

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** UFA Fiscal Cost Project Application

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

**If "Other", specify:**

**3. Date Received:** 11/03/2021

**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

<b>c. Organizational DUNS:</b>	070919852	<b>PLUS 4</b>	
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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:** Deputy Director

**Organizational Affiliation:** CARES of NY, Inc.

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

**Extension:** 701  
**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-6400-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:** Rockland CoC UFA Project (2021)

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

**a. Applicant:** NY-020  
**b. Project:** NY-017  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 07/01/2022  
**b. End Date:** 06/30/2023

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

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

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

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

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

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

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Harrington

**Suffix:** MSW

**Title:** Executive Director

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

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

**Email:** nharrington@caresny.org

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

**Date Signed:** 11/03/2021

# 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:** Ms.  
**First Name:** Nancy  
**Middle Name:**  
**Last Name:** Harrington  
**Suffix:** MSW  
**Title:** Executive Director  
**Organizational Affiliation:** CARES of NY, Inc.  
**Telephone Number:** (518) 489-4130  
**Extension:** 700  
**Email:** nharrington@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

**4a. Total Amount Requested for this project:** \$42,278.00  
 (Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Rockland CoC UFA Project (2021) 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:

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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	\$1,425,534.00	18%
Albany Housing Coalition, Inc. 278 Clinton Ave, Albany, NY 12210	781158605	Subrecieipient	\$343,998.00	4%
Capital Area Peer Services 354 Central Ave, Albany, NY 12206	784602471	Subrecieipient	\$120,015.00	2%
Center for Safety & Change, Inc. 9 Johnsons Lane New City, NY 10956	55489392	Subrecieipient	\$277,722.00	3%
Equinox, Inc. 500 Central Ave, Albany, NY 12206	170322101	Subrecieipient	\$717,931.00	9%

**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 Harrington, Executive Director

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

**Date Signed:** 11/03/2021

# 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 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 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: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Nancy

**Middle Name**

**Last Name:** Harrington

**Suffix:** MSW

**Title:** Executive Director

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

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

**Email:** nharrington@caresny.org

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

**Date Signed:** 11/03/2021

## **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:** CARES of NY, Inc.

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

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

**Date Signed:** 11/03/2021

# 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:** Ms.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Harrington

**Suffix:** MSW

**Title:** Executive Director

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

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

**Email:** nharrington@caresny.org

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

**Date Signed:** 11/03/2021

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** CARES of NY, Inc.

**Prefix:** Ms.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Harrington

**Suffix:** MSW

**Title:** Executive Director

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

**Date Signed:** 11/03/2021

## 2A. 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:	\$0
Total Value of In-Kind Commitments:	\$10,570
Total Value of All Commitments:	\$10,570

**1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?**    No

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Type	Source	Contributor	Value of Commitments
In-Kind	Private	RCCC Board and Fi...	\$10,570

## Sources of Match Details

**1. Type of commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** RCCC Board and Fiscal Members Time  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Value of Written Commitment:** \$10,570

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 2B. Funding Request

**1. CoC Number and Name:** NY-606 - Rockland County CoC

**2. CoC Collaborative Applicant Name:** CARES of NY, Inc.

**3. Project Name:** Rockland CoC UFA Project (2021)

**4. Will it be feasible for the project to be under grant agreement by September 15, 2023?** Yes

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

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

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

The purpose of this project is to complete all duties noted within 24 CFR 578.11. Staff funded through this project will work collaboratively with the CoC Board of Directors and Finance Committee to complete the following tasks: (1) apply to HUD for funding for all CoC projects, (2) enter into grant agreement with HUD and into legally binding contracts with subrecipients which outline required fiscal controls, (3) develop annual subrecipient monitoring policies and schedule for on-site visits to review fiscal and program controls, and (4) obtain approval from the CoC Board in advance of requesting grant amendments from HUD. CARES, in consult with the HUD Regional office, will execute the follow tasks in an accurate and timely manner (1) execute contract agreements with subrecipients (2) draw down HUD funding and reimburse subrecipients after a review and approval of subrecipient vouchers and (3) share administrative funds with all subrecipients. Project staff will ensure subrecipients establish necessary fiscal controls and fund account procedures and will monitor for compliance with CoC Program regulation annually. In addition project staff will submit all required reports and audits to HUD on time.

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Conducting and Recording Financial Transactions</b>	Staff Time and Benefits (.22 FTE) and Travel	\$19,025

<b>2. Maintaining Financial Records</b>	Staff Time and Benefits (.1 FTE) and Travel	\$8,455
<b>3. Annual Survey, Audit, or Evaluation of Subrecipient Financial Records</b>	Staff Time and Benefits (.02 FTE) and Travel	\$2,114
<b>4. Monitoring of Subrecipients</b>	Staff Time and Benefits (.12 FTE) and Travel	\$10,570
<b>5. Enforcing Subrecipient Compliance with Program Requirements</b>	Staff Time and Benefits (.02 FTE) and Travel	\$2,114
<b>Total Costs Requested</b>		\$42,278
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$10,570
<b>Total Match</b>		\$10,570
<b>Total Budget</b>		\$52,848

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

### 3A. Attachments

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Letter	10/14/2021
2. Other Attachment(s)	No	50070	10/14/2021

## Attachment Details

**Document Description:** Match Letter

## Attachment Details

**Document Description:** 50070

### 3A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match Letter	10/14/2021

## Attachment Details

**Document Description:** Match Letter

## 3B. 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 UFA Costs: 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 Harrington  
**Date:** 11/03/2021  
**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
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## 4A. 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>	09/14/2021	
<b>1E. SF-424 Compliance</b>	09/14/2021	
<b>1F. SF-424 Declaration</b>	09/14/2021	
<b>1G. HUD 2880</b>	09/14/2021	
<b>1H. HUD 50070</b>	09/14/2021	
<b>1I. Cert. Lobbying</b>	09/14/2021	
<b>1J. SF-LLL</b>	09/14/2021	
<b>IK. SF-424B</b>	09/14/2021	
<b>2A. Match</b>	10/14/2021	
<b>2B. Funding Request</b>	11/03/2021	
FY2021 UFA Costs Project Application	Page 30	11/12/2021

<b>3A. Attachments</b>	10/14/2021
<b>3A. In-Kind MOU Attachment</b>	10/14/2021
<b>3B. Certification</b>	09/14/2021



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November 16<sup>th</sup>, 2021

RE: Match Documentation for the FY21 Rockland UFA Grant(NY#), FY 21 Rockland Planning Grant (NY#), and the FY21 Rockland HMIS Grant (NY#).

To whom it may concern,

CARES of NY, Inc. will provide at least the total required match for the following Rockland CoC grants: UFA (\$10,570), Planning (\$10,570), and HMIS (\$17,386). The total needed match of \$38,526 will come from in-kind time from the Rockland Board Members and Fiscal Committee Members.

Match details are as follows:

Source: RCCC Board Members and RCCC Fiscal Committee Members:

- This is an In-Kind match.
- It documents the time that community members work on the activities funded by each grant.
- The time will be made available on July 1, 2022 until June 30, 2023.
- Each Board or Fiscal Member's letter is attached.
  - Their payrate and hours spent working on the Board of Fiscal Committee is also documented.

Sincerely,

A handwritten signature in black ink that reads "Nancy Harrington". The signature is written in a cursive, flowing style.

Nancy Harrington  
Executive Director



October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Alexander Bursztein, provide a minimum of 120 hours to the Rockland County Continuum of Care (RCCoC) Board and its committees per grant year. My hourly rate is \$61 and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$7,320, beginning on 7/1/2022.

This match is for the FY20 grant year and available for use between July 1st, 2022 and June 30th, 2023. This match will come from my time working on RCCoC Care Executive Board and its committees meetings and projects. This in-kind time will support the RCCoC in preventing and ending homelessness.

Respectfully,

Alexander Bursztein  
Executive Director, Legal Aid Society of Rockland

**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3017

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

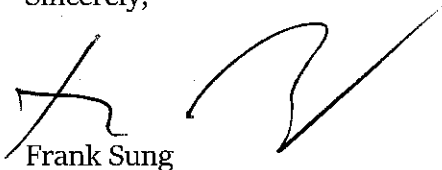
RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Frank Sung**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$40.16 plus \$33.33 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$881.88**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,



Frank Sung  
Senior Social Welfare Examiner  
Department of Social Services



**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center

50 Sanatorium Road, Building L

Pomona, New York 10970

Phone: (845) 364-3792

**Joan M. Silvestri**

*Commissioner*

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Deena Roedema**, provide **seventy hours** to the Rockland County Continuum of Care **Board and Fiscal Committee** per grant year. My hourly rate is **\$58.26 plus \$48.35 fringe**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$7,426.70**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Board and Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Deena Roedema

Housing Specialist

Department of Social Services



COMMUNITY DEVELOPMENT  
Dr. Robert L. Yeager Health Center  
50 Sanatorium Road, Building A, 6<sup>th</sup> Floor  
Pomona, New York 10970  
Phone: (845) 364-3939 Fax: (845) 364-3940

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Lizzette Regina**, provide **thirty-two hours** to the Rockland County Continuum of Care **Board, Fiscal Committee, Rank and Review Committee**, per grant year. My hourly rate is **\$33.00**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,056.00**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Board, Fiscal Committee, Rank and Review**, meetings, and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Lizzette Regina  
Community Builder, S.S  
50 Sanatorium Road, Bldg. A, 6<sup>th</sup> Floor  
Pomona, NY 10970  
845-364-3708  
Fax:845-364-3940  
ReginaLi@co.rockland.ny.us



**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center

50 Sanatorium Road, Building L

Pomona, New York 10970

Phone: (845) 364-3792

**Joan M. Silvestri**

*Commissioner*

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Maura Donoghue**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$67.10 plus \$55.69 fringe**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,473.52**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

*Maura Donoghue LCSW, BCD*

Maura Donoghue

Housing Coordinator

Department of Social Services



24-Hour Hotline: (845) 634-3344

24-Hour Mobile Text: (845) 286-4997

24-Hour Web Chat: centerforsafetyandchange.org

9 Johnsons Lane, New City, NY 10956 | (845) 634-3391 | (845) 634-3396  
info@centersc.org | centerforsafetyandchange.org

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- Gail and Ronald Walerstein

*In Memoriam*  
Edward C. Coury  
Carolyn Fish  
Dick Voigt

**SENIOR LEADERSHIP TEAM**

- Elizabeth Santiago  
Chief Executive Officer
- Venesia Defrank  
Chief Operating Officer
- Phyllis B. Frank  
Chief Program Officer
- Hugh Linnehan  
Chief Development Officer
- Andrea Panjwani, Esq.  
Chief Legal Officer



November 16th, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Michele Koblick, provide 12 hours to the Rockland County Continuum of Care Fiscal Committee and Board per grant year. My hourly rate is \$42.36, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$508.32, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1st, 2022 and June 30th, 2023. This match will come from my time working on CoC Fiscal Committee meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Michele Koblick  
Controller



24-Hour Hotline: (845) 634-3344

24-Hour Mobile Text: (845) 286-4997

24-Hour Web Chat: [centerforsafetyandchange.org](https://centerforsafetyandchange.org)

9 Johnsons Lane, New City, NY 10956 | (845) 634-3391 | (845) 634-3396  
[info@centersc.org](mailto:info@centersc.org) | [centerforsafetyandchange.org](https://centerforsafetyandchange.org)

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Gail and Ronald Walerstein

*In Memoriam*  
Edward C. Coury  
Carolyn Fish  
Dick Voigt

## SENIOR LEADERSHIP TEAM

Elizabeth Santiago  
Chief Executive Officer  
Venesia Defrank  
Chief Operating Officer  
Phyllis B. Frank  
Chief Program Officer  
Hugh Linnehan  
Chief Development Officer  
Andrea Panjwani, Esq.  
Chief Legal Officer



November 16th, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Venesia Defrank, provide 24 hours to the Rockland County Continuum of Care Fiscal Committee and Board per grant year. My hourly rate is \$54.95, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$1,318.80, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1st, 2022 and June 30th, 2023. This match will come from my time working on CoC Fiscal Committee meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Vanesia Defrank  
Chief Operating Officer

SISTERS of CHARITY



150 Brielle Avenue  
Staten Island, NY 10314  
Tel. 718.477.6803  
info@schousingny.org

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Matthew Janeczko, provide 20 hours to the Rockland County Continuum of Care Board per grant year. My hourly rate is \$80.00 plus 14.62% fringe rate, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$1,833, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC Board meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

A handwritten signature in black ink that reads 'Matthew Janeczko'.

Matthew Janeczko

Executive Director & CEO

Sisters of Charity Housing Development Corporation

**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3275

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Maria Garrido**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$67.21 plus \$55.78 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,475.88**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,



Maria Garrido  
Accountant III  
Department of Social Services

VILLAGE OF HAVERSTRAW  
*HAVERSTRAW CENTER*

*Marion E. Breland, L. CSW-R, CASAC-G, CPP  
Director of Youth and Family Services  
(845) 429-5731*

*Peter Fata, LCSW, CASAC-G, CPP  
Assistant Director of Youth and Family Services  
(845) 429-5796 (fax)*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Marion E. Breland, provide a minimum of 120 hours to the Rockland County Continuum of Care (RCCoC) Board and its committees per grant year. My hourly rate is \$150 and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$18,000, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2021 and June 30<sup>th</sup>, 2023. This match will come from my time working on RCCoC Care Executive Board and its committees meetings and projects. This in-kind time will support the RCCoC in preventing and ending homelessness.

Sincerely,



Marion E. Breland, LCSW-R, CASAC-G, CPP  
Executive Director of Youth and Family Services  
Village of Haverstraw

**50 West Broad Street, Haverstraw, New York  
10927**



# Rockland County

Ed Day, Rockland County Executive

---

## DEPARTMENT OF SOCIAL SERVICES

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3275

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Noreen Kelly**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$75.66 plus \$62.80 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,661.52**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Noreen Kelly  
Accounting Supervisor  
Department of Social Services



---

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November 16<sup>th</sup>, 2021

RE: Match Documentation for the FY21 Rockland UFA Grant(NY#), FY 21 Rockland Planning Grant (NY#), and the FY21 Rockland HMIS Grant (NY#).

To whom it may concern,

CARES of NY, Inc. will provide at least the total required match for the following Rockland CoC grants: UFA (\$10,570), Planning (\$10,570), and HMIS (\$17,386). The total needed match of \$38,526 will come from in-kind time from the Rockland Board Members and Fiscal Committee Members.

Match details are as follows:

Source: RCCC Board Members and RCCC Fiscal Committee Members:

- This is an In-Kind match.
- It documents the time that community members work on the activities funded by each grant.
- The time will be made available on July 1, 2022 until June 30, 2023.
- Each Board or Fiscal Member's letter is attached.
  - Their payrate and hours spent working on the Board of Fiscal Committee is also documented.

Sincerely,

A handwritten signature in black ink that reads "Nancy Harrington".

Nancy Harrington  
Executive Director



October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Alexander Bursztein, provide a minimum of 120 hours to the Rockland County Continuum of Care (RCCoC) Board and its committees per grant year. My hourly rate is \$61 and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$7,320, beginning on 7/1/2022.

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Respectfully,

Alexander Bursztein  
Executive Director, Legal Aid Society of Rockland

**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3017

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

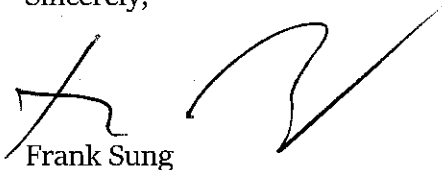
RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Frank Sung**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$40.16 plus \$33.33 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$881.88**, beginning on 7/1/2022.

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Sincerely,



Frank Sung  
Senior Social Welfare Examiner  
Department of Social Services



**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center

50 Sanatorium Road, Building L

Pomona, New York 10970

Phone: (845) 364-3792

**Joan M. Silvestri**

*Commissioner*

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Deena Roedema**, provide **seventy hours** to the Rockland County Continuum of Care **Board and Fiscal Committee** per grant year. My hourly rate is **\$58.26 plus \$48.35 fringe**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$7,426.70**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Board and Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Deena Roedema

Housing Specialist

Department of Social Services



COMMUNITY DEVELOPMENT  
Dr. Robert L. Yeager Health Center  
50 Sanatorium Road, Building A, 6<sup>th</sup> Floor  
Pomona, New York 10970  
Phone: (845) 364-3939 Fax: (845) 364-3940

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Lizzette Regina**, provide **thirty-two hours** to the Rockland County Continuum of Care **Board, Fiscal Committee, Rank and Review Committee**, per grant year. My hourly rate is **\$33.00**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,056.00**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Board, Fiscal Committee, Rank and Review**, meetings, and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Lizzette Regina  
Community Builder, S.S  
50 Sanatorium Road, Bldg. A, 6<sup>th</sup> Floor  
Pomona, NY 10970  
845-364-3708  
Fax:845-364-3940  
ReginaLi@co.rockland.ny.us



**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center

50 Sanatorium Road, Building L

Pomona, New York 10970

Phone: (845) 364-3792

**Joan M. Silvestri**

*Commissioner*

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Maura Donoghue**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$67.10 plus \$55.69 fringe**, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,473.52**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

*Maura Donoghue LCSW, BCD*

Maura Donoghue

Housing Coordinator

Department of Social Services



24-Hour Hotline: (845) 634-3344

24-Hour Mobile Text: (845) 286-4997

24-Hour Web Chat: centerforsafetyandchange.org

9 Johnsons Lane, New City, NY 10956 | (845) 634-3391 | (845) 634-3396  
info@centersc.org | centerforsafetyandchange.org

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*In Memoriam*  
Edward C. Coury  
Carolyn Fish  
Dick Voigt

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Chief Executive Officer
- Venesia Defrank  
Chief Operating Officer
- Phyllis B. Frank  
Chief Program Officer
- Hugh Linnehan  
Chief Development Officer
- Andrea Panjwani, Esq.  
Chief Legal Officer



November 16th, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Michele Koblick, provide 12 hours to the Rockland County Continuum of Care Fiscal Committee and Board per grant year. My hourly rate is \$42.36, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$508.32, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1st, 2022 and June 30th, 2023. This match will come from my time working on CoC Fiscal Committee meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Michele Koblick  
Controller



24-Hour Hotline: (845) 634-3344

24-Hour Mobile Text: (845) 286-4997

24-Hour Web Chat: [centerforsafetyandchange.org](https://centerforsafetyandchange.org)

9 Johnsons Lane, New City, NY 10956 | (845) 634-3391 | (845) 634-3396  
[info@centersc.org](mailto:info@centersc.org) | [centerforsafetyandchange.org](https://centerforsafetyandchange.org)

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Edward C. Coury  
Carolyn Fish  
Dick Voigt

## SENIOR LEADERSHIP TEAM

Elizabeth Santiago  
Chief Executive Officer  
Venesia Defrank  
Chief Operating Officer  
Phyllis B. Frank  
Chief Program Officer  
Hugh Linnehan  
Chief Development Officer  
Andrea Panjwani, Esq.  
Chief Legal Officer



November 16th, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Venesia Defrank, provide 24 hours to the Rockland County Continuum of Care Fiscal Committee and Board per grant year. My hourly rate is \$54.95, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$1,318.80, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1st, 2022 and June 30th, 2023. This match will come from my time working on CoC Fiscal Committee meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Vanesia Defrank  
Chief Operating Officer

SISTERS of CHARITY



150 Brielle Avenue  
Staten Island, NY 10314  
Tel. 718.477.6803  
info@schousingny.org

November 16<sup>th</sup>, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Matthew Janeczko, provide 20 hours to the Rockland County Continuum of Care Board per grant year. My hourly rate is \$80.00 plus 14.62% fringe rate, and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$1,833, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC Board meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

A handwritten signature in black ink that reads 'Matthew Janeczko'.

Matthew Janeczko  
Executive Director & CEO  
Sisters of Charity Housing Development Corporation

**DEPARTMENT OF SOCIAL SERVICES**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3275

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Maria Garrido**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$67.21 plus \$55.78 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,475.88**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,



Maria Garrido  
Accountant III  
Department of Social Services

VILLAGE OF HAVERSTRAW  
*HAVERSTRAW CENTER*

*Marion E. Breland, LCSW-R, CASAC-G, CPP  
Director of Youth and Family Services  
(845) 429-5731*

*Peter Fata, LCSW, CASAC-G, CPP  
Assistant Director of Youth and Family Services  
(845) 429-5796 (fax)*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, Marion E. Breland, provide a minimum of 120 hours to the Rockland County Continuum of Care (RCCoC) Board and its committees per grant year. My hourly rate is \$150 and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of \$18,000, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2021 and June 30<sup>th</sup>, 2023. This match will come from my time working on RCCoC Care Executive Board and its committees meetings and projects. This in-kind time will support the RCCoC in preventing and ending homelessness.

Sincerely,



Marion E. Breland, LCSW-R, CASAC-G, CPP  
Executive Director of Youth and Family Services  
Village of Haverstraw

**50 West Broad Street, Haverstraw, New York  
10927**



# Rockland County

Ed Day, Rockland County Executive

---

## DEPARTMENT OF SOCIAL SERVICES

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building L  
Pomona, New York 10970  
Phone: (845) 364-3275

**Joan M. Silvestri**  
*Commissioner*

October 5, 2021

RE: Match Documentation for Rockland CoC, FY21

To whom it may concern,

I, **Noreen Kelly**, provide **twelve hours** to the Rockland County Continuum of Care **Fiscal Committee** per grant year. My hourly rate is **\$75.66 plus \$62.80 fringe** and I will donate my time for CARES of NY, Inc.'s in-kind match for the Rockland Planning, UFA, and/or HMIS grants. My time will provide the required in-kind match, a total of **\$1,661.52**, beginning on 7/1/2022.

This match is for the FY21 grant year and available for use between July 1<sup>st</sup>, 2022 and June 30<sup>th</sup>, 2023. This match will come from my time working on CoC **Fiscal Committee** meetings and projects. This in-kind time will support the Rockland CoC in preventing and ending homelessness.

Sincerely,

Noreen Kelly  
Accounting Supervisor  
Department of Social Services