

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see 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 NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, 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 project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/12/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Tompkins Community Action, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 16-0910547

	c. Organizational DUNS:	159437995	PLUS 4:	
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d. Address

Street 1: 701 Spencer Road

Street 2:

City: Ithaca

County: Tompkins

State: New York

Country: United States

Zip / Postal Code: 14850

e. Organizational Unit (optional)

Department Name: Housing Services

Division Name:

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

Prefix: Ms.

First Name: Danielle

Middle Name: E

Last Name: Harrington

Suffix:

Title: Housing Services Director

Organizational Affiliation: Tompkins Community Action, Inc.

Telephone Number: (607) 273-8816

Extension: 108
Fax Number: (607) 273-3293
Email: danielle.harrington@tcaction.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: Amici House Update

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: Lee

Middle Name: Anne

Last Name: Dillon

Suffix:

Title: Executive Director

Telephone Number: (607) 273-8816
(Format: 123-456-7890)

Fax Number: (607) 273-3293
(Format: 123-456-7890)

Email: lee.dillon@taction.org

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

Date Signed: 08/12/2019

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: Tompkins Community Action, Inc.

Prefix: Ms.

First Name: Lee

Middle Name: Anne

Last Name: Dillon

Suffix:

Title: Executive Director

Organizational Affiliation: Tompkins Community Action, Inc.

Telephone Number: (607) 273-8816

Extension: 101

Email: lee.dillon@tcaction.org

City: Ithaca

County: Tompkins

State: New York

Country: United States

Zip/Postal Code: 14850

2. Employer ID Number (EIN): 16-0910547

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$92,699.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

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: Lee Dillon, Executive Director

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

Date Signed: 08/12/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. 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: Lee

Middle Name: Anne

Last Name: Dillon

Suffix:

Title: Executive Director

Telephone Number: (607) 273-8816
(Format: 123-456-7890)

Fax Number: (607) 273-3293
(Format: 123-456-7890)

Email: lee.dillon@tcaction.org

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

Date Signed: 08/12/2019

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: Tompkins Community Action, Inc.

Name / Title of Authorized Official: Lee Dillon, Executive Director

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

Date Signed: 08/12/2019

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: Tompkins Community Action, Inc.

Street 1: 701 Spencer Road

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.

X

Authorized Representative

Prefix: Ms.

First Name: Lee

Middle Name: Anne

Last Name: Dillon

Suffix:

Title: Executive Director

Telephone Number: (607) 273-8816
(Format: 123-456-7890)

Fax Number: (607) 273-3293
(Format: 123-456-7890)

Email: lee.dillon@tcaction.org

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

Date Signed: 08/12/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

For over 50 years, all federal program grant monitoring reviews as well as Independent Single Audits have reflected strong fiscal capacity, effective oversight, internal controls, comprehensive reporting and monitoring; demonstrating a history of compliant effective management. TCAction firmly adheres to all Government Auditing and Government Performance and Results Act; including meeting the requirements of OMB Federal Single Audit Act (Circular A-133) and Cost Principals for Non-Profit Law (Circular A-122), the Head Start Act, 45 CFR 74, 45 CFR 92. Strong financial controls, qualified staff and active governance by the TCAction Head Start Policy Council and the TCAction's Board of Directors has been demonstrated by TCAction's long and successful history of effective implementation of federal grants through strong compliant program management.

Annually, a Single Independent Audit is conducted and Financial Statements prepared; drafts are reviewed, discussed and presented to both Policy Council and the Board for approval. Every five years TCAction solicits Requests for Proposal for Agency audit contract. Financial Statements are submitted directly to funders and filed with Federal Clearing House. Results of TCAction's Single Audits have had no Findings, Material Weaknesses or Significant Deficiencies, qualifying the agency as a low risk auditee. TCAction's Accounting & Financial Policies and Procedures Manual is reviewed and updated regularly.

Lee Dillon, TCAction Executive Director is responsible for overseeing TCAction Staff, development consultants, the design team. Ms. Dillon has over 30 years of housing experience and has been the Executive Director of TCAction for 19 years. Danielle Harrington, TCAction Director of Housing Services will be the staff person responsible for the day to day operations of the Project. Ms. Harrington has worked for TCAction, in the Housing Department since 2001. Cindy Martin, TCAction Human Resources Director is responsible for pre-hiring screenings, employee benefit delivery and labor law compliance for program staff. Ms. Martin has worked for TCAction since 1987. Carrie Berman, TCAction CFO is responsible for program fiscal operations and grant compliance. Ms. Berman has worked for TCAction since 2007.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

TCAction's efforts in leveraging funds are extensive. In 2000, TCAction was successful in securing \$438,000 in Homeless Housing Assistance Program (HHAP) grant funding for the acquisition and rehabilitation of Chartwell House, a twelve room SRO for previously homeless men in recovery from substance abuse. HHAP funds leveraged a HUD Community Development Block Grant through the City of Ithaca and HUD Supportive Housing Program funds through

the Continuum of Care, for the purchase and substantial renovation of the facility to meet all program needs and all building, health and safety codes. Supportive services are funded by New York State Office of Temporary and Disability Assistance (NYS OTDA) New York State Supportive Housing Program (NYSSHP) and rental income. TCAction was successful in a request to attach Project Based rental assistance to the units, which limits the resident rent portion to no more than 30% of the monthly adjusted income, making the housing affordable for the long term. In 1996, TCAction implemented the Supportive Housing Program (SHP) grant from HUD to rehabilitate six apartments for homeless families. This program targets pregnant-parenting teen families, eighteen years and older. TCAction provides rental subsidy and case management to families on site. In 2006, TCAction secured HHAP funds in the amount of \$1.2 million to purchase and rehabilitate the Corn Street Apartments serving young pregnant or parenting households 18-25 years old. In order to provide the comprehensive level of staff support we secure NYSSHP funds to provide services. The housing remains affordable due to Project Based Vouchers. Onsite offices were furnished by a M&T Bank Foundation grant. In 2008, TCAction purchased property next to Chartwell House for additional affordable supportive housing. In August 2009, TCAction was awarded HHAP funding in the amount of \$2,772,166 for acquisition and construction capital to construct Magnolia House, a supportive housing program for women in recovery. We were successful in our application to NYS Homes and Community Renewal Unified Funding Program for additional construction monies and Project Based Vouchers (PBVs) which will provide long term affordability for the 14 units at Magnolia House. In addition, we were successful in our application to the NYSSHP for supportive service expenses. TCAction has been a Head Start Grantee for 50 years, incorporating Early Head Start into programing in 2008. Currently program services provide 350 pregnant women, children and their families in 16 classrooms. The agency is also the Housing Choice Voucher Local Administrator of nearly 1200 housing Choice Vouchers in Tompkins County through NYS Home and Community Renewal since 1981. We also hold the designation of a Weatherization grantee through NYS HCR since 1987.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

TCAction is a private, not for profit, charitable organization that had its grassroots beginnings in 1964. We began as a local coalition of concerned community members who wanted to improve the lives of households with low incomes in Tompkins County; a mission still foremost to us today. Today, we have a staff of just over 100 who annually assist approximately 4000 individuals with low incomes through our programming in Tompkins County. TCAction's Board of Directors is tripartite in composition: one third each of public officials, private sector, and low-income section representatives. This Board structure guarantees the opportunity for low-income voices to form their vision of the future. All Board members are volunteers which assures local control of agency initiatives, finances and community involvement. TCAction program delivery is administered through three Departments: Family Services, Energy Services, and Housing Services. Our service philosophy is based on the Family Development model, which redirects the way health, education and human

services are delivered to families and individuals. It moves systems away from crisis-oriented, fragmented services toward an empowerment, support-based approach. For over 50 years, all Federal and State program grant monitoring reviews as well as Independent Single Audits have reflected strong fiscal capacity, effective oversight, internal controls, comprehensive reporting and monitoring; demonstrating a history of compliant effective management. TCAction firmly adheres to all Government Auditing and Government Performance and Results Act; including meeting the requirements of OMB Federal Single Audit Act (Circular A-133) and Cost Principles for Non-Profit Law (Circular A-122), the Head Start Act, 45 CFR 74, 45 CFR 92 as well as New York State's Not-for-Profit laws. Strong financial controls, qualified staff and active governance by Policy Council and the Board of Directors has been demonstrated by TCAction's long and successful history of effective implementation of Federal grants through strong compliant program management. Annually, a Single Independent Audit is conducted and Financial Statements prepared; drafts are reviewed, discussed and presented to both Policy Council and the Board for approval. Every five years TCAction solicits Requests for Proposal for Agency audit contract. Financial Statements are submitted directly to funders and filed with Federal Clearing House. Results of TCAction's Single Audits have had no Findings, Material Weaknesses or Significant Deficiencies, qualifying the agency as a low risk auditee. TCAction's Accounting & Financial Policies and Procedures Manual is reviewed by the TCAction Board of Directors every two years and updated whenever necessary.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

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: Amici House Update

3. Project Status: Standard

4. Component Type: PH

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

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 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

8. Does this project include Replacement Reserves? No

3B. Project Description

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

Amici House addresses a gap of services in our community by providing permanent housing for homeless young adults and their children by offering safe and affordable housing connected to supportive services and early childhood programming. We developed 23 units of enhanced studios designed with flexibility to include very young children, when applicable. This building is connected to our main office building located at 701 Spencer Road, Ithaca, New York. In our initial application we requested funding for only 16 units and an expansion of an additional 13 units. This application combines the renewal and the expansion into one project request. The design includes a commercial training kitchen connected to a meeting/training space for meals and program events. Additionally, on the first floor there is an office, a case conferencing room, access to computers and printers, and a play room for young children. There are five apartments on the second floor with three additional staff offices. There are six apartments on the third floor with a laundry room. There are six apartments on the fourth floor with essential storage space set aside. On the fifth floor there are six apartments and a second laundry room. Each apartment has its own full bath and kitchenette that includes a sink, a stove top, a microwave, and under-counter refrigerator. In each enhanced studio there is livable space to accommodate "two heartbeats" usually a single individual, a couple, or an individual with a young child.

TCAction is the Early Head Start/Head Start (HS/EHS) Grantee in Tompkins County. For over 50 years the agency has provided a two generational approach for supporting families and we have an understanding of the particular challenges they face. This Supportive Housing Program is supporting a two-generation approach to meet the needs of both parents and their young children experiencing homelessness by developing and strengthening partnerships across housing and early childhood programs and systems to obtain and sustain housing, achieve stability, ensure positive early experiences, and promote well-being for the whole family.

Applications were made to support services and programming at Amici House through the Continuum of Care Supportive Housing Grant through HUD and the NYS Empire State Supportive Services Housing Initiative. Fortunately we were successful in securing funding in all of the aforementioned sources. We met City of Ithaca Site Plan review Planners all with favorable outcomes. The City of Ithaca Board of Zoning Appeals approved the Area Variances at the November 28, 2016 meeting. The final Site Plan Review meeting was scheduled for December 2016 and the outcome was in TCAction's favor. Our Development Team, made up of TCAction (owner), Ithaca Neighborhood Housing Services (consultant), Schickel Architecture (architect) and Welliver McGuire (contractor), carried out and we received the Amici House Certificate of occupancy in January 2019.

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

New Project Application FY2019	Page 22	08/12/2019
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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?	1	0	0	0
Participants begin to occupy leased units or structure(s), and supportive services begin?	1	0	0	0
Leased or rental assistance units or structure, and supportive services near 100% capacity?	1	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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" 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.

Amici House is already in operational phase. The requested funds would allow us to combine our application for renewal and expansion into one project moving forward.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

TCAAction owns the two project sites, The Corn Street Apartments (6 units) and Amici House (23 units) both located in the City of Ithaca.

8. Will more than 16 persons live in one structure? Yes

a. Describe the local market conditions that necessitate a project of this size.

Tompkins County is experiencing a housing crisis that needs units for all income levels in order to meet the needs of the community. Tompkins County has a rental vacancy rate of 4% with the City of Ithaca having a rate of less than 1%. Amici House provides needed units within the City of Ithaca and serves a special needs population.

b. Describe how the project will be integrated into the neighborhood.

We enjoyed strong community support from our partners and community leaders to develop Amici House and the adjacent Harriet Giannelis Childcare Center. We held two community meetings on June 10, 2016 and November 15, 2016 to provide an opportunity to answer questions and address concerns. Our community supports the Amici House Project to provide supportive housing for young families in our community who are experiencing homelessness, along Head Start/Early Head Start programming, when applicable.

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the

applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: NY1086

1b. Eligible Renewal Grant Project Name: Amici House and Amici House Expansion

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	16
# of units	16
# of beds	16
New effort	
# of additional persons served at a point in time that this project will provide	29
# of additional units this project will provide	29
# of additional beds this project will provide	26

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health and safety standards? 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.

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

As an important component of all of TCAAction’s Supportive Housing Programs responsible tenancy habits are integrated into the programming. Each resident is held accountable for timely rent payments, lease compliance and maintaining their home in a way that meets the Health and Safety Inspection. These housing sustainability skills are important while a resident, as well as, after the resident transitions into a different rental situation. We expect that for many of our young residents this is their first rental experience. Staff provides the support, encouragement and accountability necessary to prepare the young person for real world housing responsibilities and life skills stability. We have determined the best way to serve our residents is to bring as many services as close as possible. We support job training activities with food service training in the kitchen, life skill programming in the training space, and encourage responsible tenancy practices throughout the building.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

TCAAction Supportive Service staff; Supportive Housing Manager, Supportive Housing Coordinators, and Resident Assistants encourage adherence to the lease agreement as well as support goal planning activities and personalized skill building tailored to each resident’s individual and family needs through an Individualized Service Plan. In addition, staff members provide support to promote self-sufficiency in areas such as life skills, financial literacy, job preparation and skill building, as well as, educational tutoring for High School

Equivalency Exam preparation, child and family development and family reunification. The Resident Assistants provide a staff presence, monitor for lease compliance, and maintain the residence during non-traditional hours. Linking baseline support services to Head Start/Early Head Start program services provides safe, appropriate childcare, enhanced parenting skill development as well as support opportunities for young families to participate in training opportunities, obtain and maintain employment.

When a resident needs specialized support such as substance abuse counseling, mental health counseling or legal advice, the Supportive Program Coordinator under the supervision of the Supportive Housing Manager helps establish connections to our community partners such as Cayuga Addiction Recovery Services, the Alcohol and Drug Council of Tompkins County, Tompkins County Family Treatment Court, Tompkins County Drug Court, Tompkins County Mental Health Court, Tompkins County Department of Social Services, Tompkins County Youth Services Bureau, Tompkins County Mental Health Services, Southern Tier Aids Program, Planned Parenthood, Ithaca Health Alliance, Southern Tier Care Coordination, The Finger Lakes Independence Center, Legal Assistance of Western New York, The Advocacy Center, and other appropriate partners.

We also work in collaboration with many community partners to enhance each resident's individualized education or employment goal plans. These entities include The Women's Opportunity Center, Tompkins Seneca Tioga BOCES, The Learning Web, Tompkins County Workforce New York (we have held a partner seat on this Board for decades), Challenge Workforce Solutions, the Hospitality Employment Training Program, Cornell Cooperative Extension of Tompkins County and various other local employers. Supportive Services staff assist the resident by convening the appropriate resources with the resident's consent to develop plans of action. We have found that facilitating communication and bringing a resident's support team together allows everyone to serve the resident better and solidify steps to success.

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	Partner	As needed
Case Management	Applicant	Daily
Child Care	Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	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	Applicant	As needed

Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Applicant	As needed
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: 29

Total Beds: 42

Total Dedicated CH Beds: 42

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	23	36
Clustered apartments	---	6	6

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 23

b. Beds: 36

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 36

This includes both the “dedicated” and “prioritized” beds.

4. 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: 665 Spencer Rd

Street 2:

City: Ithaca

State: New York

ZIP Code: 14850

***5. 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

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 6

b. Beds: 6

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 6

This includes both the “dedicated” and “prioritized” beds.

4. 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: 301-309 S Corn St

Street 2:

City: Ithaca

State: New York

ZIP Code: 14850

***5. 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	20	9	0	29
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0		0
Persons ages 18-24	20	9		29
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	40	9	0	49

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	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	4	0	6	7	0	0	3
Children under age 18	0			0	0	0	0	0	0	20
Total Persons	0	0	0	4	0	6	7	0	0	23

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	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	3	0	3	3	0	0	0
Total Persons	0	0	0	3	0	3	3	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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulation referred to above are youth without any other

underlying conditions such as chronic substance abuse, mental illness, etc.

6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

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 & Human Services	14%	5,365,183

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:**

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X

Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6F. Supportive Services Budget

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	SHP Coordinator salary	\$12,500
2. Assistance with Moving Costs		
3. Case Management	SHP Coordinator salary	\$15,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	SHP Coordinator salary	\$10,000
9. Legal Services		
10. Life Skills	SHP Coordinator salary	\$12,500
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	SHP Coordinator salary	\$9,000
16. Utility Deposits		
17. Operating Costs	additional maintenance salary and operating costs	\$1,814
Total Annual Assistance Requested		\$61,314
Grant Term		1 Year
Total Request for Grant Term		\$61,314

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

Annual Assistance Requested: This is a required field. 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 operating the housing or supportive services facility.

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. Maintenance/Repair	Facility staff salary and repairs	\$14,955
2. Property Taxes and Insurance	Portion of liability and other insurance	\$1,500
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Additional utility expenses for electric and gas with NYSEG and increased water/sewer from City of Ithaca	\$9,073
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$25,528
Grant Term		1 Year
Total Request for Grant Term		\$25,528

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:	\$23,175
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$23,175

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	01/01/2019	\$23,175

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:** 01/01/2019
- 6. Value of Written Commitment:** \$23,175

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	\$0	1 Year	\$0
4. Supportive Services	\$61,314	1 Year	\$61,314
5. Operating	\$25,528	1 Year	\$25,528
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$86,842
8. Admin (Up to 10%)			\$5,857
9. Total Assistance Plus Admin Requested			\$92,699
10. Cash Match			\$23,175
11. In-Kind Match			\$0
12. Total Match			\$23,175
13. Total Budget			\$115,874

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Proof of NonProfi...	08/12/2019
2) Other Attachment(s)	No	Indirect Rate Agr...	08/12/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description: Proof of NonProfit status

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: 08/12/2019

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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

New Project Application FY2019	Page 49	08/12/2019
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2019
1E. SF-424 Compliance	08/10/2019
1F. SF-424 Declaration	08/10/2019
1G. HUD 2880	08/10/2019
1H. HUD 50070	08/10/2019
1I. Cert. Lobbying	08/10/2019
1J. SF-LLL	08/10/2019
2A. Subrecipients	No Input Required
2B. Experience	08/12/2019
3A. Project Detail	08/12/2019
3B. Description	08/12/2019
3C. Expansion	08/12/2019
4A. Services	08/12/2019
4B. Housing Type	08/12/2019
5A. Households	08/12/2019
5B. Subpopulations	08/12/2019
6A. Funding Request	08/12/2019
6F. Supp Srvcs Budget	08/12/2019
6G. Operating	08/12/2019
6I. Match	08/12/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/12/2019
7D. Certification	08/12/2019



REC'D JUN 28 1967

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
34 WEST MOHAWK STREET
BUFFALO, NEW YORK 14202

June 23, 1967

BUF-E0-67-118

IN REPLY REFER TO

Form L-178

AU:F:14:FGW

Tompkins County Economic Opportunity Corporation
121 East Court Street
Ithaca, New York 14850

PURPOSE Educational, Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE Buffalo, New York	
FORM 990-A RE- QUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACCOUNTING PERIOD ENDING March 31

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

John E. Foley
John E. Foley
District Director

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 10, 2002

Person to Contact:

Kaye Keyes 31-07416
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

16-0910547

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

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1967, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

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

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

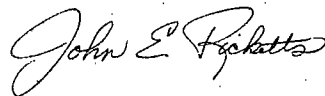
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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

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

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in cursive script that reads "John E. Ricketts".

John E. Ricketts, Director, TE/GE
Customer Account Services

NONPROFIT RATE AGREEMENT

EIN: 160910547

DATE:11/16/2018

ORGANIZATION:

FILING REF.: The preceding agreement was dated 10/18/2017

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	04/01/2017	03/31/2018	14.20	On-Site	All Programs
PROV.	04/01/2018	03/31/2020	14.40	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: 11/16/2018

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 04/01/17 - 03/31/18, 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 04/01/18 - 03/31/20, salaries and wages of agency-wide employees are as follows: Executive Director, Deputy Director/CFO, Human Resources Director, Information Technology Director, Finance 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 miscellaneous.

(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: 11/16/2018

(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, 2018, the rate of compensation for an Executive Level II is \$189,600 per year.

(5) Your next proposal based on actual costs for the fiscal year ending 03/31/19 is due in our office by 09/30/19.

ORGANIZATION: Tompkins Community Action, Inc.

AGREEMENT DATE: 11/16/2018

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)

WASHA

(SIGNATURE)

LEE DILLON

(NAME)

EXECUTIVE DIRECTOR

(TITLE)

11/20/18

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes
Digitally signed by Darryl W. Mayes-S
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People,
0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes-S
Date: 2018.11.20 06:45:54 -0500

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

11/16/2018

(DATE) 6832

HHS REPRESENTATIVE: Regina DiGennaro

Telephone: (212) 264-2069