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 2017 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2017 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2017 CoC Program NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

   If "Other", specify:

3. Date Received: 09/20/2017

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: Council on Addiction Recovery Services, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 16-1160187

   c. Organizational DUNS: 170809255 PLUS 4

   d. Address
      Street 1: 201 South Union Street
      Street 2: 
      City: Olean
      County: Cattaraugus
      State: New York
      Country: United States
      Zip / Postal Code: 14760

   e. Organizational Unit (optional)
      Department Name: 
      Division Name: 

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Derah
      Middle Name: 
      Last Name: Black-Day
      Suffix: 
      Title: Director of Programs Operations
      Organizational Affiliation: Council on Addiction Recovery Services, Inc.
      Telephone Number: (716) 373-4303
      Extension: 502
Fax Number: (716) 373-4327
Email: Dblack-day@councilonaddiction.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-6100-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: FY 2017 CoC Planning Project

16. Congressional District(s):
   a. Applicant: NY-023
   b. Project: NY-023
   (for multiple selections hold CTRL+Key)

17. Proposed Project
   a. Start Date: 04/01/2018
   b. End Date: 03/31/2019

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:
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: Mr.
First Name: Keith
Middle Name:
Last Name: Woods

Suffix:
Title: Supervisor

Telephone Number: (716) 373-4303
(Format: 123-456-7890)
Fax Number: (716) 373-4327
(Format: 123-456-7890)

Email: Kwoods@councilonaddiction.org

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

Date Signed: 09/20/2017
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Council on Addiction Recovery Services, Inc.
   Prefix: Mr.
   First Name: Keith
   Last Name: Woods
   Title: Supervisor

   Organizational Affiliation: Council on Addiction Recovery Services, Inc.

   Telephone Number: (716) 373-4303
   Extension: 598
   Email: Kwoods@councilonaddiction.org
   City: Olean
   County: Cattaraugus
   State: New York
   Country: United States
   Zip/Postal Code: 14760

2. Employer ID Number (EIN): 16-1160187
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $9,577
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

FY 2017 CoC Planning Project 201 South Union Street Olean New York

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Keith Woods , Supervisor

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

Date Signed: 08/24/2017
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Council on Addiction Recovery Services, 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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Keith
Middle Name
Last Name: Woods
Suffix:
Title: Supervisor
Telephone Number: (716) 373-4303
(Format: 123-456-7890)
Fax Number: (716) 373-4327
(Format: 123-456-7890)
Email: Kwoods@councilonaddiction.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/20/2017
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: Council on Addiction Recovery Services, Inc.

Name / Title of Authorized Official: Keith Woods, Supervisor

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

Date Signed: 09/20/2017
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

No

Legal Name: Council on Addiction Recovery Services, Inc.
Street 1: 201 South Union Street
City: Olean
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14760

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: Mr.
First Name: Keith
Middle Name: 
Last Name: Woods
Suffix: 
Title: Supervisor

Telephone Number: (716) 373-4303
(Format: 123-456-7890)

Fax Number: (716) 373-4327
(Format: 123-456-7890)

Email: Kwoods@councilonaddiction.org

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

Date Signed: 09/20/2017
2A. Project Detail

1a. CoC Number and Name: NY-504 - Cattaraugus County CoC

1b. Collaborative Applicant Name: Council on Addiction Recovery Services, Inc.

2. Project Name: FY 2017 CoC Planning Project

3. Component Type: CoC Planning Project Application
2B. Project Description

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

The proposed project will enhance CoC operations and ensure compliance with 24 CFR 578.7 in three ways: 1: Funding continued expansion of HMIS participation by non-CoC funded providers. 2: Funding continued planning and implementation of coordinated assessment processes. 3: Funding technical support and TA relative to HMIS participation and Coordinated Entry. At present, the CoC uses planning dollars to fund HMIS participation by non-CoC funded providers who would not otherwise participate. Non-funded providers cite lack of financial resources to purchase licenses, and lack of staff time to enter data as two barriers to participation. The result is a lack of homeless data, particularly from faith based emergency shelters. The CoC began addressing this issue in FY2014 by using planning monies to purchase an HMIS license for one non-participating emergency shelter providers and paying for staff time needed to participate in HMIS. This has resulted in increased data on homelessness. In FY2016, the CoC approached the LDSS about HMIS participation. These negotiations are on-going. Therefore, funds requested for HMIS maintenance and expansion will be used to fund licensing plus staff time for data entry in one faith based shelter. Additional funds requested for the same will be used to expand efforts to the local DSS and one additional faith based homeless shelter. If successful, these measures will result in greater bed coverage rates and the most comprehensive local homeless data possible. At present, the CoC lacks resources to fully implement a Coordinated Entry system. The CoC continues to work on CE, and has adopted the VI-SPDAT as its assessment tool. The CoC has also engaged with HUD TA on Coordinated Entry. Funds requested in this category will be used to procure additional training resources as needed (potentially from OrgCode, which developed the VI-SPDAT), develop written policies/procedures, offer additional training to local providers, and print needed outreach materials to publicize CE. Finally, The CoC proposes to use planning grant funds to contract with the Homeless Alliance of Western New York (HAWNY) for continued technical support and training relative to HMIS expansion, as well as technical support managing the CoC’s CE By-Name list. HAWNY is the CoC’s HMIS Administrator and a CoC Collaborative Applicant in a multi-county CoC to the north of ours. The CoC currently contracts with HAWNY for services it is unable to directly provide and proposes to use planning funds to continue this relationship. We propose to contact with HAWNY for three services: continued training and technical assistance for HMIS expansion; maintenance of the CoC’s CE By-Name list, and training support as we fully implement coordinated entry.

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

All proposed activities will be completed in a 12-month period and will be monitored by the Collaborative Applicant. Developing the scope of the contract...
with the Homeless Alliance of Western New York (HAWNY) will begin at notice of award, with contract execution scheduled for the late spring of 2018. Specific contract deliverable will include development and maintenance of the CoC’s CE By-name list, technical assistance relative HMIS participation and coordinated entry. The timeline for TA relative to Coordinated Entry will be determined based upon HUD TA recommendations. Contract with the one faith based homeless shelter participating in HMIS will also renew in the Spring of 2018. The timeline for expansion of HMIS will also be determined based on on-going negotiations. The Collaborative applicant and/or its designee will report to the CoC Board on a quarterly basis to ensure that grant deliverables are completed in an effective and timely manner.

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

The CoC does not have entitlement ESG funding; therefore, questions regarding the evaluation of these programs are not applicable. Requested planning funds and subsequent activities will improve the CoC’s ability to monitor CoC performance/outcomes. Expanded HMIS coverage generates additional data on homelessness and that data contributes to CoC performance measures. Performance measure data, such as Length of Time Homeless, can be used to identify issues and subsequently improve service delivery. Full implementation of Coordinated Entry will mean that homeless households are matched with housing opportunities that best meet their needs. It also means that the most vulnerable homeless persons will be prioritized for housing. Theoretically, this will improve CoC outcomes. In addition, by monitoring the By-Name list and the time it takes to place a person in permanent housing, the CoC will get a better overall picture of CoC performance so that deficiencies can be identified and corrected.

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

Many objectives of the planning grant do not require on-going support once implemented. The CoC will continue to seek out additional financial resources to support on-going HMIS expansion efforts. Possible sources include United Way funding and private foundations.
3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

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

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings:</td>
<td>X</td>
</tr>
<tr>
<td>Votes, including electing Coc Board:</td>
<td>X</td>
</tr>
<tr>
<td>Sits on CoC Board:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

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

a. Written agendas of CoC meetings? Yes
b. Coordinated Entry? (Also known as centralized or coordinated assessment) No

Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter?

The CoC's Coordinated Entry system is currently under development. While some policies have been drafted, they have not been finalized. See grant narrative for information how proposed project will assist the CoC in developing Coordinated Entry policies and procedures.

c. Process for monitoring outcomes of ESG recipients? No
d. CoC policies and procedures? Yes
e. Written process for board selection? Yes
f. Code of Conduct for board members that includes a recusal process? Yes
g. Written standards for administering assistance? No
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.

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Role of the Committee (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Awareness/Outreach</td>
<td>To ensure community awareness of homeless issues and services to address homelessness</td>
<td>Quarterly</td>
<td>CAReS, LDSS, Homeless Shelter</td>
</tr>
<tr>
<td>Needs Assessment/Data Collection</td>
<td>To remain current with and respond to HUD requirements regarding data collection and quality; to coordinate the PIT/HIC and AHAR.</td>
<td>Quarterly</td>
<td>CCA, CCA, HOME</td>
</tr>
<tr>
<td>Ad-Hoc CoC Application Committee</td>
<td>To facilitate completion of the annual CoC application per HUD guidelines</td>
<td>Annually</td>
<td>CCA, CAReS HOME</td>
</tr>
<tr>
<td>Ad-Hoc CoC Application Review and Ranking Committee</td>
<td>To review and rank project applications</td>
<td>Annually</td>
<td>DIL, Genesis House, LDSS</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$2,395</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$2,395</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Insurance reimb...</td>
<td>09/19/2017</td>
<td>$2,395</td>
</tr>
</tbody>
</table>
Sources of Match Details

1. Will this commitment be used towards Match? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Insurance reimbursement for addiction counseling services
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/19/2017

6. Value of Written Commitment: $2,395

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.
4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019?  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.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>$9,577</td>
<td></td>
</tr>
</tbody>
</table>

Total Costs Requested $9,577
Cash Match $0
In-Kind Match $2,395
Total Match $2,395
Total Budget $11,972

Click the 'Save' button to automatically calculate the Total Assistance
5A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td>Match documentation</td>
<td>09/19/2017</td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Match documentation

Attachment Details

Document Description:
5A. In-Kind MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or...
disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.
For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.
For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.
It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Keith Woods
Date: 09/20/2017
Title: Supervisor
Applicant Organization: Council on Addiction Recovery Services, Inc.
PHA Number (For PHA Applicants Only): 

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to

X

FY2017 CoC Planning Project Application  Page 31  09/20/2017
criminal, civil, or administrative penalties .
(U.S. Code, Title 21, Section 1001).
6A. Submission Summary

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<td>5B. Certification</td>
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September 19, 2017

Re: Match Commitment Letter for the FY2017 CoC Planning Grant

To Whom It May Concern:

FY2017 CoC Planning Grant

The Council on Addiction Recovery Services will provide $2,395.00 in match services for the CoC Planning Grant. These funds will be available through the term of the Planning Grant. The match will consist of supplies needed throughout the life of the grant for the CoC. In addition the source of the in-kind services will come from insurance reimbursements and will be used for partial staff salary and benefits associated with the administration of the planning grant.

Sincerely,

Keith Woods,
Residential Director

Derah Black-Day,
Director of Programs Operations

Administration/Olean Office
PO Box 567
201 South Union Street
Olean NY 14760
For General Information
716-373-4303 x 503
Fax: 716-373-4327

Salamanca Office
100 Main Street
Suite 6
Salamanca NY 14779
716-945-1928
Fax: 716-945-8571

Machias Office
9824 Route 16
Rm. 305
Machias NY 14101
716-353-8018
Fax: 716-353-8038

Gowanda Office
1 School Street
Gowanda NY 14070
716-241-7175
Fax: 716-241-7176

"This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."