NY-501 Regional Continuum of Care
City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties

FY2013 HUD Continuum of Care Program Collaborative Application

LISTING OF SUBMITTED PROJECTS
Consolidated Plan Certification
Executed Form 2991

For

JURISDICTION: Steuben County, New York

JURISDICTION: City of Elmira, New York

JURISDICTION: Allegany County, New York
## Listing of Submitted Projects

### Consolidated Plan Certification

<table>
<thead>
<tr>
<th>JURISDICTION: Steuben County, New York</th>
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<tr>
<td>PROJECT</td>
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<tr>
<td>CoC S+C</td>
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<tr>
<td>Transitionals to Permanent Supportive Housing</td>
</tr>
<tr>
<td>CoC Planning Grant 2013</td>
</tr>
</tbody>
</table>
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:

Applicant Name: Institute for Human Services, Inc.

Project Name: FY2013 CoC Program Planning Grant

Location of the Project: 6666 Co. Road 11, Bath, NY - Steuben County, New York

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Steuben County

Certifying Official of the Jurisdiction: Mark Alger

Title: Steuben County Administrator

Signature: [Signature]

Date: 11/30/2019
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Applicant Name: Steuben County (1 Project), SCAP dba Arbor Housing (1 Project)

Project Name: Steuben Co. CoC S+C, Transitionals to PSH (SCAP)

Location of the Project: Various -- Steuben County, New York

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Steuben County

Certifying Official of the Jurisdiction Name: Mark Alger

Title: Steuben County Administrator

Signature: [Signature]

Date: 1/16/2013
### NY-501 Regional Continuum of Care
*City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties*

**FY2013 HUD Continuum of Care Program Collaborative Application**

**LISTING OF SUBMITTED PROJECTS**
Consolidated Plan Certification

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<tr>
<th>PROJECT</th>
<th>TYPE</th>
<th>APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
<td>Renewal SHP-HMIS</td>
<td>Catholic Charities of Chemung/Schuyler</td>
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<tr>
<td>New HMIS</td>
<td>Renewal SHP-HMIS</td>
<td>Catholic Charities of Chemung/Schuyler</td>
</tr>
<tr>
<td>OMH/Gateways 2013</td>
<td>Renewal SRA/</td>
<td>NYS Office of Mental Health, Applicant--Catholic Charities of Chemung/Schuyler, Sponsor</td>
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<tr>
<td>HSH (Homeless Supportive Housing)</td>
<td>Renewal SHP-PH</td>
<td>Catholic Charities of Chemung/Schuyler</td>
</tr>
<tr>
<td>Project SHARE</td>
<td>Renewal SHP-TA</td>
<td>Catholic Charities of Chemung/Schuyler</td>
</tr>
<tr>
<td>PHP (Permanent Housing Program)</td>
<td>Renewal SHP-PH</td>
<td>Catholic Charities of Chemung/Schuyler</td>
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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Application Name: Catholic Charities of Chemung/Schuyler Counties

Project Name: HMIS, OMH/Gateways, HSH, SHARE, SHP PHP (All Renewals)

Location of the Project: 215 East Church Street
Elmira, New York 14901

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Elmira

Certifying Official of the Jurisdiction Name: Jennifer Miller
Title: Community Development Director
Signature:
Date: 1/21/14
NY-501 Regional Continuum of Care  
*City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties*

FY2013 HUD Continuum of Care Program Collaborative Application

LISTING OF SUBMITTED PROJECTS  
Consolidated Plan Certification

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<tr>
<td><strong>PROJECT</strong></td>
</tr>
<tr>
<td>ACCORD Supportive Housing Program 2013</td>
</tr>
<tr>
<td>ACCORD Transitional Housing Program 2013</td>
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Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

Type or clearly print the following information:

Applicant Name: ACCORD Corporation

Project Name: ACCORD Supportive Housing Program (Renew), Transitional Housing Pro

Location of the Project: Scattered sites throughout Allegany County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Allegany County

Certifying Official of the Jurisdiction: Curtis Crandall

Title: Chairman, Allegany County Board of Legislators

Signature: [Signature]

Date: 01/23/14