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:

- 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 via 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 Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/23/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
   5b. Federal Award Identifier: NY1197
       This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW). Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Cattaraugus Community Action, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 16-0910303
c. Organizational DUNS: 079935755

d. Address
Street 1: 25 Jefferson Street
Street 2: Salamanca
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14779

e. Organizational Unit (optional)
Department Name: Homeless Services
Division Name: Transitional Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jodi
Middle Name: C.
Last Name: Fuller
Suffix:
Title: Chief Operating Officer of Planning and Devel
Organizational Affiliation: Cattaraugus Community Action, Inc.
Telephone Number: (716) 945-1041
Extension: 115
Fax Number: (716) 945-1301
Email: jfuller@ccaction.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:
   Title: FR-6300-N-25
   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: Domestic Violence Rapid Rehousing Program - combined renewal expansion

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

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2020

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: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix: 
Title: Chief Executive Officer
Telephone Number: (716) 945-1041
(Format: 123-456-7890)
Fax Number: (716) 945-1301
(Format: 123-456-7890)
Email: tzerbian@ccaction.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Cattaraugus Community Action, Inc.
   Prefix: Ms.
   First Name: Tina
   Middle Name: Gale
   Last Name: Zerbian
   Suffix: 
   Title: Chief Executive Officer

   Organizational Affiliation: Cattaraugus Community Action, Inc.

   Telephone Number: (716) 945-1041
   Extension: 111
   Email: tzerbian@ccaction.org
   City: Salamanca
   County: Cattaraugus
   State: New York
   Country: United States
   Zip/Postal Code: 14779

2. Employer ID Number (EIN): 16-0910303

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $100,756.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Domestic Violence Rapid Rehousing Program - combined renewal expansion 25 Jefferson Street Salamanca 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? (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.

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 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.

I AGREE: X

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 09/23/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Cattaraugus Community Action, 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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drugfree 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 certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2019

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09/23/2019
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.

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: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix:
Title: Chief Executive Officer
Telephone Number: (716) 945-1041
Fax Number: (716) 945-1301
Email: tzerbian@ccaction.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Cattaraugus Community Action, Inc.

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 09/23/2019
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: Cattaraugus Community Action, Inc.
Street 1: 25 Jefferson Street
Street 2:
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14779

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

[Signature]

07-993-5755
Domestic Violence Rapid Rehousing Program - combined renewal expansion
Renewal Project Application FY2019  Page 15  09/23/2019
complete. □

Authorized Representative

Prefix:  Ms.
First Name:  Tina
Middle Name:  Gale
Last Name:  Zerbian
Suffix:
Title:  Chief Executive Officer
Telephone Number:  (716) 945-1041
(Format: 123-456-7890)
Fax Number:  (716) 945-1301
(Format: 123-456-7890)
Email:  tzerbian@ccaction.org
Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  09/23/2019
**Information About Submission without Changes**

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
## Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? **Yes**

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? **No**

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? **Yes**

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? **No**
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.
   Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?
   Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>DV Rapid Rehousing Project</td>
<td>$50,756</td>
<td>NY1197</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>DV Rapid Rehousing Project</td>
<td>$50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>expansion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Combined Renewal Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$100,756</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

X
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NY1197
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: NY-504 - Cattaraugus County CoC
2b. CoC Collaborative Applicant Name: Housing Options Made Easy

3. Project Name: Domestic Violence Rapid Rehousing Program - combined renewal expansion

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

This project combines a HU DV-RRH renewal & expansion with services in tandem w/ the non-CoC funded DV shelter to enhance TBRA for residents under homeless definition 1&4. Services are victim-centered and trauma-informed. 14 households will be served by this project; 100% will be placed in housing. 75% will maintain housing for a minimum of 6 months & 40% will retain housing long term. The program will help victims find safe & practical housing. This project will support additional 18 staff hours a week for supportive services and increase existing staff hours for HMIS data entry & expand the level of services by enhancing the quality/intensity/frequency of services. This support will improve housing retention and recovery from abuse. Coordination w/ community providers will maximize project resources and participants' long-term success.

In 17-18, the DV shelter served 41 households; 26 with children. 23 secured permanent housing with family/friends or in apartments. Current shelter funding prohibits keeping records regarding types of disabling conditions, but staff report 80% of adult shelter residents reported a disabling condition of some type - SPMI, addictions, PTSD. The average length of stay was 70 days. In FY 18-19, the shelter has served 42 households; 34 contained children. 19 have been placed in housing. 75% of adults reported a disabling condition. The average length of stay is 60 days. Project supported security deposits and first/last months’ rent will assist residents w/ permanent housing when physically and emotionally safe to do so. Staff supportive services will support and improve safe long-term success. Additional assistance will include moving costs & utility deposits. Housing will meet participants’ needs, be safe and affordable. HUD regs regarding lead- based paint hazards, HQS, FMR/rent reasonableness, and leases will apply. Rental assistance will be given based on need to help maintain housing until household income allows for retention w/out assistance. Factors considered will include the following: household size/size of the rental unit; personal financial resources, length of time until household income is established, etc. RRH financial assistance will not supplant other resources. Staff will meet w/ participants at least monthly while rental assistance is provided. Additional support services will include ongoing goal planning, risk assessment, safety planning, and service linkages/access to mainstream resources. This project will participate in CE to the extent allowed by VAWA and will keep data in a separate database. The applicant is a CoC member and coordinates w/ housing and service providers. The applicant has well-established working relationships w/ private landlords. Coordination w/ service providers will ensure access to services such as mental health and addictions counseling, plus mainstream resources. Project outcomes include reduced lengths of homelessness and increases in household income.

2. Does your project have a specific population focus?  Yes
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income: X
- Active or history of substance use: X
- Having a criminal record with exceptions for state-mandated restrictions: X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse): X
- None of the above: 

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services: X
- Failure to make progress on a service plan: X
- Loss of income or failure to improve income: X
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area: X
None of the above

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR? No
training in the past 24 months.
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 14
Total Beds: 32

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>14</td>
<td>32</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  14
   b. Beds:  32

3. Address

   Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

   Street 1:  25 Jefferson Street
   Street 2:
     City:  Salamanca
     State:  New York
   ZIP Code:  14779

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
     369009 Cattaraugus County
5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>25</td>
<td>7</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Chronic Substance Abuse Non-Veterans</th>
<th>Chronic Substance Abuse Veterans</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Illness</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>25</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Chronic Substance Abuse Non-Veterans</th>
<th>Chronic Substance Abuse Veterans</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Illness</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Chronic Substance Abuse Non-Veterans</th>
<th>Chronic Substance Abuse Veterans</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mental Illness</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance X
   - Supportive Services X
   - HMIS X
6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>NY - Cattaraugus County, NY (36009999999)</td>
<td>9</td>
<td>$70,296</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $70,296
Total Units: 9
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NY - Cattaraugus County, NY (3600999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$408</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$544</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$563</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>3</td>
<td>$697</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$952</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,067</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,227</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,387</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,547</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,707</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,867</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 9

Total Request for Grant Term: $70,296

Grant Term: 1 Year

Click the 'Save' button to automatically calculate totals.
6D. 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>$25,189</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$25,189</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>Partial value of ...</td>
<td>08/13/2018</td>
<td>$25,189</td>
</tr>
</tbody>
</table>
Sources of Match Detail

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: Partial value of Domestic Violence Safe Dwelling
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/13/2018

6. Value of Written Commitment: $25,189

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$70,296</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$21,972</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$3,488</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$95,756</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$100,756</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$25,189</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$25,189</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$125,945</td>
</tr>
</tbody>
</table>
## 7A. 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) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>non profit docume...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>FY 2019 CCA DV RR...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>2019 CCA DV RRH E...</td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: non profit documentation

Attachment Details

Document Description: FY 2019 CCA DV RRH renewal application

Attachment Details

Document Description: 2019 CCA DV RRH Expasion application
7A. In-Kind Match 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>Dv RRH renew expa...</td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Dv RRH renew expand match
7B. 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 578.33(d) or 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.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Tina Zerbian
Date: 09/23/2019
Title: Chief Executive Officer
Applicant Organization: Cattaraugus Community Action, 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).

X

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<tr>
<td>2A. Subrecipients</td>
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<th>Part 3 - Project Information</th>
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<td>3A. Project Detail</td>
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<td>3B. Description</td>
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<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<th>Part 5 - Participants and Outreach Information</th>
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<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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<th>Part 6 - Budget Information</th>
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<td>6A. Funding Request</td>
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<td>6C. Rental Assistance</td>
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<td>6D. Match</td>
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<tr>
<td>6E. Summary Budget</td>
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</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Imported data from the renewal application. All applicable changes will update from renewal to combined renewal expansion.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
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<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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</tbody>
</table>

Applicant: Cattaraugus Community Action, Inc. 07-993-5755
Project: Domestic Violence Rapid Rehousing Program - combined renewal expansion 180838
<table>
<thead>
<tr>
<th>Section</th>
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<tr>
<td>1C. SF-424 Application Details</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
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<td>7A. Attachment(s)</td>
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<td>7A. In-Kind Match MOU Attachment</td>
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<td>7B. Certification</td>
<td>09/23/2019</td>
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<tr>
<td>Submission Without Changes</td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
Cattaraugus Community Action, Inc.
P.O. Box 308
Salamonca, NY 14779
Attn: Ernest D. Kallenbach, Jr.

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Cattaraugus Community Action, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified. Our records indicate that exemption was granted as shown below.

Sincerely yours,

[Signature]

William P. Marshall
District Disclosure Officer

Name of Organization: Cattaraugus Community Action, Inc.
Date of Exemption Letter: December 1965
Exemption granted pursuant to 1954 Code section 501(c)(3) or its predecessor Code section.
Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.
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:

- 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 via 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 navigational guides, which are also found on the HUD Exchange.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: NY1197
      This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
      Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Cattaraugus Community Action, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 16-0910303

c. Organizational DUNS: 079935755  PLUS 4

d. Address

Street 1: 25 Jefferson Street
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14779

e. Organizational Unit (optional)

Department Name: Homeless Services
Division Name: Transitional Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Jodi
Middle Name: C.
Last Name: Fuller
Suffix:
Title: Chief Operating Officer of Planning and Devel

Organizational Affiliation: Cattaraugus Community Action, Inc.
Telephone Number: (716) 945-1041
Extension:  115
Fax Number:  (716) 945-1301
Email:  jfuller@ccaction.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-6300-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):
   (for multiple selections hold CTRL key)
   New York

15. Descriptive Title of Applicant’s Project:
   Domestic Violence Rapid Rehousing Program

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

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix: 
Title: Chief Executive Officer
Telephone Number: (716) 945-1041
(Format: 123-456-7890)
Fax Number: (716) 945-1301
(Format: 123-456-7890)
Email: tzerbian@ccaction.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Cattaraugus Community Action, Inc.
   Prefix: Ms.
   First Name: Tina
   Middle Name: Gale
   Last Name: Zerbian
   Suffix: 
   Title: Chief Executive Officer

   Organizational Affiliation: Cattaraugus Community Action, Inc.

   Telephone Number: (716) 945-1041
   Extension: 111
   Email: tzerbian@ccaction.org
   City: Salamanca
   County: Cattaraugus
   State: New York
   Country: United States
   Zip/Postal Code: 14779

2. Employer ID Number (EIN): 16-0910303

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $50,756.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Domestic Violence Rapid Rehousing Program 25 Jefferson Street Salamanca 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? (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.

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 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.

I AGREE: X

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 08/15/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Cattaraugus Community Action, 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 drugfree 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 certify that the information provided on this form and in any accompanying documentation is true and accurate. 

Applicant: Cattaraugus Community Action, Inc.

Project: Domestic Violence Rapid Rehousing Program

07-993-5755 173444

Renewal Project Application FY2019 Page 11 09/23/2019
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.

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: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian

Title: Chief Executive Officer
Telephone Number: (716) 945-1041
(Format: 123-456-7890)
Fax Number: (716) 945-1301
(Format: 123-456-7890)
Email: tzerbian@ccaction.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Cattaraugus Community Action, Inc.

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 08/29/2019
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: Cattaraugus Community Action, Inc.
Street 1: 25 Jefferson Street
Street 2: 
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14779

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

Renewal Project Application FY2019  Page 15  09/23/2019
Authorized Representative

Prefix: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix:
Title: Chief Executive Officer

Telephone Number: (716) 945-1041
(Format: 123-456-7890)
Fax Number: (716) 945-1301
(Format: 123-456-7890)
Email: tzerbian@ccaction.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   Yes

   2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

   Stand-Alone Renewal Expansion

   2a. Input the name and grant number of the combined renewal expansion

   Combined Renewal Expansion Project Name: Domestic Violence Rapid Rehousing Program - combined

   combined Renewal Expansion PIN Number: NY1197
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NY1197
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: NY-504 - Cattaraugus County CoC
2b. CoC Collaborative Applicant Name: Housing Options Made Easy

3. Project Name: Domestic Violence Rapid Rehousing Program

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

This program will operate in tandem with a non-CoC funded DV shelter to provide short-midterm TBRA for shelter residents meeting HUD homeless definition categories 1 & 4. Services will be victim centered and trauma informed. Ten households will be served over the grant term. The program will help victims find housing that meets their needs for safety, affordability and proximity to services. On-going support will bolster chances of housing retention and recovery from abuse. Coordination with local service and housing providers will maximize project resources and participants’ chances of long-term success. During its 17-18 program year, the shelter served 41 households; 26 contained children. 23 were placed in housing —with family/friends (permanent tenure) or in apartments. Shelter funding prohibits keeping records regarding types of disabling conditions, but staff report 80% of adult shelter residents reported a disabling condition of some type - SPMI, addictions, developmental of physical, PTSD. Average length of stay was 70-80 days. Year to date (YTD) 2018-2019 data is similar. Thus far the shelter has served 42 households; 34 contained children. 19 have been placed in housing. 75% of adults reported a disabling condition. The average length of stay is 80 days. The program will place shelter residents in permanent housing when physically and emotionally safe to do so by providing security deposits and first/last months’ rent if needed. Additional financial assistance will include moving costs and utility deposits. Housing will meet participants’ needs, be safe and affordable. HUD regs regarding lead-based pain hazards, HQS, FMR/rent reasonableness and leases will apply. On-going rental supplements will ensure that participants can maintain housing until household income allows for housing retention without assistance. The amount of financial assistance will be based upon need. Factors considered will include the following: household size/size of rental unit; personal financial resources, length of time until household income is established, etc. RRH financial assistance will not supplant other resources. Staff will meet with participants a minimum of 1x/month while rental assistance is provided. Additional support services will include ongoing goal planning, risk assessment, safety planning and service linkages/access to mainstream resources. This project will participate in CE to the extent allowed by VAWA and will keep data in a separate database. The applicant is a CoC current member and often coordinates with housing and service providers. The applicant has well-established working relationships with private landlords. Coordination with service providers will ensure access to services such as mental health and addictions counseling, plus mainstream resources. Project outcomes include reduced lengths of homelessness and increases in household income.

2. Does your project have a specific population focus? Yes
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click ‘Save’ to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income
  - Yes
- Active or history of substance use
  - Yes
- Having a criminal record with exceptions for state-mandated restrictions
  - Yes
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
  - Yes
- None of the above
  - No

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services
  - Yes
- Failure to make progress on a service plan
  - Yes
- Loss of income or failure to improve income
  - Yes
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
  - Yes
- None of the above
  - No

3d. Does the project follow a "Housing First" Yes
approach?
4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units:** 10  
**Total Beds:** 26

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>10</td>
<td>26</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 10
   b. Beds: 26

3. Address
Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

   Street 1: 25 Jefferson Street
   Street 2:
       City: Salamanca
       State: New York
   ZIP Code: 14779

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   369009 Cattaraugus County
### 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>22</td>
<td>4</td>
<td>0</td>
<td>26</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No
3. Does this project propose to allocate funds according to an indirect cost rate?  No
4. Renewal Grant Term:  1 Year
5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS  X
6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>NY - Cattaraugus County, NY (3600999999)</td>
<td>5</td>
<td>$41,664</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $41,664
Total Units: 5
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NY - Cattaraugus County, NY (3600999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$408</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$544</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2</td>
<td>$563</td>
<td>x</td>
<td>12</td>
<td>$13,512</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>2</td>
<td>$697</td>
<td>x</td>
<td>12</td>
<td>$16,728</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$952</td>
<td>x</td>
<td>12</td>
<td>$11,424</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,067</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,227</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,387</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,547</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$1,707</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$1,867</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>$41,664</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$41,664</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. 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: | $12,689 |
| Total Value of All Commitments: | $12,689 |

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>Partial value of ...</td>
<td>08/13/2018</td>
<td>$12,689</td>
</tr>
</tbody>
</table>
Sources of Match Detail

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: Partial value of Domestic Violence Safe Dwelling
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/13/2018
6. Value of Written Commitment: $12,689

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.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$41,664</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$4,760</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$1,832</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$48,256</td>
</tr>
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<td>7. Admin (Up to 10%)</td>
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<td>9. Cash Match</td>
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<td>10. In-Kind Match</td>
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<td>12. Total Budget</td>
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### 7A. Attachment(s)

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<td>1) Subrecipient Nonprofit Documentation</td>
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<tr>
<td>2) Other Attachment</td>
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<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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Attachment Details

Document Description: CCA Nonprofit Doc- 501c3 Letter

Attachment Details

Document Description: CCA Financial Oversight Doc- Audit Record

Attachment Details

Document Description: Match Doc - Renewal
### 7A. In-Kind Match MOU Attachment

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<th>Document Description</th>
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<td>In-Kind MOU</td>
<td>08/21/2019</td>
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</table>

Applicant: Cattaraugus Community Action, Inc.  
Project: Domestic Violence Rapid Rehousing Program
Attachment Details

Document Description: In-Kind MOU
7B. 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 578.33(d) or 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.

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.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Tina Zerbian
Date: 08/29/2019
Title: Chief Executive Officer
Applicant Organization: Cattaraugus Community Action, 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).

X

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<tr>
<td>Part 3 - Project Information</td>
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<td>3B. Description</td>
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<td>Part 4 - Housing Services and HMIS</td>
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<td>5B. Subpopulations</td>
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<td>Part 6 - Budget Information</td>
<td>6A. Funding Request</td>
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<td>6C. Rental Assistance</td>
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<td></td>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>6E. Summary Budget</td>
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</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Program reviewed all information carried over to this application for accuracy.
- Program updated budget and match amounts from original application amount to actual amount granted in the February 6, 2018 award letter.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
8B Submission Summary

<table>
<thead>
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Applicant: Cattaraugus Community Action, Inc. 07-993-5755
Project: Domestic Violence Rapid Rehousing Program 173444
<table>
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<tr>
<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
<td>08/15/2019</td>
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<td>1H. HUD-50070</td>
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<td>1l. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
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</tr>
<tr>
<td>6D. Match</td>
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</tr>
<tr>
<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/21/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Cattaraugus Community Action, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

[Signature]

William P. Marshall
District Disclosure Officer

Name of Organization: Cattaraugus Community Action, Inc.

Date of Exemption Letter: December 1965

Exemption granted pursuant to 1954 Code section 501(c)(3) or its predecessor Code section.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.
April 5, 2019

Re: COC Application FY 2019
Project Name: DV Rapid Rehousing Program

This letter is to certify that Cattaraugus Community Action, Inc. will be providing in-kind match for the above program in the amount of $12,689. Match will be provided from the following sources:

Partial value of state reimbursements for bed nights provided to victims utilizing Domestic Violence Safe Dwelling.

The match source noted above is from contracted services provided at a Cattaraugus Community Action Property and therefore the execution of an MOU is not applicable. Match funds described above will be available from April 1, 2019- March 31, 2020.

Respectfully,

[Signature]

Tina Zerbian,
Chief Executive Officer
CONTRACT BETWEEN COUNTY OF CATTARAUGUS AND
CATTARAUGUS COMMUNITY ACTION, INC. FOR RESIDENTIAL
SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE

THIS AGREEMENT made this 24th day of October, Two Thousand and Eighteen, by and between the COUNTY OF CATTARAUGUS, a municipal corporation organized and existing under the laws of the State of New York, having its county seat and principal offices at 303 Court Street, Little Valley, New York 14755, hereinafter referred to as "County", and CATTARAUGUS COMMUNITY ACTION, INC., a domestic corporation organized and existing under the laws of the State of New York, having its principal place of business at 25 Jefferson Street, Salamanca, New York 14779, hereinafter referred to as "Contractor".

WITNESSETH:

WHEREAS, the County Department of Social Services, hereinafter referred to as "Department", is required by Article 6-A of the Social Services Law to offer and provide necessary and available approved residential services to victims of domestic violence whether eligible or ineligible for public assistance, and

WHEREAS, the Contractor has the authority to provide the services required to be performed herein and is duly licensed by the New York State Office of Children and Family Services to provide such services, and

WHEREAS, the Contractor has agreed to administer the aforementioned program for the Department, and

WHEREAS, this contract is authorized by Act 472-2018 of the Cattaraugus County Legislature, now, therefore,

FOR GOOD AND VALUABLE CONSIDERATION, the parties do hereby agree as follows:

1. Term and Termination.
   1.1 The term of this contract shall commence January 1, 2019 and terminate December 31, 2019.

   1.2 This contract may be terminated at any time by either party upon the giving of thirty (30) days written notice to the other party; however, in the event the Contractor defaults in the performance of any of its obligations under this contract, the County may terminate the contract effective upon written notice at any time. However, any termination of this contract shall not relieve the Contractor of its duty to defend, indemnify and hold harmless the County as set forth herein. The County may also terminate this contract immediately if federal or state reimbursement is terminated or not allowed.

2. Program Requirements. The provisions of Article 6-A of the Social Services Law require social services districts to offer and provide necessary and available approved residential services to victims of domestic violence, whether eligible or ineligible for public assistance.

3 Scope of Services.
   3.1 The services provided by the Contractor, under the terms of this contract, are subject to the provisions of Schedule 1 - Standard Clauses of Cattaraugus County, which is attached hereto and by reference, made a part hereof.

   3.2 The Contractor shall provide residential services for victims of domestic violence in accordance with the terms of this contract and the standards prescribed by the New York State Office of Children and Family Services and as prescribed by New York State laws and regulations, including, but not limited to, 18 NYCRR Parts 408, 452, 453, 454 and 455.
3.3 The Contractor shall fully guarantee the quality and workmanship of the services and/or goods provided, and shall represent and warrant that such goods or services meet or exceed all applicable industry standards.

3.4 The Contractor agrees to assume professional and administrative responsibility for services rendered under this contract.

4. **Payment.**
   4.1 The County agrees to pay to the Contractor an amount not to exceed the $67.00 per day per person rate established by the New York State Office of Children and Family Services, less any amount of the per diem which is the client’s responsibility, for each victim and child provided residential services who was residing within the Department's jurisdiction at the time of the domestic violence incident. All bills must be submitted to the Department no later than thirty (30) days after the service is provided or no later than the end of the following month. Failure to do so may result in non-payment for the service. This program is 100% federally funded, CFDA #93.558.

   4.2 Payment shall be made by the County to the Contractor within thirty (30) days after submission of an invoice, with a line item cost (if requested), together with such other documentation that the County deems appropriate and provided that the services rendered hereunder meet the reasonable satisfaction of the Commissioner of the Department of Social Services.

   4.3 The Contractor agrees that payment by the County shall be contingent upon the Department’s receipt of a signed and completed common application (DSS-2921 or DSS-2921 NYC) on behalf of an individual victim and a completed claim form to the district liaison. Any claim form submitted pursuant to this paragraph must have been approved by the Department.

   4.4 By submitting a claim to the County for payment, the Contractor certifies: that claims are just, true and correct; that goods are of the quantity and quality stated and/or that the services were actually performed; that prices are reasonable and in accordance with this contract; that no portion of any claim has been paid; that there exist no offsets or counterclaims; and that no tax is included.

5. **Insurance.**
   5.1 The Contractor shall secure and maintain, at its own cost and expense, insurance coverage for the Term as specified in Appendix "A" attached hereto for coverage complying with Classification "G", at not less than the prescribed minimum limits of liability, covering all acts performed by the Contractor in connection with the performance of the work and/or services hereunder by the Contractor, its agents, representatives, employees, subcontractors, or anyone directly or indirectly employed by it. The Contractor will cause all subcontractors to maintain the same specified coverage and limits and be held responsible if subcontractors fail to maintain such insurance.

   5.2 All insurance shall be written through insurance companies licensed in the state of New York, which at all times have at a minimum a current A.M. Best’s Rating of A-, and be a size category VII or higher. The Contractor shall file a Certificate of Insurance (COI) with the Cattaraugus County Personnel Officer, 303 Court Street, Little Valley, New York 14755, corresponding to each such policy described in Appendix "A" prior to the date on which the Contractor commences providing the service, or receives any payment hereunder, and shall be responsible for updating the COI, as necessary, throughout the term of the contract. All COIs shall contain an agreement that such insurance shall not be materially changed, cancelled, terminated, or non-renewed without thirty (30) days prior written notice to Cattaraugus County.

   5.3 The insurers providing these coverages acknowledge that the Named Insured is entering into a contract with the County of Cattaraugus in which the Named Insured agrees to defend, hold harmless, and indemnify the County, its officials, employees, and agents against all claims resulting from work performed, material handled, and services rendered. In some circumstances it will be necessary to require alternate
coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternate coverage and limits should be evidenced on the certificate in lieu of the standards contained within Appendix "A".

6. **Hold Harmless.**
   
   6.1 The Contractor shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the Contractor or its subcontractors pursuant to this contract. To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold the County and its officers and employees harmless from any liability, claim, demand, loss, judgment, expense, and cost of every type, amount, and nature, direct and indirect and without limitation, including the costs of defense arising from the Contractor's performance or failure to perform the terms of this agreement and any violations, and/or cause(s) of action brought under the New York State Labor Law. In the event that this agreement is funded by Federal or State funds, and the County is required to indemnify the funding source(s) of this agreement, then the Contractor shall be required to indemnify the funding source to the fullest extent that the County is contractually obligated to do so, to the extent such obligation arises from the Contractor's action or failure to act in accordance with this agreement.

   6.2 All money expended by the County as a result of such claims, actions, damages, losses, expenses, and costs, together with interest at a rate not to exceed the maximum interest rate permitted by law, shall be immediately and without notice due and payable by the Contractor to the County.

   6.3 Such obligation to the County shall not be construed to negate, abridge or reduce other rights of indemnity which would otherwise exist. This provision shall supersede any other provision in this agreement, including attachments and referenced items, deemed to be in conflict, unless specifically stated otherwise.

**IN WITNESS WHEREOF,** the parties hereto have caused these presents to be signed and their respective seals to be hereunto affixed by their duly authorized officers the day and year first above written.

**IN PRESENCE OF**

(Corporate Seal)

**COUNTY OF CATTARAUGUS**

JAMES J. SNYDER, SR., Chairman
Cattaraugus County Legislature

(Corporate Seal)

**CATTARAUGUS COMMUNITY ACTION, INC.**

TINA ZERBIAN, Executive Director

(Corporate Seal)

**CATTARAUGUS COMMUNITY ACTION, INC.**

DONALD A. JONES, Board President
STATE OF NEW YORK  : ss.
COUNTY OF CATTARAUGUS:

On this 24th day of October, Two Thousand and Eighteen, before me personally came JAMES J. SNYDER, SR., to me personally known, who, being by me duly sworn, did depose and say that he has a mailing address of P.O. Box 1, Olean, New York 14760; that he is the Chairman of the Cattaraugus County Legislature, the corporation described in and which executed the foregoing instrument; that he knows the seal of the said corporation and that the seal affixed hereto is such corporate seal; that it was so affixed by order of the Cattaraugus County Legislature and that he signed his name thereto by like order.

Notary Public

STATE OF NEW YORK  : ss.
COUNTY OF CATTARAUGUS:

On this 30th day of October, Two Thousand and Eighteen, before me personally came TINA ZERBIAN, to me personally known, who, being by me duly sworn, did depose and say that she resides in Ellicottville, New York; that she is the Executive Director of Cattaraugus Community Action, Inc., the corporation described in and which executed the foregoing instrument; that she knows the seal of the said corporation and that the seal affixed hereto is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that she affixed her name thereto by like order.

Notary Public

STATE OF NEW YORK  : ss.
COUNTY OF CATTARAUGUS:

On this 19th day of November, Two Thousand and Eighteen, before me personally came DONALD A. JONES, to me known, who being by me duly sworn, did depose and say that he resides at Olean, New York; that he is the Board President of the Cattaraugus Community Action, Inc., the corporation described in, and which executed the above instrument; that she knows the seal of such corporation; that the seal was affixed by order of the Board of Directors of such corporation and that he signed his name thereto by like order.

Notary Public
April 5, 2019

Re: COC Application FY 2019
Project Name: DV Rapid Rehousing Program

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Respectfully,

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Chief Executive Officer
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2. **Program Requirements.** The provisions of Article 6-A of the Social Services Law require social services districts to offer and provide necessary and available approved residential services to victims of domestic violence, whether eligible or ineligible for public assistance.

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   4.2 Payment shall be made by the County to the Contractor within thirty (30) days after submission of an invoice, with a line item cost (if requested), together with such other documentation that the County deems appropriate and provided that the services rendered hereunder meet the reasonable satisfaction of the Commissioner of the Department of Social Services.

   4.3 The Contractor agrees that payment by the County shall be contingent upon the Department’s receipt of a signed and completed common application (DSS-2921 or DSS-2921 NYC) on behalf of an individual victim and a completed claim form to the district liaison. Any claim form submitted pursuant to this paragraph must have been approved by the Department.

   4.4 By submitting a claim to the County for payment, the Contractor certifies: that claims are just, true and correct; that goods are of the quantity and quality stated and/or that the services were actually performed; that prices are reasonable and in accordance with this contract; that no portion of any claim has been paid; that there exist no offsets or counterclaims; and that no tax is included.

5. Insurance.
   5.1 The Contractor shall secure and maintain, at its own cost and expense, insurance coverage for the Term as specified in Appendix "A" attached hereto for coverage complying with Classification "G", at not less than the prescribed minimum limits of liability, covering all acts performed by the Contractor in connection with the performance of the work and/or services hereunder by the Contractor, its agents, representatives, employees, subcontractors, or anyone directly or indirectly employed by it. The Contractor will cause all subcontractors to maintain the same specified coverage and limits and be held responsible if subcontractors fail to maintain such insurance.

   5.2 All insurance shall be written through insurance companies licensed in the state of New York, which at all times have at a minimum a current A.M. Best’s Rating of A-, and be a size category VII or higher. The Contractor shall file a Certificate of Insurance (COI) with the Cattaraugus County Personnel Officer, 303 Court Street, Little Valley, New York 14755, corresponding to each such policy described in Appendix "A" prior to the date on which the Contractor commences providing the service, or receives any payment hereunder, and shall be responsible for updating the COI, as necessary, throughout the term of the contract. All COIs shall contain an agreement that such insurance shall not be materially changed, cancelled, terminated, or non-renewed without thirty (30) days prior written notice to Cattaraugus County.

   5.3 The insurers providing these coverages acknowledge that the Named Insured is entering into a contract with the County of Cattaraugus in which the Named Insured agrees to defend, hold harmless, and indemnify the County, its officials, employees, and agents against all claims resulting from work performed, material handled, and services rendered. In some circumstances it will be necessary to require alternate
coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternate coverage and limits should be evidenced on the certificate in lieu of the standards contained within Appendix "A".

6. **Hold Harmless.**

6.1 The Contractor shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the Contractor or its subcontractors pursuant to this contract. To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold the County and its officers and employees harmless from any liability, claim, demand, loss, judgment, expense, and cost of every type, amount, and nature, direct and indirect and without limitation, including the costs of defense arising from the Contractor's performance or failure to perform the terms of this agreement and any violations, and/or cause(s) of action brought under the New York State Labor Law. In the event that this agreement is funded by Federal or State funds, and the County is required to indemnify the funding source(s) of this agreement, then the Contractor shall be required to indemnify the funding source to the fullest extent that the County is contractually obligated to do so, to the extent such obligation arises from the Contractor's action or failure to act in accordance with this agreement.

6.2 All money expended by the County as a result of such claims, actions, damages, losses, expenses, and costs, together with interest at a rate not to exceed the maximum interest rate permitted by law, shall be immediately and without notice due and payable by the Contractor to the County.

6.3 Such obligation to the County shall not be construed to negate, abridge or reduce other rights of indemnity which would otherwise exist. This provision shall supersede any other provision in this agreement, including attachments and referenced items, deemed to be in conflict, unless specifically stated otherwise.

**IN WITNESS WHEREOF**, the parties hereto have caused these presents to be signed and their respective seals to be hereunto affixed by their duly authorized officers the day and year first above written.

**IN PRESENCE OF**

(Corporate Seal)

**COUNTY OF CATTARAUGUS**

[Signature]

JAMES J. SNYDER, SR., Chairman
Cattaraugus County Legislature

**CATTARAUGUS COMMUNITY ACTION, INC.**

[Signature]

TINA ZERBIAN, Executive Director

**CATTARAUGUS COMMUNITY ACTION, INC.**

[Signature]

DONALD A. JONES, Board President
STATE OF NEW YORK : ss.
COUNTY OF CATTARAUGUS:

On this 24th day of October, Two Thousand and Eighteen, before me personally came JAMES J. SNYDER, SR., to me personally known, who, being by me duly sworn, did depose and say that he has a mailing address of P.O. Box 1, Olean, New York 14760; that he is the Chairman of the Cattaraugus County Legislature, the corporation described in and which executed the foregoing instrument; that he knows the seal of the said corporation and that the seal affixed hereto is such corporate seal; that it was so affixed by order of the Cattaraugus County Legislature and that he signed his name thereto by like order.

[Signature]
Notary Public

STATE OF NEW YORK : ss.
COUNTY OF CATTARAUGUS:

On this 30th day of October, Two Thousand and Eighteen, before me personally came TINA ZERBIAN, to me personally known, who, being by me duly sworn, did depose and say that she resides in Ellicottville, New York; that she is the Executive Director of Cattaraugus Community Action, Inc., the corporation described in and which executed the foregoing instrument; that she knows the seal of the said corporation and that the seal affixed hereto is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that she affixed her name thereto by like order.

[Signature]
Notary Public

Gayle L. Rockwell #6153443
Notary Public State of New York
Qualified in Cattaraugus County
My Commission Expires October 02, 2022

STATE OF NEW YORK : ss.
COUNTY OF CATTARAUGUS:

On this 19th day of November, Two Thousand and Eighteen, before me personally came DONALD A. JONES, to me known, who being by me duly sworn, did depose and say that he resides at Olean, New York; that he is the Board President of the Cattaraugus Community Action, Inc., the corporation described in, and which executed the above instrument; that she knows the seal of such corporation; that the seal was affixed by order of the Board of Directors of such corporation and that he signed his name thereto by like order.

[Signature]
Notary Public

Gayle L. Rockwell #6153443
Notary Public State of New York
Qualified in Cattaraugus County
My Commission Expires October 02, 2022
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:

- 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 via 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 Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- 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 project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):
   If "Other", specify:

3. Date Received: 08/29/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Cattaraugus Community Action, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 16-0910303
c. Organizational DUNS: 079935755

8. Applicant
d. Address
   Street 1: 25 Jefferson Street
   City: Salamanca
   County: Cattaraugus
   State: New York
   Country: United States
   Zip / Postal Code: 14779

e. Organizational Unit (optional)
   Department Name: Homeless Services
   Division Name: Transitional Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jodi
   Middle Name: C.
   Last Name: Fuller
   Suffix: 
   Title: Chief Operating Officer of Planning and Devel

Organizational Affiliation: Cattaraugus Community Action, Inc.
Telephone Number: (716) 945-1041
Extension:  115
Fax Number:  (716) 945-1301
Email:  jfuller@ccaction.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-6300-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:
    Domestic Violence Rapid Rehousing Program Expansion

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

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

   If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: 

21. Authorized Representative

Prefix: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix:
Title: Chief Executive Officer

Telephone Number: (716) 945-1041
(Format: 123-456-7890)

Fax Number: (716) 945-1301
(Format: 123-456-7890)

Email: tzerbian@ccaction.org

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

Date Signed: 08/29/2019
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Cattaraugus Community Action, Inc.
Prefix: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix: 
Title: Chief Executive Officer
Organizational Affiliation: Cattaraugus Community Action, Inc.
Telephone Number: (716) 945-1041
Extension: 111
Email: tzerbian@ccaction.org
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip/Postal Code: 14779

2. Employer ID Number (EIN): 16-0910303

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $50,000.00
5. State the name and location (street address, City and State) of the project or activity.

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

Part I Threshold Determinations

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

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

I AGREE: X

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 08/29/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Cattaraugus Community Action, 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 drugfree workplace through implementation of paragraphs a. thru f. |

2. 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
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.

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:  Ms.
First Name:  Tina
Middle Name:  Gale
Last Name:  Zerbian
Title:  Chief Executive Officer
Telephone Number:  (716) 945-1041
Fax Number:  (716) 945-1301
Email:  tzerbian@ccaction.org

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/29/2019
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: Cattaraugus Community Action, Inc.

Name / Title of Authorized Official: Tina Zerbian, Chief Executive Officer

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

Date Signed: 08/29/2019
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: Cattaraugus Community Action, Inc.
Street 1: 25 Jefferson Street
Street 2: 
City: Salamanca
County: Cattaraugus
State: New York
Country: United States
Zip / Postal Code: 14779

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

Applicant: Cattaraugus Community Action, Inc. 07-993-5755
Project: Domestic Violence Rapid Rehousing Program Expansion 178044

New Project Application FY2019 Page 15 09/23/2019
Authorized Representative

Prefix: Ms.
First Name: Tina
Middle Name: Gale
Last Name: Zerbian
Suffix:
Title: Chief Executive Officer

Telephone Number: (716) 945-1041
(Format: 123-456-7890)
Fax Number: (716) 945-1301
(Format: 123-456-7890)
Email: tzerbian@ccaction.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

There are no sub-recipients in the proposed programs and so questions relative to this subject are not applicable. Cattaraugus Community Action, Inc. (CCA) is proposing to use HUD CoC DV Bonus project dollars to implement a PSH-RRH project targeting additional households living in the agency’s DV Safe Dwelling and providing additional staff to enhance case management services to those utilizing DV Rapid Rehousing programming. Households served will meet the HUD definition of homeless categories 1 and 4. Housing location and financial assistance coupled with on-going case management will fill a gap in the target community, will reduce lengths of homelessness and will addressing DV survivors unique service needs. Cattaraugus Community Action, Inc. (CCA) is the appropriate local entity to receive funding for /operate the proposed project for the following reasons:

1) CCA is had decades of experience/expertise in working with the identified target population and addressing the housing and support service needs of same. Experience comes from serving both the general homelessness population and households homeless because of family violence. The agency currently operates a 10-bed emergency homeless shelter for single adults, prevention and rapid rehousing services, and permanent supported housing programs. Experience gained as a result means that CCA is familiar with service needs of homeless households and capable of helping homeless households find and maintain housing as well as linking with services needed to sustain housing. Services specific to victims of domestic violence currently operated by the agency include: a 24-hour hotline, advocacy, court preparation and accompaniment, as well as mental health counseling and support groups. Experience garnered via operation of said programs means that CCA is also well versed in identifying and addressing service issues specific to domestic violence victims.

2) CCA is also adept at developing and implementing relevant programs. Examples of the agency’s ability to do so include the development and current operation of a 10-bed emergency homelessness and new 18-unit Single Room Occupancy (SRO) for homeless or at-risk single adults. This facility opened in 2014. The agency also implements new services specific to DV victims – most recently, the agency added licensed mental health counselling and case management services.

3) CCA is regularly called upon to secure matching funds from a variety of sources, both internal and external. Examples of securing internal matching funds include matching site-based support service dollars with rental income generated by building tenants. An example of using external sources of match include documenting in-kind contributions, including staff time and space costs from partnering agencies.

4) CCA’s key administrative staff have tenures exceeding 20 years; they are well versed in managing the organization and administering a variety of services. 
programs. As a Community Action Agency, CCA is subject to a tri-annual review process that thoroughly examines agencies operations and governance. CCA consistently meets all standards. Finally, the agency is subject to annual audits and gets unqualified opinions with no recommendations for improvement in financial management systems.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Today, the agency has a $8.3 million annual budget comprised of funding from Federal, State, Local and Private sources. Cattaraugus Community Action’s (CCA) experience and ability to leverage dollars from multiple funding is demonstrated by the diversity of its annual budget and by the continued growth of its budget over the last several years. The agency is funded with a combination of Federal, State, Local and private funding and regularly leverages these resources to design and implement effect programming. For the proposed project, CCA will be leveraging resources that may include the value of the domestic violence safe dwelling and the services of current program staff.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

CCA is a private not-for profit anti-poverty organization established in 1965 as a result of the War on Poverty. CCA offers an array of services for low income households - housing, housing rehabilitation, nutrition, parent support services, youth case management, parent support, services for victims of domestic violence, sexual assault and other crimes as well as offering services for households who are homeless or at risk of homelessness. The agency has three departments, plus administration; each department has a cluster of similar programs. The agency has approx. 131 full and part time employees and an annual budget of $8.6 million.

As a Community Action Agency, CCA is legislatively mandated to coordinated with the community to meet low income area residents’ needs. Evidence of this begins at the top with governance and works down to coordination of services on a case by case basis. CCA is governed by a tripartite Board of Directors comprised of equal numbers representing the low income, public and private sectors. This Board composition ensures that CCA works with all community sectors to identify and address poverty related issues. Further evidence of the agency’s ability to coordinate services is shown in the 103 unduplicated community partnerships maintained by the agency on the management and direct service levels. Management level partnerships include participation in other Boards’ of Directors and participating in community-based initiatives. One example is the agency’s participation in the CoC Board and General Partnership. Direct Service partnerships are comprised of agencies working together to meet customer service needs. (service coordination) The level of involvement described above ensures that the agency remains cognizant of emerging issues and works collectively with other community-based agencies to address them.

The agency coordinates internally as well. Given the volume of services available at CCA and the desire to provide the most comprehensive service
possible, the agency uses a Central Intake approach to assessing customers' needs. Rather than addressing a customer's sole presenting problem, agency customers are assessed for needs encompassing all agency services. This allows for a packaging of services that best meet a household's needs in the long term, rather than addressing only an immediate crisis.

The agency uses software called Grants Management Systems (GMS) to accurately account for all agency finances and will also use this system for the proposed project. The software is integrated and performs all accounting activities – General Ledger, Cash Receipts, General Journal, Budget Preparation, Cost Allocation, Accounts Payable, Accounts Receivable, Purchase Orders, Payroll, Timesheet Accounting, Financial Reporting and Security features. The system is compliant with all state and federal requirements including FASB 116 and 117, GASB 34 and all major OMB circulars.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  

No
3A. Project Detail

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

2. Project Name: Domestic Violence Rapid Rehousing Program Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

This project operates in tandem with a non-CoC funded DV shelter & a HUD DV-RRH project to enhance TBRA for residents under homeless definition 1 & 4. Services are victim-centered and trauma-informed. This project will serve 4 additional families/year; 100% will be placed in housing, 75% will maintain housing for a minimum of 6 months & 40% will retain housing long term. The project helps victims find safe and practical housing. This project will support 20 staff hours/week, to expand services to participants by enhancing the quality/intensity/frequency of supportive services. This support will improve housing retention and recovery from abuse. Coordination with service/housing providers will maximize project resources and participants’ long-term success. In FY 17-18, the shelter served 41 households; 26 with children. 23 secured housing – with family/friends (permanent tenure) or in apartments. Current shelter funding prohibits keeping records regarding types of disabling conditions, but staff report 80% of adult shelter residents reported a disabling condition of some type - SPMI, addictions, PTSD. The average length of stay was 70 days. In FY 18-19, the shelter has served 42 households; 34 contained children. 19 have been placed in housing. 75% of adults reported a disabling condition. The average length of stay is 60 days.

Project supported security deposits and first/last months’ rent will assist placing residents in permanent housing when physically and emotionally safe to do so. Staff supportive service will support housing transitions and improve safe long-term success. Additional assistance will include moving costs and utility deposits. Housing will meet participants’ needs, be safe and affordable. HUD regs regarding lead-based paint hazards, HQS, FMR/rent reasonableness, and leases will apply. Ongoing rental supplements ensure participants maintain housing until household income allows for housing retention w/out assistance. The amount of financial assistance will be based upon need. Factors considered will include the following: household size/size of the rental unit; personal financial resources, length of time until household income is established, etc. RRH financial assistance will not supplant other resources. Staff will meet with participants at least monthly while rental assistance is provided. Additional support services will include ongoing goal planning, risk assessment, safety planning, and service linkages/access to mainstream resources.

This project will participate in CE to the extent allowed by VAWA and keep data in a separate database. The applicant is a CoC member and often coordinates with housing/service providers. The applicant has established working relationships with private landlords. Coordination with providers will ensure access to services such as mental health and addictions counseling, plus mainstream resources. Project outcomes include reduced lengths of homelessness and increases in household income.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds
requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>A: 30</td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>A: 60</td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>A: 100</td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>A: 210</td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
<td>B:</td>
<td>C:</td>
<td>D:</td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. Please identify the project’s specific population focus.

(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Housing First

a. Will the project quickly move participants Yes
b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach? Yes
   (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

n/a

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Participants will be living in the domestic violence safe dwelling to be eligible for this program. DV survivors will live safely within the Safe Dwelling while participating in this program until they identify and move to safe permanent housing of their choice.
8. Will more than 16 persons live in one structure?  No
3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?  Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: NY1197
1b. Eligible Renewal Grant Project Name: Domestic Violence Rapid Rehousing

2. Will this expansion project Increase the number of homeless persons served?  Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>26</td>
</tr>
<tr>
<td># of units</td>
<td>10</td>
</tr>
<tr>
<td># of beds</td>
<td>26</td>
</tr>
<tr>
<td>New effort</td>
<td></td>
</tr>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>6</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>4</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>6</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons?  Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

- Increase number of and/or expand variety of supportive services provided
- Increase frequency and/or intensity of supportive services

4. Will this expansion project bring existing facilities up to government health and safety standards?  No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

[ ]

2. Describe how participants will be assisted to obtain and remain in permanent housing.

This project will be victim focused; trauma informed to help participants attain/maintain housing while meeting unique service needs of DV survivors. RRH funds will be used for security deposits and first and last month’s rent as needed to secure housing. Additional financial assistance, in the form of utility deposits, moving costs and ongoing rental subsidy will be provided as needed. Project staff will increase the intensity and frequency of linkage with community providers to meet needs for transportation, childcare, healthcare, mental health counseling, additions counseling, employment and educational opportunities. Services will remain in place on a voluntary basis. It is expected that RRH assistance, coupled with DV specific and comprehensive community-based services will result in greater housing stability and retention by placing program participants in safe affordable housing and offer short term subsidies until household income is increased, or benefits are obtained.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Domestic violence victims often have limited earning potential when leaving an abusive relationship. In these cases, program staff will focus on linking participants with available mainstream resources to increase household income and retain independent living. Resources will include Section 8 HCV, LDSS assistance, WIC, and SSI/SSDI as applicable. Program participants will also be linked with education, job training and employment opportunities as appropriate given their level of healing from the abuse. It is expected that a small number of
participants will immediately gain employment - it can take months for a victim to gain enough confidence to enter job training or employment. Securing a stable source of income, even if unearned, and pairing it with ongoing support services will help households remain stably housed and free from abuse. This project anticipates that the addition of more program staff hours for DV-RRH services will enhance the intensity and frequency of coordination with health, social services, educational, vocational and employment programs with program participants.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. 

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?  
Yes

6. Will project participants have access to  
Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units:** 4  
**Total Beds:** 6

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 6

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

   Street 1: 25 Jefferson Street
   Street 2:  
   City: Salamanca
   State: New York
   ZIP Code: 14779

*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
   (for multiple selections hold CTRL key)

   369009 Cattaraugus County
5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>2</td>
<td></td>
<td>0</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

   Only RRH, SSO and JOINT component types can apply for this funding

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:

   Rental Assistance X
   Supportive Services X
   HMIS X

6. If awarded, will this project require an initial grant term greater than 12 months? No
6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>NY - Cattaraugus County, NY (3600999999)</td>
<td>4</td>
<td>$28,632</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $28,632

Total Units: 4
### Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

---

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** NY - Cattaraugus County, NY (3600999999)

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$408</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$544</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$563</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Applicant: Cattaraugus Community Action, Inc. 07-993-5755
Project: Domestic Violence Rapid Rehousing Program Expansion 178044

New Project Application FY2019  Page 36  09/23/2019
### 2 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>$697</td>
<td>12</td>
</tr>
</tbody>
</table>

### 3 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$952</td>
<td>12</td>
</tr>
</tbody>
</table>

### 4 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,067</td>
<td>12</td>
</tr>
</tbody>
</table>

### 5 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,227</td>
<td>12</td>
</tr>
</tbody>
</table>

### 6 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,387</td>
<td>12</td>
</tr>
</tbody>
</table>

### 7 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,547</td>
<td>12</td>
</tr>
</tbody>
</table>

### 8 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,707</td>
<td>12</td>
</tr>
</tbody>
</table>

### 9 Bedrooms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>$1,867</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units and Annual Assistance Requested</th>
<th>4</th>
<th>=</th>
<th>$28,632</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$28,632</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Moving truck assistance to facilitate moving. Calculated at 3 rentals for $100/ rental plus short term storage of belonging at $75/months for 14.1 months.</td>
<td>$696</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>Safe Dwelling advocate time associated with project supportive service and case management</td>
<td>$14,902</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>Financial assistance with utility deposits if needed to establish service in new housing (3 deposits at $400/ea.)</td>
<td>$1,200</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Office Supplies (printer paper, ink, file folders etc)</td>
<td>$414</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$17,212</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$17,212

Click the 'Save' button to automatically calculate totals.
6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g., .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>Staff time associated with HMIS data entry (2hours/week @15.92/hr)</td>
<td>$1,656</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $1,656
Grant Term: 1 Year
Total Request for Grant Term: $1,656

Click the 'Save' button to automatically calculate totals.
6I. 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>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$12,500</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$12,500</td>
</tr>
</tbody>
</table>

1. Will 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>Partial values of...</td>
<td>08/23/2019</td>
<td>$12,500</td>
</tr>
</tbody>
</table>
Sources of Match Detail

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: Partial values of reimbursements for safe dwelling bed night reimbursement and food provided to program participants.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/23/2019
6. Value of Written Commitment: $12,500

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.
6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$28,632</td>
<td>1 Year</td>
<td>$28,632</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$17,212</td>
<td>1 Year</td>
<td>$17,212</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$1,656</td>
<td>1 Year</td>
<td>$1,656</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$47,500</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$2,500</td>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$50,000</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$12,500</td>
<td></td>
<td>$12,500</td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$12,500</td>
<td></td>
<td>$12,500</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$62,500</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. 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) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCA NonProfit Doc...</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>Match Letter</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** CCA NonProfit Doc- 501 C/3 Letter

Attachment Details

**Document Description:** Match Letter

Attachment Details

**Document Description:**

TapShrnt: Cattaraugus Community Action, Inc. 07-993-5755  
**Project:** Domestic Violence Rapid Rehousing Program Expansion 178044
7A. 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:
7D. 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 part 578 or 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.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.**

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 provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Tina Zerbian

**Date:** 08/29/2019

**Title:** Chief Executive Officer

**Applicant Organization:** Cattaraugus Community Action, 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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

Applicant: Cattaraugus Community Action, Inc.
Project: Domestic Violence Rapid Rehousing Program Expansion
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/21/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6H. HMIS Budget</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/23/2019</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/26/2019</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Cattaraugus Community Action, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

[Signature]

William P. Marshall
District Disclosure Officer

Name of Organization: Cattaraugus Community Action, Inc.

Date of Exemption Letter: December 1965

Exemption granted pursuant to 1954 Code section 501(c)(3) or its predecessor Code section.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.
August 1, 2019

Re: FY2019 CoC Application
Domestic Violence Rapid Rehousing Combined Renewal Expansion
Cattaraugus Community Action

This letter is to certify that Cattaraugus Community Action, Inc. will be providing in-kind match for the above program in the amount of $25,189. Match will be provided from the following sources:

Partial value of state reimbursements for bed nights provide to victims utilizing the Domestic Violence Safe Dwelling.

The match source noted above is from contracted services provided at a Cattaraugus Community Action property and therefore the execution of an MOU is not applicable. Match funds described above will be available from July 1, 2020 – June 30th, 2021.

Respectfully,

Tina Zerbian,
Chief Executive Officer

“Helping people, changing lives, since 1965.”