

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 2019 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 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 Continuum of Care (CoC) Program Competition. For more information see the 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 Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/18/2019

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: CARES of NY, Inc.

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

	c. Organizational DUNS:	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: CARES of NY, Inc.

Telephone Number: (518) 489-4130

Extension: 102

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

070919852

Project: Albany CoC Planning Project (2019)

174192

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-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: Albany CoC Planning Project (2019)

16. Congressional District(s):

a. Applicant: NY-020

b. Project: NY-020

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 09/01/2020

b. End Date: 08/31/2021

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: 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: 09/18/2019

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: CARES of NY, Inc.

Prefix: Mrs.

First Name: Nancy

Middle Name:

Last Name: Chiarella

Suffix: MSW

Title: Executive Director

Organizational Affiliation: CARES of NY, 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: \$162,499

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Albany CoC Planning Project (2019) 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			Financial Interest	Financial Interest
FY2019 CoC Planning Project Application				

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	in Project/Activity (\$)	in Project/Activity (%)
Albany Housing Authority 200 S Pearl St, Albany, NY 12202	0206602367	Subrecieipient	\$1,349,088.00	22%
Albany Housing Coalition, Inc. 278 Clinton Ave, Albany, NY 12210	781158605	Subrecieipient	\$324,077.00	5%
Capital Area Peer Services 354 Central Ave, Albany, NY 12206	784602471	Subrecieipient	\$111,482.00	2%
Equinox, Inc. 500 Central Ave, Albany, NY 12206	170322101	Subrecieipient	\$693,451.00	11%
Homeless Action Committee, Inc. 393 N Pearl St, Albany, NY 12207	874218647	Subrecieipient	\$76,854.00	1%

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: Nancy Chiarella, Executive Director

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

Date Signed: 09/18/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: CARES of NY, 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: 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: 09/18/2019

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: CARES of NY, Inc.

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

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

Date Signed: 09/18/2019

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: CARES of NY, 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.

X

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: 09/18/2019

2A. Project Detail

1a. CoC Number and Name: NY-503 - Albany City & County CoC

1b. Collaborative Applicant Name: CARES of NY, Inc.

2. Project Name: Albany CoC Planning Project (2019)

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 Albany County 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 as noted within the Albany County Strategic Plan to End Homelessness; specifically, stakeholders from the foster care, criminal justice, health, mental and behavioral health and code enforcement systems. Planning staff will continue to support the CoC in coordinating efforts with homelessness prevention providers to access additional prevention funds from private funders. Planning staff will continue to 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 Operations Committee to monitor and evaluate CoC and ESG programs and provide technical assistance, ensuring each program is meeting or working towards community determined priorities. Planning staff will also review and monitor system performance measures to determine progress in meeting community homelessness needs 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 workshops on topics such as addressing racial inequity in homelessness, Housing First, Trauma-Informed Care, landlord engagement and safety planning for 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; will work with the Board to establish annual priorities for funding projects; and will work with community stakeholders to ensure a collaborative process for developing, approving, and submitting project applications.

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 Albany 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 monthly 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 (2.2 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 monthly 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 reports to full membership detailing completed activities as well as upcoming activities 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 ESG projects by allowing planning staff to continue to work collaboratively with the CoC Operations Committee and the City of Albany. Current Planning funds allow dedicated staff to play an intricate role coordinating and implementing the Data Quality Plan (DQP) and the CoC/ESG peer monitoring process. Project funding will allow staff to further implement and facilitate the monitoring and evaluation process. Project evaluation involves four main components: Annual Performance Report (APR) Reviews, HMIS Data Memos, Peer Technical Assistance Reviews, and review of program impact on Systems Performance. Project evaluation requires programs to annually submit APRs for review to Planning staff and the Operations 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 Operations Committee to ensure corrective action as necessary. In addition, project operations are evaluated annually via a peer monitoring. Operations Committee members and Planning staff monitor 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 Operations Committees and develop a Corrective Action Plan if necessary. All reports are available to the Board for review. Planning staff also support ESG monitoring by providing CAPER data to the City of Albany and by sharing this data with the Operations Committee. 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 ESG funded programs.

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

The community is hopeful that after six years of direct funding for the Albany Planning project that HUD recognizes the value of continuing to fund this important project. However, if HUD financial assistance would expire, the Albany 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, and local and county government. All of these entities have been involved in Coalition work, including the strategic planning process, 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
Governance Committee	The Governance Committee conducts an annual review of and recommends, as needed, actions to be taken with respect to the bylaws and governance charter related issues to ensure compliance with HUD requirements regarding membership and Board of Directors composition. It oversees the membership application and renewal process.	Bi-Monthly	Albany Damien Center, Albany County Department of Social Services,, and Equinox
Continuum of Care Operations Committee	The Committee prepares plans for review and approval by the Board, and carries out action plans approved by the Board with respect to: developing and establishing performance targets and outcomes, conducting evaluation and monitoring of program performance (including review of HMIS) and taking action, as warranted, in a constructive and positive manner, establishing written standards, and ensuring compliance with HUD requirements concerning the designation and operation of HMIS.	Monthly	HATAS, Support Ministries, St. Peter's Addictions Recovery, Albany Housing Coalition, and Town of Colonie
System Collaboration Committee	The System Collaboration Committee prepares plans for review and approval by the Board with respect to: coordinating with ESG program providers on ESG funding allocations, reporting and evaluation of program outcomes, establishing and operating a system for the assessment of needs of households seeking housing and services, facilitating dialogue and strategic action among public, private, and non-profit sectors to prevent and end homelessness, promoting affordable housing, consulting and coordinating with the State and City of Albany in the developing, updating, and implementation of the Consolidated Plans including established goals.	Bi-Monthly	Interfaith Partnership for the Homeless, Alliance for Positive Health, United Tenants of Albany, Legal Aid Society, Soldier On, St. Peter's Addiction Recovery Center, and Albany County Department of Social Services
NOFA Committee	The Committee prepares, plans, and makes recommendations for review by the Board of Directors and carries out action plans approved by the Board with respect to the design, operation, and following of a collaborative process for the development of funding applications including funding priorities and the number and type of applicants.	Quarterly	HATAS, Legal Aid, St. Catherine's for Children, Albany Housing Coalition, Rehab. Support Services, and Catholic Charities Community Maternity

Consumer Advisory Steering Committee	The role of the Consumer Advisory Steering Committee is to create a feedback loop between the CoC and the community - to inform and be informed; to gain insight into what is working well within the Continuum of services and what could be improved; and to build trust among the community and the CoC.	Bi-Monthly	Cap. District Physicians' Health Plan, Interfaith Partnership for the Homeless, St. Peter's Addictions Recovery, Katal Center, Street Soldiers, FOCUS Churches
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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:	\$40,625
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$40,625

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	City of Albany Gr...	08/02/2019	\$30,000
Yes	Cash	Government	OTDA Grant	08/02/2019	\$10,625

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:** City of Albany Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/02/2019
- 6. Value of Written Commitment:** \$30,000

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:** OTDA Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/02/2019
- 6. Value of Written Commitment:** \$10,625

4B. Funding Request

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

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

3. Select a grant term: 1 Year

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

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Staff Time and Benefits (.88 FTE) and Travel	\$65,001
2. Project Evaluation	Staff Time and Benefits (.44 FTE) and Travel	\$32,499
3. Project Monitoring Activities	Staff Time and Benefits (.44 FTE) and Travel	\$32,499
4. Participation in the Consolidated Plan	Staff Time and Benefits (.11 FTE) and Travel	\$8,125
5. CoC Application Activities	Staff Time and Benefits (.22 FTE) and Travel	\$16,250
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Staff Time and Benefits (.11 FTE) and Travel	\$8,125
Total Costs Requested		\$162,499
Cash Match		\$40,625
In-Kind Match		\$0
Total Match		\$40,625
Total Budget		\$203,124

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	ACCH Planning 50070	08/14/2019
2. Other Attachment(s)	No	FY19 Match	09/18/2019

Attachment Details

Document Description: ACCH Planning 50070

Attachment Details

Document Description: FY19 Match

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: 09/18/2019

Title: Executive Director

Applicant Organization: CARES of NY, Inc.

PHA Number (For PHA Applicants Only):

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

X

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/13/2019
1E. SF-424 Compliance	08/05/2019
1F. SF-424 Declaration	08/05/2019
1G. HUD 2880	08/05/2019
1H. HUD 50070	08/05/2019
1I. Cert. Lobbying	08/05/2019
1J. SF-LLL	08/05/2019
2A. Project Detail	08/05/2019

2B. Description	08/13/2019
3A. Governance and Operations	08/05/2019
3B. Committees	09/16/2019
4A. Match	08/05/2019
4B. Funding Request	08/05/2019
5A. Attachment(s)	09/18/2019
5B. Certification	08/14/2019

**HUD 50070 Certification for a Drug Free Workplace
Attachment Place of Performance Information- Albany County
CoC Planning Project (2019)**

Applicant Name: CARES Inc.

Applicant Address:

200 Henry Johnson
Suite 4
Albany, New York 12210

Program Activity: Continuum of Care

Project Name: Albany County CoC Planning
Project (2019)

Place of Performance:

200 Henry Johnson
Suite 4
Albany, New York 12210

September 16, 2019

RE: Match Letter for Albany County CoC Planning Grant Match

CARES of NY, Inc. will provide a cash match for the FY2019 Planning Grant for the Albany County CoC in the amount of \$40,625 from funds provided by the below contracts for the time period of 9/1/20 to 8/31/21.

1. Cash match - City of Albany CDBG grant in the amount of \$30,000
2. Cash match – NYS OTDA grant for the poverty reduction program in the amount of \$10,625



Nancy Chiarella
Executive Director



CITY OF ALBANY
DEPARTMENT OF DEVELOPMENT & PLANNING

KATHY M. SHEEHAN
Mayor

June 28, 2019

Ms. Nancy Chiarella
CARES / Albany County Coalition on Homelessness
200 Henry Johnson Blvd. Suite 4
Albany, NY 12210-1522

ECONOMIC DEVELOPMENT
21 Lodge Street
Albany, NY 12207-2104
518.434.2532
(f) 518.434.9846
Development@ci.albany.ny.us

Re: CDBG Year 45 Final Award: - CARES

Dear Ms. Chiarella:

**NEIGHBORHOOD &
LONG-RANGE PLANNING**
21 Lodge Street
Albany, NY 12207-2104
518.434.2532
(f) 518.434.9846
Albany2030@ci.albany.ny.us

It gives me great pleasure to notify you that the above-referenced project has been awarded \$30,000.00 in Community Development Block Grant funds for the ACDA program Year 45.

LAND USE PLANNING
Board of Zoning Appeals, Planning Board,
Historic Resources Commission
200 Henry Johnson Boulevard
Albany, NY 12210-1522
518.434.5240
(f) 518.434.5294
Planning@ci.albany.ny.us

Please note, the Community Development budget has been approved by the City's Common Council, and now requires approval by the United States Department of Housing and Urban Development.

Due to the delay in funding announcements at the Federal level, we do not know when our year 45 funds will be released. As with previous years, programming can begin, and once the funds are available and contracts have been executed, you will be able to voucher us for program related expenses back to June 1, 2019.

**ALBANY COMMUNITY
DEVELOPMENT AGENCY**
200 Henry Johnson Boulevard
Albany, NY 12210-1522
518.434.5265
(f) 518.434.5242
ECONOMIC DEVELOPMENT

You will be contacted shortly by a representative of the Albany Community Development Agency regarding contract requirements and to attend a mandatory contract meeting. In the meantime, If you have any questions, please feel free to contact us at 434-5265.

Thank you for your continued commitment to the City of Albany.

Sincerely,

Faye C. Andrews
Director, Albany Community Development Agency



[Back](#)

[Menu](#) [Forms Menu](#) [Status Changes](#) [Management Tools](#) [Progress Reports and Related Documents](#)

Document Information: [TDA01-ESPRI-2016-00011](#)

[Details](#)

Modification 3: Modification Complete: 06/05/2018 [GO](#)

CONTRACT VERSIONS

Instructions:

- Click a link below to view the version of the contract.

Version	Role	Person	Signature Status	File Link
Unsigned Contract	N/A	N/A	N/A	U-TDA01-C00288GG-3410000-P1-053018.pdf 05/30/2018 12:53:16 PM
Grantee Signed Contract	Grantee Signatory	Kirstin Jones	Grantee Signature Complete	G-TDA01-C00288GG-3410000-P1-053018.pdf 05/30/2018 1:10:19 PM
Agency Signed Contract	Agency Signatory	John Printup	Agency Signature Complete	A-TDA01-C00288GG-3410000-P1-060418.pdf 06/04/2018 3:25:50 PM
Attorney General Signed Contract	AG Signatory		AG Signature Complete	
OSC Approval	External		Contract Executed	
OSC Non-Approval	External		Contract Not Approved	

Offline Contract?

[Top of the Page](#)

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address): Office of Temporary & Disability Assistance 40 North Pearl Street Albany, NY 12243</p>	<p>BUSINESS UNIT/DEPT. ID: TDA01 CONTRACT NUMBER: TDA01-C00288GG-3410000 CONTRACT TYPE: <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME: CORPORATION FOR AIDS RESEARCH EDUCATION</p>	<p>TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME: CARES of NY, Inc.</p>	<p>PROJECT NAME: Empire State Poverty Reduction Initiative (ESPRI)</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000014215 Federal Tax ID Number: 141731746 DUNS Number (if applicable): 070919852</p>	<p>AGENCY IDENTIFIER: CFDA NUMBER (Federally Funded Grants Only):</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS: 200 HENRY JOHNSON BLVD STE 4 ALBANY, NY 12210 CONTRACTOR PAYMENT ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address CONTRACT MAILING ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Not-for-Profit Charities Registration Number: 05-18-53 Exemption State/Code: <input type="checkbox"/> Sectarian Entity</p>

Contract Number: # TDA01-C00288GG-3410000

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM:</p> <p>From: 04/01/2016 To: 03/31/2020</p> <p>CURRENT CONTRACT PERIOD:</p> <p>From: 04/01/2016 To: 03/31/2020</p> <p>AMENDED TERM:</p> <p>From: To:</p> <p>AMENDED PERIOD:</p> <p>From: To:</p>	<p>CONTRACT FUNDING AMOUNT</p> <p>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</p> <p>CURRENT: \$1,500,000.00</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> State</p> <p style="padding-left: 40px;"><input type="checkbox"/> Federal</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other</p>
---	---

FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT AND FUNDING AMOUNT:

(Out years represents projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

Contract Number: # TDA01-C00288GG-3410000

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

ATTACHMENTS PART OF THIS AGREEMENT:

- Attachment A: A-1 Program Specific Terms and Conditions
 A-2 Federally Funded Grants
- Attachment B: B-1 Expenditure Based Budget
 B-2 Performance Based Budget
 B-3 Capital Budget
 B-4 Net Deficit Budget
 B-1 (A) Expenditure Based Budget (Amendment)
 B-2 (A) Performance Based Budget (Amendment)
 B-3 (A) Capital Budget (Amendment)
 B-4 (A) Net Deficit Budget (Amendment)

Attachment C: Work Plan

Attachment D: Payment and Reporting Schedule

Other:

Contract Number: # TDA01-C00288GG-3410000

IN WITNESS THEREOF, the parties hereto have electronically executed or approved this Master Contract on the dates below their signature.

In addition, I, acting in the capacity as Contractor, certify that I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or officials, and as such I do agree, and I have the authority to agree, to all of the terms and conditions set forth in the Master Contract, including all appendices and attachments. I understand that (i) payment of a claim on this Master Contract is conditioned upon the Contractor's compliance with all applicable conditions of participation in this program and (if I am acting in the capacity as a not-for profit Contractor) the accuracy and completeness of information submitted to the State of New York through the Gateway vendor prequalification process and (ii) by electronically indicating my acceptance of the terms and conditions of the Master Contract, I certify that (a) to the extent that the Contractor is required to register and/or file reports with the Office of Attorney General's Charities Bureau ("Charities Bureau"), the Contractor's registration is current, all applicable reports have been filed, and the Contractor has no outstanding requests from the Charities Bureau relating to its filings and (b) all data and responses in the application submitted by the Contractor are true, complete and accurate. I also understand that use of my assigned User ID and Password on the State's contract management system is equivalent to having placed my signature on the Master Contract and that I am responsible for any activity attributable to the use of my User ID and Password. Additionally, any information entered will be considered to have been entered and provided at my direction. I further certify and agree that the Contractor agrees to waive any claim that this electronic record or signature is inadmissible in court, notwithstanding the choice of law provisions.

CONTRACTOR:
CORPORATION FOR AIDS RESEARCH EDUCATION

By: _____

Printed Name
Title: _____
Date: _____

In addition, the party below certifies that it has verified the electronic signature of the Contractor to this Master Contract.

STATE AGENCY:
Office of Temporary & Disability Assistance

By: _____

Printed Name
Title: _____
Date: _____

ATTORNEY GENERAL'S SIGNATURE
APPROVED AS TO FORM
By: _____
Printed Name
Title: _____
Date: _____

STATE COMPTROLLER'S SIGNATURE
By: _____
Printed Name
Title: _____
Date: _____