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 2018 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 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 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 2018 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: 09/14/2018

4. Applicant Identifier:

   5a. Federal Entity Identifier:
   5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:
Applicant: Housing Options Made Easy, Inc.

Project: Catt. CoC Planning Grant

1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Housing Options Made Easy, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 16-1370949

c. Organizational DUNS: 826637639

PLUS 4

d. Address
Street 1: 75 Jamestown Street
Street 2: 
City: Gowanda
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14070

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: Arvela
Middle Name: 
Last Name: Heider
Suffix:
Title: Project Development
Organizational Affiliation: Housing Options Made Easy, Inc.
Telephone Number: (716) 523-6087
Extension:
Fax Number:  (716) 532-5618
Email:  arvela@holark.com
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-6200-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: Catt. CoC Planning Grant

16. Congressional District(s):
   a. Applicant: NY-027
   b. Project: NY-023
(for multiple selections hold CTRL+Key)

17. Proposed Project
   a. Start Date: 04/01/2019
   b. End Date: 03/31/2020

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
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: Mr.
First Name: Joseph
Middle Name: 
Last Name: Woodward
Suffix:
Title: Executive Director
Telephone Number: (716) 532-5508
(Format: 123-456-7890)
Fax Number: (716) 532-5618
(Format: 123-456-7890)
Email: joe@housingoptions.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2018
Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name:  Housing Options Made Easy, Inc.
   Prefix:  Mr.
   First Name:  Joseph
   Middle Name: 
   Last Name:  Woodward
   Suffix: 
   Title:  Executive Director

   Organizational Affiliation:  Housing Options Made Easy, Inc.

   Telephone Number:  (716) 532-5508
   Extension: 

   Email:  joe@housingoptions.org
   City:  Gowanda
   County:  Cattaraugus
   State:  New York
   Country:  United States
   Zip/Postal Code:  14070

2. Employer ID Number (EIN):  16-1370949
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:

Catt. CoC Planning Grant 75 Jamestown Street
Gowanda New York

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

Part I Threshold Determinations

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

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York State Office of Mental Health</td>
<td>Grant</td>
<td>$17,960.00</td>
<td>Cash match for services (Cattaraugus County)</td>
</tr>
<tr>
<td></td>
<td>Grant</td>
<td>$12,000.00</td>
<td>Cash match for services (Chautauqua County)</td>
</tr>
<tr>
<td>New York State Office of Mental Health</td>
<td>Grant</td>
<td>$19,014.00</td>
<td>Cash match for services (Erie County)</td>
</tr>
</tbody>
</table>

Part III Interested Parties

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 and
2. any other person who has a financial interest in the project or activity for which the

Applicant: Housing Options Made Easy, Inc.
Project: Catt. CoC Planning Grant
assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

**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: ☒

**Name / Title of Authorized Official:** Joseph Woodward, Executive Director

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

**Date Signed:** 08/23/2017
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Housing Options Made Easy, 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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td></td>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td></td>
<td>(2) The Applicant's policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td></td>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td></td>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td></td>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td></td>
<td>(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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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 ---</td>
</tr>
<tr>
<td></td>
<td>(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</td>
</tr>
<tr>
<td></td>
<td>(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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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: Joseph
Middle Name
Last Name: Woodward
Suffix:
Title: Executive Director

Telephone Number: (716) 532-5508
(Format: 123-456-7890)
Fax Number: (716) 532-5618
(Format: 123-456-7890)

Email: joe@housingoptions.org

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

Date Signed: 09/14/2018
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: Housing Options Made Easy, Inc.

Name / Title of Authorized Official: Joseph Woodward, Executive Director

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

Date Signed: 09/14/2018
1J. SF-LLL

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

Approved by OMB 0348-0046

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?

- **Legal Name:** Housing Options Made Easy, Inc.
- **Street 1:** 75 Jamestown Street
- **City:** Gowanda
- **County:** Cattaraugus
- **State:** New York
- **Country:** United States
- **Zip / Postal Code:** 14070

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: Joseph
Middle Name:
Last Name: Woodward
Suffix:
Title: Executive Director

Telephone Number: (716) 532-5508 (Format: 123-456-7890)
Fax Number: (716) 532-5618 (Format: 123-456-7890)
Email: joe@housingoptions.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/14/2018
2A. Project Detail

1a. CoC Number and Name: NY-504 - Cattaraugus County CoC
1b. Collaborative Applicant Name: Housing Options Made Easy

2. Project Name: Catt. CoC Planning Grant

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; and 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 provider 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. The CoC continues to work on a Coordinated Entry system and has adopted the VI-SPDAT as its assessment tool. The CoC has decided to contract with 211 to serve as a coordinated access point. Will also need to purchase the HIPAA compliant version of Drop Box to facilitate exchange of data and the CE By-name list. 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 contract 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 2019. 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 2019. 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 or maintain 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 the goal is to improve CoC outcomes through evaluation and performance feedback. 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 ongoing support once implemented. The CoC will continue to seek out additional financial resources to support ongoing 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) Yes
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? 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.

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of the Group (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 To</td>
<td>To ensure and raise community awareness of homeless issues and services to address homelessness</td>
<td>Quarterly</td>
<td>CCA, HOME, LDSS, Homeless Shelter</td>
</tr>
<tr>
<td>Needs Assessment/Data Collection</td>
<td>To review data collection and quality and makes recommendations to the CoC for necessary improvements in this process including HMIS participation expansion; and a Coordinated Entry (CE) Committee which seeks to expand the participation in and access to the CE system within the CoC and recommend service priorities and written standards related for the CE system to the CoC</td>
<td>Quarterly</td>
<td>CCA, HOME</td>
</tr>
<tr>
<td>Planning</td>
<td>To conduct CoC communitywide planning activities.</td>
<td>Quarterly</td>
<td>All funded CoC agencies, LDSS, additional community-based organizations, and area emergency shelters</td>
</tr>
<tr>
<td>Ad-Hoc CoC Application Committee</td>
<td>To facilitate completion of the annual CoC application per HUD guideline.</td>
<td>Annually</td>
<td>CCA, STEL, 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

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $2,395 |
| Total Value of All Commitments: | $2,395 |

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>Housing Options M...</td>
<td>09/12/2018</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: (Be as specific as possible and include the office or grant program as applicable)
   Housing Options Made Easy, Inc.

5. Date of Written Commitment: 09/12/2018

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, 2020?  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>
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<tbody>
<tr>
<td>1. Coordination Activities</td>
<td></td>
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</tr>
<tr>
<td>2. Project Evaluation</td>
<td></td>
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</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td></td>
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</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
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</tr>
<tr>
<td>5. CoC Application Activities</td>
<td></td>
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</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
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<tr>
<td>7. Developing a CoC System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>2 HMIS Licenses @ $367 = $734 + $1,400 for data entry costs + 1 HAWNY contract @ $1,200 + 211 contract @ $1,200 + CE training/print materials@ $4543 + HIPAA compliant drop box software @ $500</td>
<td>$9,577</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>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
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<td></td>
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</tr>
</tbody>
</table>
Attachment Details

Document Description:

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>Match Letter</td>
<td>09/13/2018</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Match Letter
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.

1-Year Operation Rule.
For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

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

Name of Authorized Certifying Official: Joseph Woodward
Date: 09/14/2018
Title: Executive Director
Applicant Organization: Housing Options Made Easy, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 6A. Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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<td>1E. SF-424 Compliance</td>
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<tr>
<td>1F. SF-424 Declaration</td>
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<tr>
<td>1G. HUD 2880</td>
<td>09/12/2018</td>
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<td>1H. HUD 50070</td>
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<td>1J. SF-LLL</td>
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<td>Section</td>
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<td>2A. Project Detail</td>
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<td>2B. Description</td>
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<td>3A. Governance and Operations</td>
<td>09/12/2018</td>
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<tr>
<td>3B. Committees</td>
<td>09/14/2018</td>
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<tr>
<td>4A. Match</td>
<td>09/13/2018</td>
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<td>4B. Funding Request</td>
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<td>5B. Certification</td>
<td>09/12/2018</td>
</tr>
</tbody>
</table>
September 12, 2018

Whom it May Concern:

This letter documents that Housing Options will provide an in-kind match for the Cattaraugus CoC planning grant in the amount of $2,395. These funds are secured through current operation funds. Housing Options will allocate staff time for CoC planning activities.

Sincerely,

Joseph M. Woodward
CEO/Executive Director