

## 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 UFA costs using this application.
- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program Competition NOFO.
- 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 2023 CoC Program NOFO.

## 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: 08/16/2023

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. Unique Entity Identifier:** LXNGE7LJSNM1

### d. Address

**Street 1:** 7 Wells Street  
**Street 2:** Suite 103A  
**City:** Saratoga Springs  
**County:** Saratoga  
**State:** New York  
**Country:** United States  
**Zip / Postal Code:** 12866

### 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-6700-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: Points North CoC UFA Project (2023)

16. Congressional District(s):

a. Applicant: NY-020

b. Project: NY-021

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

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:** 08/16/2023

# 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. 1/31/2026)**

## 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:** Saratoga Springs

**County:** Saratoga

**State:** New York

**Country:** United States

**Zip/Postal Code:** 12866

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

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

**4. Amount of HUD Assistance Requested/Received: \$52,241.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **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

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** Yes

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.

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	UNIQUE Entity ID	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Homeless and Travelers Aid Society of the Capital District	HG7CB3D9FMK4	Subrecipient	\$1,428,095.00	16%
Equinox Inc.	HPUXZMU7DE54	Subrecipient	\$1,294,575.00	14%
Jefferson County Department of Social Services	T199R7ZPSW79	Subrecipient	\$1,105,497.00	12%
Interfaith Partnership for the Homeless	M1MLXT5ZH7N6	Subrecipient	\$869,190.00	10%
Rockland County Department of Social Services	THYAZTMJEES3	Subrecipient	\$787,019.00	9%

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)	City of Residence	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Note: If there are no other people included, write NA in the boxes.**

**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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

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

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

**Date Signed:** 08/16/2023

# 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 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.**

X
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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:** 08/16/2023

## **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:

**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:** 08/16/2023

# 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:** 7 Wells Street

**Street 2:** Suite 103A

**City:** Saratoga Springs

**County:** Saratoga

**State:** New York

**Country:** United States

**Zip / Postal Code:** 12866

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** 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:** 08/16/2023

## 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:

- |           |   |
|-----------|---|
| <b>1.</b> | 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.   |
| <b>2.</b> | 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.   |
| <b>3.</b> | 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.  |
| <b>4.</b> | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| <b>5.</b> | 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).  |
| <b>6.</b> | 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. |
| <b>7.</b> | 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.  |
| <b>8.</b> | 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:** 08/16/2023

## 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:	\$13,060
Total Value of All Commitments:	\$13,060

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	Board and Fiscal ...	\$13,060

## Sources of Match Details

1. **Type of commitment:** In-Kind  
2. **Source:** Private  
3. **Name of Source:** Board and Fiscal Committee Time  
(Be as specific as possible and include the office or grant program as applicable)  
4. **Value of Written Commitment:** \$13,060

**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-522 - Jefferson, Lewis, St. Lawrence Counties CoC

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

3. Project Name: Points North CoC UFA Project (2023)

4. Will it be feasible for the project to be under grant agreement by September 30, 2025? 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 Points North 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) review and implement annual subrecipient monitoring policies and schedule on-site visits to review fiscal and program controls, and (4) obtain approval from CoC Board in advance of requesting grant amendments from HUD. CARES, 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
1. Conducting and Recording Financial Transactions	Staff Time and Benefits (.27 FTE), training and travel, and software and equipment	\$23,508
2. Maintaining Financial Records	Staff Time and Benefits (.12 FTE),	\$10,448

<b>3. Annual Survey, Audit, or Evaluation of Subrecipient Financial Records</b>	Staff Time and Benefits (.03 FTE),	\$2,668
<b>4. Monitoring of Subrecipients</b>	Staff Time and Benefits (.15 FTE),	\$13,061
<b>5. Enforcing Subrecipient Compliance with Program Requirements</b>	Staff Time and Benefits (.03 FTE),	\$2,556
<b>Total Costs Requested</b>		\$52,241
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$13,060
<b>Total Match</b>		\$13,060
<b>Total Budget</b>		\$65,301

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

### 3A. Attachments

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	FY 23 Points Nort...	08/16/2023
2. Other Attachment(s)	No	NY 522 50070	08/14/2023

## Attachment Details

**Document Description:** FY 23 Points North UFA Grant Match Letter

## Attachment Details

**Document Description:** NY 522 50070

### 3A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

### Document Description:

### 3B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

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

**Date:** 08/16/2023

**Title:** Executive Director

**Applicant Organization:** CARES of NY, Inc.

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).

X

## 4A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/08/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2023
1E. SF-424 Compliance	08/08/2023
1F. SF-424 Declaration	08/08/2023
1G. HUD 2880	08/08/2023
1H. HUD 50070	08/08/2023
1I. Cert. Lobbying	08/08/2023
1J. SF-LLL	08/08/2023
IK. SF-424B	08/08/2023
2A. Match	08/14/2023
2B. Funding Request	08/16/2023

FY2023 UFA Costs Project Application	Page 32	09/26/2023
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<b>3A. Attachments</b>	08/16/2023
<b>3A. In-Kind MOU Attachment</b>	No Input Required
<b>3B. Certification</b>	08/08/2023



September 20, 2022

RE: Match Documentation for FY22 Points North UFA Grant, Grant Number: TBD

To whom it may concern,

CARES of NY, Inc. will provide at least the total required match for the following Franklin Essex CoC UFA grant. The total needed match of \$13,060 will come from in-kind time from the Franklin Essex Board Members and Fiscal Committee Members.

Match details are as follows:

Source: PNHC Board Members and 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 October 1, 2024, until September 30, 2025.
- Each Board or Fiscal Member's letter will be attached.
  - Their payrate and hours spent working on the Board or Fiscal Committee is also documented.

Sincerely,

*Nancy Harrington*

Nancy Harrington  
Executive Director

200 Henry Johnson Boulevard, Suite 4 • Albany, New York 12210  
Phone: (518) 489-4130 • Fax: (518) 489-2237 • [www.caresny.org](http://www.caresny.org)



September 20, 2022

RE: Match Documentation for Points North CoC, FY22

To whom it may concern,

I, Anne Kalamas, provide 72 hours to the Points North County Housing Coalition. My hourly rate is \$36.20 plus \$2007 Fringe Total and I will donate my time for CARES of NY, Inc.'s in-kind match for the FY22 Points North UFA grant. My time will provide the required in-kind match, a total of \$4,613 beginning on 10/1/2023.

This match is for the FY22 grant year and available for use between October 1<sup>st</sup>, 2023 and September 30<sup>th</sup>, 2024. This match will come from my time working on CoC Board meetings and projects. This in-kind time will support the Points North CoC in preventing and ending homelessness.

Sincerely,

A handwritten signature in cursive script that reads "Anne Kalamas".

Anne Kalamas  
Grant Specialist  
Jefferson Co DSS

# SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET  
LOWVILLE, NY 13367



PH: (315) 376-2639  
FAX: (315) 376-2518  
NYS RELAY SERVICE NO. TTY (800) 662-1220

September 20, 2022

RE: Match Documentation for Points North CoC, FY22

To whom it may concern,

I, Jaylyn Heames, provide 198 hours to the Points North County Housing Coalition (PNHC) as a Board and Committee Member. I will donate my time to CARES of NY, Inc.'s as an in-kind match for the FY22 Points North UFA grant. My hourly rate is \$27.40 plus \$7.98 Fringe; therefore, my time will provide the required in-kind match, for a total of \$6,978.00 beginning on 10/1/2023.

This match is for the FY22 grant year and available for use between October 1, 2023 and September 30 2024. This match will come from my time working on CoC Board meetings, Committee meetings and specialized projects. This in-kind time will support the PNHC CoC efforts to prevent and end homelessness.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jaylyn Heames', written over a light blue circular stamp.

Jaylyn Heames, Executive Director  
[jaylyn@snowbelt.org](mailto:jaylyn@snowbelt.org)

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law*



**HUD 50070 Certification for a Drug Free Workplace Attachment  
Place of Performance Information**

**Project Name:** *Points North CoC Planning Project (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address/ Place of Performance:**

5 Pine West

Suite 503

Albany, NY 12205

**Program Activity:** Continuum of Care

**Project Name:** *Points North CoC UFA Costs Project (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address/ Place of Performance:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Project Name:** *UFA 522: JCDSS DV CE (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** Jefferson County Department of Social Services

**Place of Performance:**

518 Washington Street

Watertown, NY 13601

**Project Name:** *UFA 522: JCDSS-S Plus C Chronic (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** Jefferson County Department of Social Services

**Place of Performance:**

250 Arsenal Street

Watertown, NY 13601

**Project Name:** *UFA 522: JCDSS-S Plus C Transitional (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** Jefferson County Department of Social Services

**Place of Performance:**

250 Arsenal Street

Watertown, NY 13601

**Project Name:** *UFA 522: MHA Jefferson-Peer Run Housing First (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** Mental Health Association in Jefferson County

**Place of Performance:**

425 Washington St

Watertown, NY 13601

**Project Name:** *UFA 522: Snow Belt Rapid Rehousing (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** Snow Belt Housing Company, Inc.

**Place of Performance:**

7500 S. State Street

Lowville, NY 13367

**Project Name:** *UFA 522: TLS - PSH Chronic Homeless (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** North Country Transitional Living Services, Inc.

**Place of Performance:**

482 Black River Parkway

Watertown, NY 13601

**Project Name:** *UFA 522: TLS - RRH (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** North Country Transitional Living Services, Inc.

**Place of Performance:**

482 Black River Parkway

Watertown, NY 13601

**Project Name:** *UFA 522: TLS - Scattered Site Gateway Housing (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** North Country Transitional Living Services, Inc.

**Place of Performance:**

482 Black River Parkway

Watertown, NY 13601

**Project Name:** *UFA: 522 - Transitional SPC DV (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** North Country Transitional Living Services, Inc.

**Place of Performance:**

482 Black River

Parkway Watertown, NY

13601

**Project Name:** *UFA 522: Points North HMIS (2023)*

**Applicant Name:** CARES of NY, Inc.

**Applicant Address:**

7 Wells St.

Suite 103A

Saratoga Springs, NY 12866

**Program Activity:** Continuum of Care

**Subrecipient Name:** North Country Transitional Living Services, Inc.

**Place of Performance:**

482 Black River Parkway

Watertown, NY 13601