/05/2018
2A. Project Detail	09/05/2018

2B. Description	09/14/2018
3A. Governance and Operations	09/05/2018
3B. Committees	09/11/2018
4A. Match	09/14/2018
4B. Funding Request	09/15/2018
5A. Attachment(s)	No Input Required
5B. Certification	09/14/2018