

# Application Type

**Instructions:**

1 - 7. The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

**1. Type of Submission:**

**2. Type of Application:**

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**Date Received** 09/15/2008

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

# Applicant

## Instructions:

8. Applicant Information: Enter the following related to the organization applying for homeless assistance funding.

a. Legal Name (Required): Enter the legal name of applicant that will undertake the assistance activity. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at: <http://esnaps.hudhre.info/training>.

b. Employer/Taxpayer Number (EIN/TIN) (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

c. Organizational DUNS (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

d. Address: Enter the complete address as follows: Street address (Line 1 required, Line 2 optional), City (Required), County (Optional), State (Required), Province (Not-required), Country (Auto-populated), Zip/Postal Code (Required).

e. Organizational Unit: Enter the name of the primary organizational unit and department or division,(if applicable) that will undertake the assistance activity, if applicable.

f. Name and contact information of person to be contacted on matters involving this applicant (Required): first and last names, title, telephone number, fax number, and email address. If applicable, enter the person's organizational affiliation if affiliated with an organization other than the applicant organization.

## 8. Applicant

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 14-6013200

**a. Legal Name:** NYS OFFICE OF Alcoholism and Substance Abuse Services

**c. Organizational DUNS:** 136153207

### d. Address

**Street 1:** 1450 Western Ave.

**Street 2:**

**City:** Albany

**County:**

**State:** New York

**Province:**

**Country:** United States

**Zip / Postal Code:** 12203

### e. Organizational Unit

**Department Name:** Bureau of Housing & Employment

**Division Name:** Div. of Prevention & Recovery

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

**Prefix:** Mr

**First Name:** William

**Middle Name:**

**Last Name:** Panepinto

**Suffix:**

**Title:** Director of Bureau of Housing & Employment

**Organizational Affiliation:**

**Telephone Number:** (518) 485-0495

**Extension:**

**Fax Number:** (518) 485-1332

**Email:** BillPanepinto@oasas.state.ny.us

**Confirm Email** BillPanepinto@oasas.state.ny.us

# Application Details

## Instructions:

9. Type of Applicant (Required): Select the appropriate applicant type that identifies the organization applying for homeless assistance funding.

10, 11. These fields are not required for HUD McKinney-Vento homeless assistance funding.

12. Funding Opportunity (Required): Applicants must enter the Funding Opportunity Number as indicated in the CoC NOFA.

13. This field is not required for HUD McKinney-Vento homeless assistance funding.

**9. Type of Applicant:** A. State Government

**If "Other" please specify:  
(select the "Save" button to enter data in this  
field)**

**10. Name of Federal Agency:**

**11. Catalog of Federal Domestic Assistance  
Number/Title:**

**CFDA Title:**

**12. Funding Opportunity Number:** FR-5220-N-01

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

# Nonprofit Documentation Attachment Detail

Document Description:

# Project

## Instructions:

14 - 17. The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## 15. Descriptive Title of Applicant's Project:

## 16. Congressional Districts of

Enter in the format: 2 characters State Abbreviation - 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district.

### a. Applicant:

### b. Program/Project:

## 17. Proposed Project

### \*a. Start Date:

### \*b. End Date:

# Funding

**Instructions:**

18. Funding (Not Required): The fields on this screen are not required for HUD McKinney-Vento homeless assistance funding.

**18. Estimated Funding (\$)****a. Federal:****b. Applicant:****c. State:****d. Local:****e. Other:****f. Program Income:****g. TOTAL:**

# Compliance

## Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** Program is not covered by E.O. 12372

**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:**

# Declaration

## Instructions:

21. Declaration (Required): This Declaration must be signed and dated by the authorized representative of the applicant organization. \*\*The list of certifications and assurances are contained in the announcement and on the left menu under HUD-SNAPS Information.

Authorized Representative (Required): Enter the first and last names, title, telephone number, fax number, and e-mail address of the person authorized to sign for the applicant. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

**21. By signing 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:

## Authorized Representative

Prefix: Mr

First Name: William

Middle Name:

Last Name: Panepinto

Suffix:

Title: Director of Bureau of Housing and Employment

Telephone Number: (518) 485-0496  
(Format: 123-456-7890)

Fax Number: (518) 485-1332  
(Format: 123-456-7890)

Email: BillPanepinto@oasas.state.ny.us

Signature of Authorized Representative William Panepinto  
(enter first, middle, and last names)

Date Signed 07/29/2008

# Additional Information

## Instructions:

Indicate the applicant's congressional districts (Required): Select the applicant's congressional district from the available list. Any district(s) affected by the program or project should be indicated on the Exhibit 2 application. The information selected here and on the Exhibit 2 will be used to send funding notification to the appropriate congressional representatives.

Is the applicant a faith-based organization? (Required): Select the appropriate answer that identifies the applicant applying for homeless assistance funding.

Has the applicant ever received a federal grant? (Required): Select the appropriate answers that applies to the applicant applying for homeless assistance funding.

Is the applicant's most recent Code of Conduct on file with HUD? (Required): Reference the following website to determine whether or not the applicant's Code of Conduct is on file with HUD, <http://www.hud.gov/offices/adm/grants/codeofconduct/cconduct.cfm>. If the Code of Conduct is not listed on the website, contact the local HUD Field Office or attach the first five (5) pages of the Code.

Identify the source documentation for the applicant's nonprofit status: All nonprofit applicants must select the appropriate documentation that applies to the applicant applying for homeless assistance funding. This document must be attached to the "Nonprofit Document" page. If the applicant is not a nonprofit organization this question will not appear on the page.

**Indicate applicant's congressional district(s):** NY-001, NY-002, NY-003, NY-006, NY-007, NY-008, NY-009, NY-010, NY-011, NY-012, NY-013, NY-014, NY-015, NY-016, NY-017, NY-020, NY-021, NY-022, NY-024, NY-028, NY-029  
**(for multiple selections hold CTRL and key)**

**Is the applicant a faith-based organization?** No

**Has the applicant ever received a federal grant?** Yes

**Is the applicant's most recent Code of Conduct on file with HUD?** Yes  
**(If "no" attach the first 5 pages of the Code)**

# Applicant's Code of Conduct Attachment Detail

Document Description:

# Survey on Ensuring Equal Opportunities for Applicants (SF-424 Supplement) - Attachment Detail

Document Description:

# Disclosure of Lobbying Activities (SF-LLL) Attachment Detail

Document Description:

# Certification of Consistency with the Consolidation Plan (HUD-2991) Attachment

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidation Plan	No	NYS OASAS State a...	09/15/2008

# Certification of Consistency with the Consolidation Plan (HUD-2991) Attachment Detail

Document Description: NYS OASAS State and Local Con Plans

# Applicant/Recipient Disclosure/Update Report (HUD 2880)

Document Type	Required?	Document Description	Date Attached
Applicant/Recipient Disclosure/Update Report	No	OASAS Applicant/R...	08/21/2008

# Applicant/Recipient Disclosure/Update Report (HUD 2880)

## Attachment Detail

Document Description: OASAS Applicant/Recipient Disclosure/Update

# You Are Our Client! Grant Applicant Survey (HUD-2994-A)

Document Type	Required?	Document Description	Date Attached
Grant Applicant Survey	No	--	No Attachment

# Grant Applicant Survey (HUD-2994-A) Attachment Detail

Document Description:

# Applicant Certification

## **A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:**

### **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 S+C:**

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

**B. For SHP Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. For S+C Only. Supportive Services.**

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

**D. Explanation.**

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

**Name of Authorized Certifying Official** William Panepinto

**Date:** 07/29/2008

**Title:** Director of Bureau of Housing & Employment

**Applicant Organization:** New York State Office of Alcoholism & Substance Abuse Services

**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

## Submission Summary

Part	Last Updated
<b>COC Representative SF424</b>	Please Complete
<b>Application Type Applicant</b>	No Input Required 7/29/08 9:14 AM
<b>Application Details Nonprofit Document</b>	7/29/08 10:08 AM No Input Required
<b>Project Funding</b>	No Input Required No Input Required
<b>Compliance Declaration</b>	7/28/08 5:38 PM 7/29/08 9:19 AM
<b>Additional Information Code of Conduct</b>	7/29/08 9:52 AM No Input Required
<b>Survey on Ensuring Equal Opportunities for Applicants (SF-424 Supp)</b>	No Input Required
<b>Disclosure of Lobbying Activities (SF-LLL)</b>	No Input Required
<b>Certification of Consistency</b>	9/15/08 4:45 PM
<b>Applicant/Recipient Disclosure/Update Report (HUD 2880)</b>	8/21/08 10:15 AM
<b>Grant Applicant Survey (HUD-2994-A) HUD-40090-4</b>	No Input Required
<b>Applicant Certification</b>	7/29/08 10:08 AM