# 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.
- Questions regarding the FY 2025 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 2025 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2025 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 2025 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:** | 09/28/2026 |
| **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:** | 5 Pine West |
| **Street 2:** | Suite 503 |
| **City:** | Albany |
| **County:** | Albany |
| **State:** | New York |
| **Country:** | United States |
| **Zip / Postal Code:** | 12205 |
| **e. Organizational Unit (optional)** | |
| **Department Name:** | |
| **Division Name:** | Continuum of Care |
| **f. Name and contact information of person to be contacted on matters involving this application** | |
| **Prefix:** | Mrs. |
| **First Name:** | Karen |
| **Middle Name:** | |
| **Last Name:** | Pashby |
| **Suffix:** | |
| **Title:** | Director of Grants & Contracts |
| **Organizational Affiliation:** | CARES of NY, Inc. |
| **Telephone Number:** | (518) 489-4130 |
| **Extension:** | 749 |

**Fax Number:** (518) 489-4130
**Email:** Kpashby@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:** CPD-2600-DC-0025

**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): (for multiple selections hold CTRL+Key)** New York

**15. Descriptive Title of Applicant's Project:** Elmira CoC UFA Project (2026)

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

**a. Applicant:** NY-020

**b. Project:** NY-023

**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 09/01/2027

**b. End Date:** 08/31/2028

**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:** X

**21. Authorized Representative**

| | |
|---|---|
| **Prefix:** | Mrs. |
| **First Name:** | Michelle |
| **Middle Name:** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Chief Executive Officer |
| **Telephone Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Fax Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Email:** | msandozdennis@caresny.org |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 09/28/2026 |

# 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:** | Mrs. |
| **First Name:** | Michelle |
| **Middle Name:** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Chief Executive Officer |
| **Organizational Affiliation:** | CARES of NY, Inc. |
| **Telephone Number:** | (518) 489-4130 |
| **Extension:** | 701 |
| **Email:** | msandozdennis@caresny.org |
| **City:** | Albany |
| **County:** | Albany |
| **State:** | New York |
| **Country:** | United States |
| **Zip/Postal Code:** | 12205 |

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

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

**4. Amount of HUD Assistance Requested/Received:** $77,224.00

(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? (For further information, see 24 CFR Sec. 4.3).** Yes

**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:** Michelle Sandoz-Dennis, Chief Executive Officer

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

**Date Signed:** 09/28/2026

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

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

| | I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | | |
|---|---|---|---|
| a. | Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| b. | Establishing an on-going drug-free awareness program to inform employees ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 ---<br>(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<br>(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 ---<br>(1) Abide by the terms of the statement; and<br>(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:** | Mrs. |
| **First Name:** | Michelle |
| **Middle Name** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Chief Executive Officer |
| **Telephone Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Fax Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Email:** | msandozdennis@caresny.org |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 09/28/2026 |

# CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

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

**Name / Title of Authorized Official:** Michelle Sandoz-Dennis, Chief Executive Officer

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

**Date Signed:** 09/28/2026

# 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:** | 5 Pine West |
| **Street 2:** | Suite 503 |
| **City:** | Albany |
| **County:** | Albany |
| **State:** | New York |
| **Country:** | United States |
| **Zip / Postal Code:** | 12205 |

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

**I certify that this information is true and complete.** [X]

## Authorized Representative

| | |
|---|---|
| **Prefix:** | Mrs. |
| **First Name:** | Michelle |
| **Middle Name:** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Chief Executive Officer |
| **Telephone Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Fax Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Email:** | msandozdennis@caresny.org |
| **Signature of Authorized Official:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 09/28/2026 |

# 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:** [X]

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

**Prefix:** Mrs.

**First Name:** Michelle

| | |
|---|---|
| **Middle Name:** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Chief Executive Officer |
| **Signature of Authorized Certifying Official:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 09/28/2026 |

# 1M. Project Eligibility Certification

| | |
|---|---|
| 1. The project applicant will not engage in racial preferences or other forms of illegal discrimination | X |
| 2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.” | X |

# 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:** | $19,306 |
| **Total Value of All Commitments:** | $19,306 |

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 in kind time | $19,306 |

# Sources of Match Details

| | |
|---|---|
| **1. Type of commitment:** | In-Kind |
| **2.Source:** | Private |
| **3. Name of Source:** **(Be as specific as possible and include the office or grant program as applicable)** | Board in kind time |
| **4. Value of Written Commitment:** | $19,306 |

**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-501 - Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC

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

**3. Project Name:** Elmira CoC UFA Project (2026)

**4. Will it be feasible for the project to be under grant agreement by September 15, 2027?** Yes

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

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

The purpose of this project is to enable CARES of NY, Inc. to carry out all responsibilities of the Unified Funding Agency (UFA) as outlined in 24 CFR 578.11. Staff funded through this project will work collaboratively with the NY-501 Elmira/STEPS CoC Board of Directors, Finance Committee, and subrecipients to ensure the effective administration, oversight, and fiscal management of CoC Program funds.

Project staff will complete all required UFA responsibilities, including: (1) preparing and submitting the annual CoC Program application to HUD on behalf of all CoC-funded projects; (2) executing grant agreements with HUD and legally binding subrecipient agreements that establish fiscal, programmatic, and reporting requirements; (3) reviewing and implementing annual subrecipient monitoring policies, conducting risk assessments, and scheduling on-site monitoring to evaluate fiscal management, internal controls, and program compliance; and (4) obtaining approval from the CoC Board prior to requesting grant amendments or significant project changes from HUD.

CARES will administer CoC funds in accordance with federal regulations by executing timely subrecipient agreements, reviewing reimbursement requests for eligibility and supporting documentation, drawing down HUD funds through eLOCCS, reimbursing subrecipients promptly, and distributing administrative funds in accordance with approved grant agreements.

Throughout the grant term, project staff will ensure subrecipients maintain appropriate financial management systems, internal controls, and fund accounting procedures consistent with CoC Program requirements and 2 CFR Part 200. Staff will conduct annual fiscal and program monitoring, provide technical assistance and corrective action support as needed, maintain complete grant records, and submit all required financial reports, audits, and other HUD reporting requirements accurately and on time. These activities will ensure strong fiscal accountability, regulatory compliance, and effective stewardship of CoC Program funds.

**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 | Grant tracking software ($2,810), 2 percent of grant for UFA staff member network/equipment ($4,530) UFA staff member salary and fringe (1.07 FTE) focused on conducting and recording financial transitions. | $34,751 |
| 2. Maintaining Financial Records | UFA staff member salary and fringe (.55 FTE) focused on maintaining financial records. | $15,444 |
| 3. Annual Survey, Audit, or Evaluation of Subrecipient Financial Records | UFA staff member salary and fringe (.14 FTE) focused on conducting an Audit/Evaluation of Subrecipient Financial Records. | $3,861 |
| 4. Monitoring of Subrecipients | UFA staff member salary and fringe (.65 FTE) and 1 percent travel ($193.07) focused on monitoring subrecipient compliance. | $19,307 |
| 5. Enforcing Subrecipient Compliance with Program Requirements | UFA staff member salary and fringe (.14 FTE) focused on enforcing subrecipient compliance. | $3,861 |
| Total Costs Requested | | $77,224 |
| Cash Match | | $0 |
| In-Kind Match | | $19,306 |
| Total Match | | $19,306 |

| | | |
|---|---|---|
| **Total Budget** | | $96,530 |

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

# Indirect Cost Information

**Indirect Cost Information Form**
**OMB Number: 2501-0044**
**Expiration Date: 2/28/2027**

| | |
|---|---|
| **Program/Activity Receiving Federal Grant Funding:** | CoC Program |
| **Applicant Name:** | CARES of NY, Inc. |

## Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

| | |
|---|---|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate. | |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time. | |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | X |

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

| Agency/Department/Major Function | Indirect Cost Rate | Type of Direct Cost Base | Type of Rate |
|---|---|---|---|
| CARES of NY, Inc. | 22% | NICRA | Predetermined |
| | | | |
| | | | |

**Submission Type:** Initial Submission

**Effective Date:** 07/23/2026

| | |
|---|---|
| **Certification of Authorized Representative for the Applicant/Recipient:**<br><br>**** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**<br><br>**(1) all information provided on this form is true, complete, and accurate, and**<br><br>**(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and**<br><br>**(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this**<br><br>****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; 24 CFR § 28.10(b)(iii)).** | X |

**Authorized Representative:**

| | |
|---|---|
| **Prefix:** | Mrs. |
| **First Name:** | Michelle |
| **Middle Name:** | |
| **Last Name:** | Sandoz-Dennis |
| **Suffix:** | |
| **Title:** | Executive Director |
| **Telephone Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Fax Number: (Format: 123-456-7890)** | (518) 489-4130 |
| **Email:** | msandozdennis@caresny.org |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |

**Date Signed:** 07/09/2025

# 3A. Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1. Other Attachment(s) | No | match letter | 09/25/2026 |
| 2. Other Attachment(s) | No | 50070 form | 09/25/2026 |

# Attachment Details

**Document Description:** match letter

# Attachment Details

**Document Description:** 50070 form

# 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 02/28/2027)

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:** Michelle Sandoz-Dennis

**Date:** 09/28/2026

**Title:** Chief Executive Officer

**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 | 07/22/2026 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/28/2026 |
| 1E. SF-424 Compliance | 07/22/2026 |
| 1F. SF-424 Declaration | 07/22/2026 |
| 1G. HUD 2880 | 07/22/2026 |
| 1H. HUD 50070 | 07/22/2026 |
| 1I. Cert. Lobbying | 07/22/2026 |
| 1J. SF-LLL | 07/22/2026 |
| IK. SF-424B | 07/22/2026 |
| 2A. Match | 09/25/2026 |

| | |
|---|---|
| 2B. Funding Request | 09/25/2026 |
| Indirect Cost Information | 07/30/2026 |
| 3A. Attachments | 09/25/2026 |
| 3A. In-Kind MOU Attachment | No Input Required |
| 3B. Certification | 07/30/2026 |

CARES OF NY, INC
ENDING HOMELESSNESS

July 28, 2026

RE: Match Documentation Elmira UFA Grant: NYXXXX

To whom it may concern,

CARES of NY will provide the total required match for the Elmira Continuum of Care UFA Grant in the amount of $19,306 for FY26. This match will come from the following source(s): Fiscal Committee and Board member time. These match funds will be available from 9/1/2027 – 8/31/2028.

Match details are as follows:

Source 1, Fiscal Committee and Board member time:

- This is an in-kind match.
- It provides $19,306.
- The award will be made available on the grant start date in 2027.
- The funding will be available until the grant end date in 2028.
- It will fund the following allowable activities: Review of financial transactions and associated requirements per CoC program; and monitoring preparation and review.

Sincerely,

Michelle Sandoz-Dennis

Michelle Sandoz-Dennis
CEO, CARES of NY


5 Pine West Plaza, Suite 503 • Albany, New York 12205
Phone: (518) 489-4130 • Fax: (518) 489-2237 • www.caresny.org

**HUD 50070 Certification for a Drug Free Workplace Attachment Place of Performance Information- UFA 501 Albany UFA** (2026)

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

**Applicant Address:**
5 Pine West Plaza Suite 503
Albany, NY 12205

**Program Activity:** Continuum of Care

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

**Project Name:** UFA 503 Albany UFA (2026)

**Place of Performance:**
5 Pine West Plaza,
Suite 503 Albany, NY 12205