

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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/09/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NY1204

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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 | |
|--|--------------------------------|-----------|---------------|--|

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: Rapid ReHousing

16. Congressional District(s):

a. Applicant: NY-023
(for multiple selections hold CTRL key)

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: 08/09/2019

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@taction.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: \$53,036.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Rapid ReHousing 701 Spencer Road Ithaca New York

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

Part I Threshold Determinations

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

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

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

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

I AGREE:

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

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

Date Signed: 08/08/2019

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; | |

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 documentation is true and accurate. I

X

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: 08/09/2019

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: 08/09/2019

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@taction.org

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

Date Signed: 08/09/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This grant is in year 1 of operation and does not have an APR due at this time.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

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

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?** No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

| Organization | Type | Type | Sub-Award Amount |
|-----------------------------|------|------|------------------|
| This list contains no items | | | |

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NY1204

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: NY-510 - Ithaca/Tompkins County CoC

2b. CoC Collaborative Applicant Name: Human Services Coalition of Tompkins County, Inc.

3. Project Name: Rapid ReHousing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

3B. Project Description

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

Tompkins Community Action (TCAction) and the Advocacy Center of Tompkins County (Advocacy Center) partner to provide Rapid Rehousing Program (RRP) that serves victims of domestic violence who are experiencing homelessness in Tompkins County. RRP provides medium term financial assistance that includes a security deposit, ongoing rental assistance up to twelve months and supportive services to promote housing stability.

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

In addition to immediately addressing the barriers and securing housing, ongoing supportive services continue with the Advocacy Center who provide trauma informed, survivor driven case management services for victims of domestic violence enrolled in RRP. Services will be holistic and include flexible case management that addresses a range of survivor needs including: physical and emotional safety; housing and economic stability; employment; and community connections including application assistance to access mainstream benefits. The ultimate goal is to secure housing and maintain positive tenancy until permanent rental assistance with the Housing Choice Voucher Program becomes available.

Our experience has shown that providing short term rental assistance partnered with supportive services is an effective way to ameliorate the effects of homelessness and poverty, while enhancing the outcomes for people experiencing homelessness. This RRP will support the community goal of increasing the affordability of existing units by providing security deposit assistance and ongoing rental assistance. The program targets very low income individuals and families experiencing homelessness seeking safety and shelter with the Advocacy Center. Our partnership brings together housing expertise and specialized service delivery for victims of domestic and sexual violence which will provide the maximum amount of quality support to ensure the success of the enrolled households.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

| | | | |
|------------------|-------------------------------------|-------------------|-------------------------------------|
| Chronic Homeless | <input checked="" type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
|------------------|-------------------------------------|-------------------|-------------------------------------|

| | | | |
|------------------------|--------------------------|-----------------------------------|--------------------------|
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families with Children | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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"/> |

3c. 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"/> |

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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

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

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Units: 3

Total Beds: 5

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

4B. Housing Type and Location Detail

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

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

a. Units: 3

b. Beds: 5

3. Address

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

Street 1: 701 Spencer Road

Street 2:

City: Ithaca

State: New York

ZIP Code: 14850

**4. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

369109 Tompkins County, 363168 Ithaca

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 2 | 1 | 0 | 3 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Adults over age 24 | 1 | 1 | | 2 |
| Persons ages 18-24 | 1 | 0 | | 1 |
| Accompanied Children under age 18 | 2 | | 0 | 2 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 4 | 1 | 0 | 5 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

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

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

| | | | | | | | | | | |
|-------------------------------------|---|--|--|---|---|---|---|---|---|---|
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

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

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

a. Please complete the indirect cost rate schedule below:

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
| Health and Human Services | 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. Renewal Grant Term: 1 Year

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

| | |
|----------------------------|---|
| Rental Assistance | X |
| Supportive Services | X |
| HMIS | |

6C. Rental Assistance Budget

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

| Total Request for Grant Term: | | \$39,672 | |
|-------------------------------|----------------------------------|-----------------------|---------------|
| Total Units: | | 3 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | NY - Ithaca, NY MSA (3610999999) | 3 | \$39,672 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

**Does the applicant request rental assistance
 funding for less than the area's per unit size
 fair market rents?**

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|---------------------------|---|-------------------------|---------------------------------|---|-----------|---|---------------------------------|
| SRO | 0 | x | \$701 | | x | 12 | = | \$0 |
| 0 Bedroom | 0 | x | \$935 | | x | 12 | = | \$0 |
| 1 Bedroom | 1 | x | \$978 | | x | 12 | = | \$11,736 |
| 2 Bedrooms | 2 | x | \$1,164 | | x | 12 | = | \$27,936 |
| 3 Bedrooms | 0 | x | \$1,495 | | x | 12 | = | \$0 |
| 4 Bedrooms | 0 | x | \$1,898 | | x | 12 | = | \$0 |
| 5 Bedrooms | 0 | x | \$2,183 | | x | 12 | = | \$0 |
| 6 Bedrooms | 0 | x | \$2,467 | | x | 12 | = | \$0 |
| 7 Bedrooms | 0 | x | \$2,752 | | x | 12 | = | \$0 |
| 8 Bedrooms | 0 | x | \$3,037 | | x | 12 | = | \$0 |
| 9 Bedrooms | 0 | x | \$3,322 | | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 3 | | | | | | | \$39,672 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$39,672 |

Click the 'Save' button to automatically calculate totals.

6D. 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: | \$13,259 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$13,259 |

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 | Government | Tompkins County | 01/01/2019 | \$13,259 |

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:** \$13,259

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$39,672 |
| 3. Supportive Services | \$8,864 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$48,536 |
| 7. Admin (Up to 10%) | \$4,500 |
| 8. Total Assistance plus Admin Requested | \$53,036 |
| 9. Cash Match | \$13,259 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$13,259 |
| 12. Total Budget | \$66,295 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachmenbt | No | Indirect Rate Agr... | 08/08/2019 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Rate Agreement

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

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

C. Explanation.

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

Name of Authorized Certifying Official Lee Dillon

Date: 08/09/2019

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 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.

Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |

| | |
|-------------------|-------------------------------------|
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates needed to Project Description and budget updates (indirect rate update and match update)

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

| Page | Last Updated |
|---|--------------------|
| 1A. SF-424 Application Type | 08/08/2019 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/08/2019 |
| Renewal Project Application FY2019 | Page 45 08/09/2019 |

| | |
|------------------------------------|-------------------|
| 1E. SF-424 Compliance | 08/08/2019 |
| 1F. SF-424 Declaration | 08/08/2019 |
| 1G. HUD-2880 | 08/08/2019 |
| 1H. HUD-50070 | 08/08/2019 |
| 1I. Cert. Lobbying | 08/08/2019 |
| 1J. SF-LLL | 08/08/2019 |
| Recipient Performance | 08/08/2019 |
| Renewal Expansion | 08/08/2019 |
| Renewal Grant Consolidation | 08/08/2019 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/09/2019 |
| 3B. Description | 08/08/2019 |
| 4A. Services | 08/08/2019 |
| 4B. Housing Type | 08/08/2019 |
| 5A. Households | 08/08/2019 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 08/08/2019 |
| 6C. Rental Assistance | 08/08/2019 |
| 6D. Match | 08/08/2019 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/08/2019 |
| 7B. Certification | 08/09/2019 |
| Submission Without Changes | 08/08/2019 |

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