

Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2024 CoC Program grant competition.
 - Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to 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.
- 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 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program Competition NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 2024 CoC Program NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/09/2024

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

Applicant: CARES of NY, Inc.

LXNGE7LJSNM1

Project: Saratoga North Country CoC Planning Project (2024)

215725

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-6800-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: Saratoga North Country CoC Planning Project (2024)

16. Congressional District(s):

a. Applicant: NY-020

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

17. Proposed Project

a. Start Date: 08/01/2025

b. End Date: 07/31/2026

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: 10/09/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

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: \$116,548.00

(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
N/A	N/A	\$0.00	N/A

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 (%)
Center for Safety and Change	ZKJNEM7UTKT4	Subrecipient	\$923,939.00	9%
Equinox Inc.	HPUXZMU7DE54	Subrecipient	\$1,353,903.00	13%
Homeless and Travelers Aid Society of the Capital District	HG7CB3D9FMK4	Subrecipient	\$1,564,879.00	15%
Interfaith Partnership for the Homeless	M1MLXT5ZH7N6	Subrecipient	\$911,962.00	9%
Jefferson County Department of Social Services	T199R7ZPSW79	Subrecipient	\$1,379,361.00	13%

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

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

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

Date Signed: 10/09/2024

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

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: 10/09/2024

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: 10/09/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: 10/09/2024

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: 10/09/2024

2A. Project Detail

- 1. **CoC Number and Name:** NY-523 - Glens Falls, Saratoga Springs/Saratoga, Washington, Warren, Hamilton Counties CoC
- 2. **Collaborative Applicant Name:** CARES of NY, Inc.
- 3. **Project Name:** Saratoga North Country CoC Planning Project (2024)
- 4. **Component Type:** CoC Planning Project Application

2B. Project Description

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

Funding through this project will be used to coordinate the implementation of a housing and service system to prevent & end homelessness in the Saratoga North Country CoC. Proposed planning activities fall within 4 categories: 1) coordination & HUD compliance; 2) project evaluation and monitoring; 3) participation in the Consolidated Plan; and 4) CoC application development. Grant funds will support planning staff in facilitating membership and committee meetings to coordinate services within the CoC to ensure a collaborative and effective housing and services system that engages partners across functional areas and specialties in this CoC. Coordination and compliance activities will focus on facilitating CoC Board selection, scheduling and facilitating Board meetings, ensuring public invitations for CoC Membership meetings, encouraging representation at Board, Membership and Committee levels that reflect the community served, and facilitating the annual review of CoC By-Laws as required of CoCs by Subpart B 24 CFR Part 578. Planning staff will support the CoC in engaging systems partners noted within the Saratoga North Country CoC Strategic Plan, including stakeholders from the homeless prevention, foster care, legal, workforce development, health, mental and behavioral health and code enforcement systems, to improve efficiencies between the systems and reduce entries to homelessness. Planning Staff will review/monitor system performance measures to determine progress in meeting community homelessness needs and identify strategies to improve performance outcomes; and will coordinate and submit the annual PIT & HIC reports. Coordination activities to prevent & end homelessness will also include professional training and development, including workshops on topics such as addressing racial inequity in homelessness, Housing First, Trauma-Informed Care, including people with lived expertise of homelessness in CoC decision-making, landlord engagement and safety planning for survivors of DV. Activities focused on project evaluation and monitoring will include the review/realignment of CoC program performance targets, system performance measures, and written standards to ensure a systemic response to homelessness. Staff will coordinate with the CoC to ensure the coordinated entry (CE) system is operating according to the CE policy and procedure manual. Specifically, grant funds will be used to allow staff to work directly with the Data & Goals Committee and Board to monitor and evaluate CoC & ESG programs, provide TA, and ensure each program is meeting or working towards community determined priorities as required by 24 CFR Part 578. Activities focused on participation in the Consolidated Plan (CP) will include providing HIC/PIT and HMIS data to CP jurisdictions and informing the plans' descriptions of how the communities will utilize available federal funds to work towards preventing & ending homelessness. Under category 4, CoC application development, planning funds will be used to coordinate and submit the annual CoC application. Staff will ensure completion of the consolidated application, work with the Board and Data & Goals Committee to establish annual priorities for funding projects and work with CoC stakeholders to ensure a collaborative process for developing, approving, and submitting project applications (24 CFR Part 578.7).

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

The proposed schedule, management plan, and method for assuring effective and timely completion of work is based on the current successful structure. The goal of the project is to ensure the CoC is compliant with regulations and is steadily on the path to ending homelessness. Activities focused on implementing the Saratoga North Country CoC’s Strategic Plan will continue from the current grant and will occur throughout the timeframe of the proposed grant, as this is a key activity in coordinating the implementation of a housing and service system that will prevent and end homelessness within the CoC. Activities focused on coordination of the CoC and compliance will continue from the current grant and will occur monthly as coordinating CoC meetings, Board development, and review of system performance data occur. Activities focused on professional development and training will continue from the current grant and will continue throughout the timeframe of the proposed grant. Activities focused on project monitoring and evaluation will continue from the current grant, including providing technical assistance to funded housing providers as requested. Activities focused on participation in the Consolidated Plan will occur on an annual basis during plan drafting/updating. Activities focused on preparing the application for CoC funds will begin immediately but will mainly occur during the period directly after the NOFO is released. The management plan in place will ensure timely start/continuation of the project if awarded. All proposed activities are overseen by the Planning Unit Director who reports to CARES’ Deputy Director, Executive Director and the CoC Board of Directors. Proposed funding will support a portion of multiple staff positions (1.24 FTE) to complete the proposed activities. These positions will be dedicated to community outreach and strategic planning, monitoring and compliance, system performance and coordinated entry. The Management Plan will include regular oversight of documented proposed activities by the CoC Board. Staff will report bi-monthly at Board Meetings on progress. To ensure accountability, the Collaborative Applicant’s Scope of Work, which documents anticipated activities, is reviewed and voted on annually by the CoC and is available to full membership on CARES’ website. In addition, semi-annually the Director reports to full membership detailing completed activities as well as upcoming activities which will be posted on the website. This reporting will ensure the effective and timely completion of all work.

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

Requested funds will improve the CoC’s ability to evaluate outcomes of CoC and ESG projects by allowing planning staff to continue to work collaboratively with the CoC Board, Data & Goals Committee and the City of Saratoga Springs. Current Planning funds allow dedicated staff to play an intricate role coordinating and implementing the monitoring and evaluation process for CoC and ESG funded applicants. Project evaluation involves three main components: Annual Performance Report (APR) Reviews, Peer Technical Assistance Reviews, and review of program impact on Systems Performance. Project evaluation requires programs to annually submit APRs for review to Planning staff at least 60 days prior to submitting the APR to HUD to ensure data quality. In addition, project operations are evaluated annually via peer monitoring. Planning staff, the HMIS lead, and Data & Goals Committee members monitor important CoC and ESG project areas such as HMIS compliance, CE compliance, equal access to housing regardless of gender identity, housing quality standards, financial management, and homeless status and disability documentation. Project data and compliance information is collected through this peer-monitoring process, which is facilitated by Planning staff. Planning staff then draft a report based on all data collected through the monitoring process and develop a Corrective Action Plan and recommendations for program improvements if necessary. All reports are available to the Board for review. Planning staff also support ESG monitoring by providing CAPER data to the City of Saratoga Springs and by sharing this data with the Board. With the proposed funding, dedicated staff will continue to implement the Plan and will develop next steps to ensure systems level performance monitoring and improvement. Staff will work to ensure effective and efficient evaluation of program outcomes, shifting the focus of outcomes from project specific to system wide. To ensure systems level change and improvement, Planning staff will continue to work to educate the community on System Performance Measures and will monitor systems level performance for CoC and ESG funded programs.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

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

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

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

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

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes



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

3B. Committees

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

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Saratoga County Alliance to End Homelessness	This committee is responsible for conducting an annual Point in Time (PIT) count, assisting the Collaborative Applicant in preparing and submitting the Continuum of Care (CoC) application, conducting homeless awareness activities, participating in local planning, and any other activities identified and voted on by the membership.	Monthly	City of Saratoga Springs, Wellspring, Shelters of Saratoga, RISE Housing, CAPTAIN, CARES of NY, Inc., Veterans & Community Housing Coalition, Soldier On
Warren/Washington/Hamilton County Housing Committee	This committee is responsible for conducting an annual Point in Time (PIT) count, assisting the Collaborative Applicant in preparing and submitting the Continuum of Care (CoC) application, conducting homeless awareness activities, participating in local planning, and any other activities identified and voted on by the membership.	Monthly	Office of Comm. Services for Warren/Washington Counties, Warren, Washington & Hamilton Community Action Programs, WAIT House, Adirondack Vets House, Glens Falls Housing Authority, Warren Washington Association for Mental Health, CARES
Data and Goals Committee	The purpose of this committee is to review and discuss program performance and HMIS data quality issues, as well as review the Continuum’s goals and performance; review the previous year’s Continuum of Care application and review the Grant Inventory Worksheet.	Quarterly	WAIT House, Adirondack Vets House, Wellspring, RISE, CARES
Coordinated Entry Committee	This committee reviews the CE by-name waitlist, conducts case conferencing, and identifies available/the most appropriate supportive housing options for clients.	Monthly	RISE Housing, CAPTAIN, Warren Washington Association for Mental Health, Wellspring, Shelters of Saratoga, Soldier On, WAIT House, Veterans & Community Housing Coalition, CARES
Strategic Planning Committee	This Committee reviews progress on tasks related to the CoC’s Strategic Plan; and reports progress and recommendations to adjust tasks or timelines to the Executive Board with respect to the Strategic Plan to Prevent, Reduce and Combat Homelessness in Warren, Washington, Hamilton and Saratoga Counties.	Quarterly	CAPTAIN, Wellspring, Warren/Washington Association for Mental Health, Warren County DSS, Hudson Headwaters, WAIT House, CARES

4A. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$29,137
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$29,137

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

Type	Source	Contributor	Value of Commitments
Cash	Government	YHSI Grant	\$29,137

Sources of Match Details

1. Type of commitment: Cash

2. Source: Government

3. Name of source: YHSI Grant

(Be as specific as possible and include the office
or grant program as applicable)

4. Value of Written Commitment: \$29,137

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

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

3. Select a grant term: 1 Year

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

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	5% of total going to CoC (\$5,827), 2% CoC Zoom, Planning/Data Analysis staff member software/network/equipment (\$2,331) 3% training and travel (\$3,496) Planning/Data Analysis staff member salary and fringe (0.42 FTE) spent facilitating Membership and Systems building activities	\$46,619
2. Project Evaluation	2% Compliance staff member software/network/equipment and travel (\$2,331) and Compliance staff member salary and fringe (project evaluation development, implementation, and follow up)/Planning staff member salary and fringe - follow up during R&R (total salary & fringe: 0.25 FTE)	\$23,310
3. Project Monitoring Activities	Compliance staff member staff salary and fringe (0.14 FTE)-project monitoring (on-site and/or virtual), project specific monitoring report development, and provision of project specific technical assistance to address monitoring concerns/findings.	\$11,655
4. Participation in the Consolidated Plan	Planning staff member salary and fringe (0.07 FTE) working on the Annual Plan Update	\$5,827
5. CoC Application Activities	Planning staff member salary and fringe (0.21 FTE) - GIW, RR, Application writing	\$17,482
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	Planning staff member salary and fringe facilitating annual revision/review of Bylaws/Written Standards other governing docs and Compliance staff member salary and fringe monitoring all governing activities (0.14 FTE total)	\$11,655
Total Costs Requested		\$116,548
Cash Match		\$29,137
In-Kind Match		\$0
Total Match		\$29,137
Total Budget		\$145,685

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

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	523 Match Documen...	09/23/2024
2. Other Attachment(s)	No		

Attachment Details

Document Description: 523 Match Documentation

Attachment Details

Document Description:

5B. 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: 10/09/2024
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

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/16/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2024
1E. SF-424 Compliance	09/16/2024
1F. SF-424 Declaration	09/16/2024
1G. HUD 2880	09/16/2024
1H. HUD 50070	09/16/2024
1I. Cert. Lobbying	09/16/2024
1J. SF-LLL	09/16/2024

IK. SF-424B	09/16/2024
2A. Project Detail	09/16/2024
2B. Description	09/23/2024
3A. Governance and Operations	09/24/2024
3B. Committees	09/24/2024
4A. Match	09/23/2024
4B. Funding Request	09/24/2024
5A. Attachment(s)	09/23/2024
5B. Certification	09/25/2024

August 26, 2024

RE: Match Documentation for Saratoga North Country Planning Grant: NY1515

To whom it may concern,

CARES of NY, Inc. will provide the total required match for the Saratoga North Country Continuum of Care Planning Grant in the amount of \$ \$29,137.00 for FY24 . This match will come from the following source(s): YHSI Grant. These match funds will be available from 9/1/2025-8/31/2026.

Match details are as follows:

Source 1, YHSI Grant:

- This is a cash match.
- It provided \$29,137.00.
- The award will be made available on 9/1/2025-8/31/2026.
- It funds the following allowable activities: Youth Program staff who assist with Collaborative Applicant work.

Sincerely,

Nancy Harrington

Nancy Harrington
Executive Director