

## **Before Starting the Project Application**

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## **1A. SF-424 Application Type**

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/24/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. SF-424 Legal Applicant

## 8. Applicant

**a. Legal Name:** Corporation for AIDS Research, Education and Services, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 14-1731746

	<b>c. Organizational DUNS:</b>	070919852	PLUS 4	
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## d. Address

**Street 1:** 200 Henry Johnson Blvd. Suite 4

**Street 2:**

**City:** Albany

**County:** Albany

**State:** New York

**Country:** United States

**Zip / Postal Code:** 12210

## e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Michelle

**Middle Name:**

**Last Name:** Sandoz-Dennis

**Suffix:**

**Title:** Continuum of Care Coordinator

**Organizational Affiliation:** Corporation for AIDS Research, Education and Services, Inc.

**Telephone Number:** (518) 489-4130

**Applicant:** Corporation for AIDS Research, Education and Services, Inc.

070919852

**Project:** Saratoga North County Planning Project (2018)

165156

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**Extension:** 102

**Fax Number:** (518) 489-2237

**Email:** msandozdennis@caresny.org

## 1C. SF-424 Application Details

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

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** Saratoga North County Planning Project (2018)

**16. Congressional District(s):**

**a. Applicant:** NY-020

**b. Project:** NY-021, NY-020, NY-002  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 08/01/2018

**b. End Date:** 07/31/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mrs.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Chiarella

**Suffix:** MSW

**Title:** Executive Director

**Telephone Number:** (518) 489-4130  
(Format: 123-456-7890)

**Fax Number:** (518) 489-2237  
(Format: 123-456-7890)

**Email:** nchiarella@caresny.org

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

**Date Signed:** 08/24/2018



# 1G. HUD 2880

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

**Applicant/Recipient Information**

**1. Applicant/Recipient Name, Address, and Phone**

**Agency Legal Name:** Corporation for AIDS Research, Education and Services, Inc.

**Prefix:** Mrs.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Chiarella

**Suffix:** MSW

**Title:** Executive Director

**Organizational Affiliation:** Corporation for AIDS Research, Education and Services, Inc.

**Telephone Number:** (518) 489-4130

**Extension:** 105

**Email:** nchiarella@caresny.org

**City:** Albany

**County:** Albany

**State:** New York

**Country:** United States

**Zip/Postal Code:** 12210

**2. Employer ID Number (EIN):** 14-1731746

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$45,870

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Saratoga North County Planning Project (2018)  
200 Henry Johnson Blvd. Suite 4 Albany 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.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albany Housing Authority 200 S Pearl St, Albany, NY 12202	0206602367	Subrecieipient	\$1,315,380.00	27%
Albany Housing Coalition, Inc. 278 Clinton Ave, Albany, NY 12210	781158605	Subrecieipient	\$319,514.00	6%
Capital Area Peer Services 354 Central Ave, Albany, NY 12206	784602471	Subrecieipient	\$109,765.00	2%
Equinox, Inc. 500 Central Ave, Albany, NY 12206	170322101	Subrecieipient	\$399,303.00	8%
Homeless Action Committee, Inc. 393 N Pearl St, Albany, NY 12207	874218647	Subrecieipient	\$75,854.00	2%

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Nancy Chiarella, Executive Director

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

**Date Signed:** 07/18/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Corporation for AIDS Research, Education and Services, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### Sites for Work Performance.

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

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

Refer to addresses entered into the attached project application.

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

X

**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Nancy

**Middle Name**

**Last Name:** Chiarella

**Suffix:** MSW

**Title:** Executive Director

**Telephone Number:** (518) 489-4130  
**(Format: 123-456-7890)**

**Fax Number:** (518) 489-2237  
**(Format: 123-456-7890)**

**Email:** nchiarella@caresny.org

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

**Date Signed:** 08/24/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X
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**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:** Corporation for AIDS Research, Education and Services, Inc.

**Name / Title of Authorized Official:** Nancy Chiarella, Executive Director

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

**Date Signed:** 08/24/2018

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** Corporation for AIDS Research, Education and Services, Inc.

**Street 1:** 200 Henry Johnson Blvd. Suite 4

**Street 2:**

**City:** Albany

**County:** Albany

**State:** New York

**Country:** United States

**Zip / Postal Code:** 12210

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

I certify that this information is true and



**complete.**

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Chiarella

**Suffix:** MSW

**Title:** Executive Director

**Telephone Number:** (518) 489-4130  
**(Format: 123-456-7890)**

**Fax Number:** (518) 489-2237  
**(Format: 123-456-7890)**

**Email:** nchiarella@caresny.org

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

**Date Signed:** 08/24/2018

## 2A. Project Detail

**1a. CoC Number and Name:** NY-523 - Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC

**1b. Collaborative Applicant Name:** Corporation for AIDS Research, Education and Services, Inc.

**2. Project Name:** Saratoga North County Planning Project (2018)

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

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

Funding through this project will be used to coordinate the implementation of a housing and service system to prevent and end homelessness within the Saratoga North County (SNC) CoC. Proposed planning activities fall within four categories: 1) coordination; 2) project evaluation, monitoring and CoC compliance; 3) professional development and training; and 4) CoC application development. Coordination activities will focus on engaging systems partners using the recently drafted Saratoga North County Strategic Plan to End Homelessness. Planning staff will conduct client focus groups, track outcomes and milestones noted within the Plan and develop an annual progress report for community review. Activities focused on project evaluation, monitoring, and CoC compliance will include the review/realignment of CoC program performance targets, system performance measures, and written standards to ensure a systemic response to homelessness. Grant funds will be used to allow staff to work directly with the Data and Goals Committee to monitor and evaluate CoC and state funded ESG programs and provide technical assistance; ensuring each program is meeting or working towards community developed priorities. Planning staff will also review and monitor system performance measures to assess progress in meeting the needs of people experiencing homelessness in the community and will coordinate and submit the annual PIT and HIC reports. Specific CoC compliance activities will include staff coordination with the CoC to ensure the coordinated entry (CE) system is operating within the parameters of the CE policy and procedure manual. Additional compliance activities will include facilitating CoC Board selection, scheduling and facilitating Board meetings, ensuring public invitations for CoC Membership meetings, encouraging representation at the Board, Membership and Committee levels that reflect the community served, and facilitating the annual review of CoC By-Laws. Under the third category, professional training and development, staff will continue to plan and host trainings and workshops on topics such as addressing racial inequity in homelessness, Housing First, Trauma-Informed Care, landlord engagement and serving survivors of domestic violence. Within activities under the fourth category, CoC application development, planning funds will be used to coordinate and submit the annual CoC application. Staff will ensure completion of the consolidated application and will work with the Rank and Review Committee/Board to establish annual priorities for funding projects and will work with key community stakeholders to ensure a collaborative process for developing, approving, and submitting project applications in response to the NOFA is conducted.

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

The proposed schedule, management plan, and method for assuring effective and timely completion of work is based on the current successful structure. The

goal of the project is to ensure the CoC is compliant with regulations, and is steadily on the path to ending homelessness. Activities focused on implementing the SNC CoC strategic plan will begin immediately and will continue throughout the grant, as this is a key activity in coordinating the implementation of a housing and service system that will prevent and end homelessness within the CoC. Activities focused on compliance will continue from the current grant and will occur on a quarterly basis as review of system performance data, APRs and peer monitoring occur. Activities focused on professional development and trainings will begin immediately and will continue throughout the grant. Activities focused on preparing the application for CoC funds will begin immediately but will mainly occur during the time period directly after the NOFA is released. The management plan in place will ensure timely start/continuation of the project if awarded. All proposed activities are overseen by the CoC Unit Director who reports to CARES Executive Director and the CoC Board of Directors. Proposed funding will support a portion of six staff positions (.68 FTE) in order to complete the proposed activities. These positions will be dedicated to community outreach and strategic planning, monitoring and compliance, system performance and coordinated entry. The management Plan will include regular oversight of documented proposed activities by the Board. The Director of the Continuum of Care Unit will report quarterly at Board Meetings on progress. In order to ensure accountability, the Collaborative Applicant's Scope of Work is reviewed annually, documenting anticipated activities and is available to full membership on CARES' website. In addition, semi-annually the Director will draft a memo to full membership detailing completed activities as well as next steps which will be posted on the website. This reporting will ensure effective and timely completion of all work.

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

Requested funds will improve the CoC's ability to evaluate outcomes of CoC and state funded ESG projects by allowing planning staff to continue to work collaboratively with the Data and Goals Committee, the CoC committee tasked with project evaluation and ongoing monitoring, and the New York State Office of Temporary and Disability Assistance (OTDA), the state ESG grantee. Current Planning funds allow dedicated staff to play an intricate role coordinating and implementing the Data Quality Plan (DQP) and CoC/ESG peer monitoring process. The project will further implement and facilitate the monitoring and evaluation process established under the current project funding. The project evaluation involves four main components: Annual Performance Report (APR) Reviews, HMIS Data Memos, Peer Technical Assistance Reviews, and program impact on Systems Performance. Project evaluation requires programs to annually submit APRs for review to the Continuum of Care Committee at least 60 days prior to submitting the APR to HUD to ensure data quality. In terms of HMIS Data Memos, Planning staff and the HMIS Lead collaboratively review HMIS data quality reports and provide joint technical assistance. Staff create Data Memos summarizing any issues related to Data Quality and Systems Performance, including data completeness, length of stay, successful destinations, housing stability, and client income development. Staff provide technical assistance to projects utilizing the Data Memos in coordination with the Data and Goals Committee to ensure corrective action as necessary. In addition, project operations are evaluated via the annual peer monitoring process. Data and Goals Committee members and Planning staff conduct

administrative monitoring of important project areas such as HMIS compliance, equal access to housing regardless of gender identity, housing quality standards, financial management, and homeless status and disability documentation. Planning staff draft a report on behalf of the Data and Goals Committees and develop a Corrective Action Plan if necessary. All reports are available to the Board for review. Planning staff, in conjunction with the HMIS lead also support ESG monitoring by providing HMIS data to the State Grantee for statewide review through a statewide Data Warehouse. With the proposed funding, dedicated staff will continue to implement the Plan and will develop next steps to ensure systems level performance monitoring and improvement. Staff will work to ensure effective and efficient evaluation of program outcomes, shifting the focus of outcomes from project specific to system-wide. In order to ensure systems level change and improvement, Planning staff will continue to work to educate the community on Systems Performance Measures and will monitor systems level performance for CoC and state funded ESG programs.

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

The community is hopeful that after five years of direct funding for the Saratoga North Country Planning project that HUD recognizes the value of continuing to fund this important project. However, if HUD financial assistance would expire, the Saratoga North Country CoC would utilize the cooperative relationships that have been established and request private and public funds in order to support the continued advancement of a well-developed, defined, and organized Continuum. Entities that could be approached are local philanthropic foundations, local financial institutions as well as local and county government. All of these entities have been involved within Coalition work and are aware of the importance of continued systems planning and evaluation in order to end homelessness.

### 3A. Governance and Operations

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

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

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

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

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

**a. Written agendas of CoC meetings?** Yes

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

**c. Process for monitoring outcomes of ESG recipients?** Yes

**d. CoC policies and procedures?** Yes

**e. Written process for board selection?** Yes

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

**g. Written standards for administering assistance?** Yes

**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

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

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Saratoga County Housing Committee	This committee is responsible for conducting an annual Point in Time (PIT) count, assisting the Collaborative Applicant in preparing and submitting the Continuum of Care (CoC) application, conducting homeless awareness activities, participating in local planning, and any other activities identified and voted on by the membership.	Monthly	City of Saratoga, Domestic Violence and Rape Crisis Center, Shelters of Saratoga, TSA, Saratoga Rural Preservation Co., Mother Anderson Family Shelter, and CARES, Inc.
Warren/Washington/Hamilton County Housing Committee	This committee is responsible for conducting an annual Point in Time (PIT) count, assisting the Collaborative Applicant in preparing and submitting the Continuum of Care (CoC) application, conducting homeless awareness activities, participating in local planning, and any other activities identified and voted on by the membership.	Monthly	Office of Comm. Services for Warren/Washington Counties, Warren, Washington & Hamilton Community Action Programs, WAIT House, Adirondack Vets House, and Glens Falls Housing Authority
Data and Goals Committee	The purpose of this committee is to review and discuss program performance and HMIS data quality issues, as well as review the Continuum's goals and performance; review the previous year's Continuum of Care application and review the Grant Inventory Worksheet.	Quarterly	WAIT House, Adirondack Vets House, Saratoga County Rural Preservation Company, City of Saratoga Springs, Shelters of Saratoga, Office of Community Services for Warren and Washington Co., and Warren, Washington, & Hamilton Community Action Programs
Coordinated Assessment Committee	The purpose of this committee is to develop a coordinated entry system and oversee the process.	Monthly	Transitional Services Association, Captains, RPC, Warren Washington Association for Mental Health, Well Springs, Shelters of Saratoga, Saratoga Housing Authority, Soldier On
HMIS Advisory Committee	The purpose of this committee is to work with the Homeless Management Information System (HMIS) system administrator to ensure proper and effective HMIS policies and procedures.	Quarterly	Saratoga County Rural Preservation Company and WAIT House

### 4A. Sources of Match

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

#### Summary for Match

Total Value of Cash Commitments:	\$11,600
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,600

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	HOPWA VAWA Grant	08/14/2018	\$11,600



## Sources of Match Details

**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:** HOPWA VAWA Grant  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/14/2018

**6. Value of Written Commitment:** \$11,600

## 4B. Funding Request

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

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

**3. Select a grant term:** 1 Year

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

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Staff time and benefits (.17 FTE and travel)	\$11,476
<b>2. Project Evaluation</b>	Staff time and benefits (.14 FTE and travel)	\$9,175
<b>3. Project Monitoring Activities</b>	Staff time and benefits (.17 FTE and travel)	\$11,476
<b>4. Participation in the Consolidated Plan</b>		
<b>5. CoC Application Activities</b>	Staff time and benefits (.17 FTE and travel)	\$11,476
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>		
<b>8. HUD Compliance Activities</b>	Staff time and benefits (.03 FTE and travel)	\$2,267
<b>Total Costs Requested</b>		\$45,870
<b>Cash Match</b>		\$11,600
<b>In-Kind Match</b>		\$0
<b>Total Match</b>		\$11,600
<b>Total Budget</b>		\$57,470

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

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	HOPWA Vawa letter...	08/14/2018
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** HOPWA Vawa letter for 2019

## **Attachment Details**

**Document Description:**

## **5B. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

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

**1-Year Operation Rule.**

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

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Nancy Chiarella

**Date:** 08/24/2018

**Title:** Executive Director

**Applicant Organization:** Corporation for AIDS Research, Education and Services, Inc.

**PHA Number (For PHA Applicants Only):**

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

X

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	07/30/2018
<b>1E. SF-424 Compliance</b>	07/30/2018
<b>1F. SF-424 Declaration</b>	07/30/2018
<b>1G. HUD 2880</b>	07/30/2018
<b>1H. HUD 50070</b>	07/30/2018
<b>1I. Cert. Lobbying</b>	07/30/2018
<b>1J. SF-LLL</b>	07/30/2018
<b>2A. Project Detail</b>	07/30/2018

<b>2B. Description</b>	08/24/2018
<b>3A. Governance and Operations</b>	08/02/2018
<b>3B. Committees</b>	08/02/2018
<b>4A. Match</b>	08/23/2018
<b>4B. Funding Request</b>	08/23/2018
<b>5A. Attachment(s)</b>	08/14/2018
<b>5B. Certification</b>	08/15/2018





August 14, 2018

RE: Saratoga North Country Planning Grant Match

CARES, Inc. is in receipt of a grant from the Unity House of Troy, Inc. in the amount of \$297,467 for the term of 10/1/2016-9/30/2019 of which \$11,600 will be utilized to support CARES' Planning and CoC related activities for 2019. These funds are utilized in the Saratoga Community and are not restricted and may be used as match for the FY18 Saratoga County CoC Planning Grant.

Nancy Chiarella  
Executive Director  
CARES, Inc.