

Health & Human Services Committee

Tuesday, April 2, 2024 3PM 40 McMaster Street, Ballston Spa, NY

Chair: Diana Edwards

Members: Joe Grasso VC, John Lant, Ian Murray, Scott

Ostrander, Tom Richardson, Angela Thompson

Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the March 5, 2024 meeting
- III. Proclaiming May 2024 as "Older Americans Month" Sandi Cross, Aging & Youth Services
- IV. Authorizing acceptance of 2024-2025 Rental Supplement Program Allocation from the NYS Office of Temporary & Disability Assistance Patrick Maxwell, Social Services
- V. Other Business
- VI. Adjournment



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator Ridge Harris, Deputy County Administrator George Conway, County Attorney Therese Connolly, Clerk of the Board Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services

DATE: 3/22/24

COMMITTEE: Health & Human Services

County Attorney's Office

Consulted Yes

This column must be completed

prior to submission of the request.

1. Is a Resolution Required:

Yes, Proclamation/Honorary Resolution

2. Proposed Resolution Title:

health and well-being.

PROCLAIMING MAY 2024 AS "OLDER AMERICANS MONTH"

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to proclaim May 2024 as "Older Americans Month" in the County of Saratoga whereas our President and Governor have proclaimed May as "Older Americans Month" and our County is fortunate that its residents include more than 59,000 individulas 60 years of age or older. This 2024 theme for "Older Americans Month" is "Powered by Connection", which recognizes the profound impact that meaningful relationships and social connections have on our

| 4. | Is a Budget Amendment needed: YES or NO If yes, budget lines and impact must be provided. Any budget amendments must have equal and offsetting entries. | | | | | |
|----|--|--|---------------------------------------|-----------------|--|--|
| | Please see atta (Use ONLY w | chments for impacted budget lines, then more than four lines are impact | eted.) | | | |
| | Revenue | | | | | |
| | Account Number | Account Name | Amount | | | |
| | Expense | | · · · · · · · · · · · · · · · · · · · | | | |
| | Account Number | Account Name | Amount | | | |
| | Fund Balance (if ap | plicable): (Increase = additional re | venue, Decrease = addit | ional expenses) | | |
| | Amount: | | | | | |
| 5. | Identify Budget | impact (Required): | | | | |
| | No Budget In | npact | | • | | |
| | a. G/L line | impacted | | | | |
| | b. Budget y | ear impacted | | | | |
| | c Details | | | | | |

| 6. | | e Amendments to the Compensation Schedule? | Human Resources Consulted |
|----|---------|--|-----------------------------|
| | YE | S or NO (If yes, provide details) | N/A 🖸 |
| | a. I | s a new position being created? Y N | |
| | | Effective date | |
| | | Salary and grade | |
| | b. I | s a new employee being hired? Y N | |
| | | Effective date of employment | |
| | | Salary and grade | |
| | | Appointed position: | |
| | | Term | |
| | c. I | s this a reclassification? Y N | |
| | | Is this position currently vacant? Y N | |
| | | Is this position in the current year compensation plan? | y 🔲 N |
| | | | |
| 7. | Does th | is item require the awarding of a contract: Y N | Purchasing Office Consulted |
| | a. | Type of Solicitation | N/A 🖃 |
| | b. | Specification # (BID/RFP/RFQ/OTHER CONTRACT #) | |
| | 0 | If a sole source, appropriate documentation, including an up | dated letter, has been |
| | c. | submitted and approved by Purchasing Department? | Y N N/A |
| | d. | Vendor information (including contact name): | |
| | | | |
| | | | |
| | e. | Is the vendor/contractor an LLC, PLLC, or partnership: | |
| | f. | State of vendor/contractor organization: | |
| | g. | Commencement date of contract term: | |
| | h. | Termination of contract date: | |
| | i. | Contract renewal date and term: | |
| | k. | Is this a renewal agreement: Y N | |
| | 1. | Vendor/Contractor comment/remarks: | |

| 8. | Is a g | rant being accepted: YES or NO | County Administrator's Office Consulted No |
|-----|--------|---|--|
| | a. | Source of grant funding: | |
| | b. | Agency granting funds: | |
| | c. | Amount of grant: | |
| | d. | Purpose grant will be used for: | |
| | e. | Equipment and/or services being purchased with the grant: | |
| | f. | Time period grant covers: | |
| | g. | Amount of county matching funds: | |
| | h. | Administrative fee to County: | |
| | | | |
| 9. | Suppo | orting Documentation: | |
| | ~ | Marked-up previous resolution | |
| | | No Markup, per consultation with County Attorney | |
| | | Information summary memo | |
| | | Copy of proposal or estimate | |
| | | Copy of grant award notification and information | |
| | | Other | |
| 10. | Rer | marks: | |



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 96 - 2023²⁰²⁴

Introduced by Health and Human Services: Supervisors Barrett, Lant, Ostrander, Richardson, Schopf, Wood and Wright

PROCLAIMING MAY 2023 AS "OLDER AMERICANS MONTH"

WHEREAS, since 1963, Older Americans Month has been a time to celebrate older Americans, their stories and their contributions; and

Powered by Connection

WHEREAS, this year's theme for Older Americans Month, "Aging Unbound", offers an opportunity to explore a wide range of aging experiences and to promote the importance of enjoying independence; and benefits of connecting with others

WHEREAS, communities benefit when people of all ages, abilities and backgrounds are welcome, included and supported; and

WHEREAS, our County counts among its residents more than 59,000 individuals 60 years of age or over who contribute their time, wisdom, and experience to our community; and

WHEREAS, the Saratoga County Board of Supervisors is committed to strengthening our community by connecting with and supporting older adults, their families, and caregivers, and acknowledging their many valuable contributions to society; and

WHEREAS, this Board recognizes the importance of ensuring older adults remain involved and included in our communities for as long as possible as this benefits everyone; and

WHEREAS, our County and its residents can work to build an even better community for our older residents by:

- Not limiting our thinking about aging;
- Exploring and combating stereotypes; and
- Emphasizing the many positive aspects of aging;
- Inspiring older adults to push past traditional boundaries; and
- Embracing our community's diversity.

now, therefore, be it

Connecting older adults with local services;
Promote resources that help older adults engage;
Share facts about the health benefits of social connection; and
Inspire older adults to share what connection means to them.

RESOLVED, that this Board of Supervisors proudly proclaims the month of May 2023 as "**Older Americans Month**" in the County of Saratoga, and urges every resident to celebrate our older citizens, help to create an inclusive society, and accept the challenge of flexible thinking around aging; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: No Budget Impact.

April 18, 2023 Regular Meeting

Motion to Adopt: Supervisor Hammond

Second: Supervisor Lant

AYES (194259): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Matthew E. Veitch (14245.5), John Lawler (8208), John Lant (17361).

ABSENT (41251): Jean Raymond (1333), Michael Smith (3525), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), Edward D. Kinowski (9022).



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator Ridge Harris, Deputy County Administrator George Conway, County Attorney Therese Connolly, Clerk of the Board Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

This column must be completed prior to submission of the request.

DEPARTMENT: Department of Social Services

DATE: March 22, 2024

COMMITTEE: Health & Human Services

County Attorney's Office Consulted Yes

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

AUTHORIZING ACCEPTANCE OF 2024-2025 RENTAL SUPPLEMENT PROGRAM ALLOCATION FROM THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

3. Specific Details on what the resolution will authorize:

It will authorize the Chairman of the Board is execute all documents and necessary agreements with the New York State Office of Temporary and Disability Assistance to accept funding in the amount of \$322,466, for the program term April 1, 2024 through March 31, 2025;

It will authorize the Commissioner of Social Services to execute and submit all documentation or information as required by the New York State Office of Disability and Temporary Assistance to facilitate receipt of the Rental Supplement Program funding or reimbursement thereunder;

It will assure the form and content of said documents and agreements are subject to the approval of the County Attorney.

| 4. | If yes, budget lines and | impact must be provided. s must have equal and offsett | Consulted Yes | fice | | |
|----|--|--|--|------|--|--|
| | Please see attachments for impacted budget lines. (Use ONLY when more than four lines are impacted.) | | | | | |
| | Revenue | | | | | |
| | Account Number | Account Name | Amount | | | |
| | Expense | | | • | | |
| | Account Number | Account Name | Amount | | | |
| | Fund Balance (if applica | ble): (Increase = additional re | venue, Decrease = additional expenses) | | | |
| | Amount: | | | | | |
| 5. | a. G/L line impac | t (Required): Funds are included in the ted A.60.601-7601 spacted 2024 | ne Department Budget | | | |
| | c. Details | | | | | |

| 6. | | re Amendments to the Compensation Schedule? Human Resources Consulted | |
|----|----------|---|---|
| | <u> </u> | ES or ✓ NO (If yes, provide details) | |
| | a. | Is a new position being created? Y N | |
| | | Effective date | |
| | | Salary and grade | |
| | b. | Is a new employee being hired? Y N | |
| | | Effective date of employment | |
| | | Salary and grade | |
| | | Appointed position: | |
| | | Term | |
| | . 1 | | |
| | c. | Is this a reclassification? Y N | |
| | | Is this position currently vacant? Y N | |
| | | Is this position in the current year compensation plan? Y N | |
| 7. | Does th | his item require the awarding of a contract: Y V N Purchasing Office Consulted | _ |
| | a. | Type of Solicitation | |
| | b. | Specification # (BID/RFP/RFQ/OTHER CONTRACT#) | |
| | | | |
| | c. | If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department? Y N/A N/A | |
| | d. | Vendor information (including contact name): | - |
| | u. | Tondor miorniumon (morating volume issue). | |
| | | | |
| | e. | Is the vendor/contractor an LLC, PLLC, or partnership: | |
| | f. | State of vendor/contractor organization: | |
| | g. | Commencement date of contract term: | |
| | h. | Termination of contract date: | |
| | i. | Contract renewal date and term: | |
| | k. | Is this a renewal agreement: Y N | |
| ٠ | 1. | Vendor/Contractor comment/remarks: | |

| 8. | Is a g | rant being accepted: YES or NO | County Administrator's Office Consulted Yes | | | | |
|-------------|-------------------------|---|---|--|--|--|--|
| | a. | Source of grant funding: | | | | | |
| | | State | | | | | |
| | b. | Agency granting funds: | | | | | |
| | | NYS Office of Temporary and Disability Assist | ance | | | | |
| | c. | Amount of grant: | | | | | |
| | | \$322,466 | | | | | |
| | d. | . Purpose grant will be used for: | | | | | |
| | | provide rental assistance to individuals and far | milies | | | | |
| | e. | Equipment and/or services being purchased with the grant: | | | | | |
| | | N/A | | | | | |
| | f. | Time period grant covers: | | | | | |
| | | April 1, 2024 through March 31, 2025 | | | | | |
| | g. | Amount of county matching funds: | | | | | |
| | | N/A | | | | | |
| | h. | Administrative fee to County: | | | | | |
| | | N/A | | | | | |
| 9. | Sunna | rting Documentation: | | | | | |
| , 3. | Suppoi | • | | | | | |
| | <u>✓</u> | Marked-up previous resolution | <u> </u> | | | | |
| | | No Markup, per consultation with County Attorney | | | | | |
| | | Information summary memo | | | | | |
| | | Copy of proposal or estimate | 4 | | | | |
| | $\overline{\checkmark}$ | Copy of grant award notification and information | | | | | |
| | ✓ | Other 2024-2025 New York State Rental Supplement Progra | am Plan | | | | |
| | | | | | | | |
| 10. | Rem | narks: | | | | | |
| | fam an Ass opr | w York State appropriates funding to provide rental supplemilies, both with and without children, who are experiencing limminent loss of housing each fiscal year. NYS OTDA establishment Program in the 2022. Saratoga County was notified portunity to continue to participate in the NYS Rental Assistance gram year 2024-25. The allocation of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$322,466 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to participate in the NYS Rental Assistance of \$100 has been the continue to \$100 has been t | homelessness or are facing blished the Rental d in 24-LCM-02 of the ance Program for the | | | | |

of the program.



KATHY HOCHUL Governor BARBARA C. GUINN Acting Commissioner

Local Commissioners Memorandum

| Section 1 | · |
|--------------------------|---|
| Transmittal: | 24-LCM-02 |
| To: | Social Services District Commissioners |
| Issuing Division/Office: | Employment and Income Support Programs |
| Date: | February 15, 2024 |
| Subject: | 2024-2025 New York State Rental Supplement Program Allocations |
| Contact Person(s): | Temporary Assistance Bureau (518) 474-9344 tabureau@otda.ny.gov |
| Attachments: | Attachment A – 2024-2025 Rental Supplement Program Allocations Attachment B – 2024-2025 Rental Supplement Program Plan Attachment C – Rental Supplement Program Claiming Instructions |

Section 2

I. Purpose

The New York State Fiscal Year 2023-2024 Budget appropriates \$100 million to provide rental supplements to individuals and families, both with and without children, who are experiencing homelessness or are facing an imminent loss of housing, regardless of immigration status. The purpose of this Local Commissioners Memorandum (LCM) is to notify social services districts (districts) of the option to participate in the New York State Rental Supplement Program (RSP) for the 2024-2025 program year. Additionally, this guidance provides the 2024-2025 RSP allocations and general program guidance. Districts choosing to participate in the RSP must submit a 2024-2025 Rental Supplement Program Plan (Attachment B) for approval which details the intended use of their allocation for the current program year, as well as an adjusted fair market rent chart for the new fiscal year.

II. Background

The RSP is a program established to provide vital rental assistance to individuals and families, regardless of immigration status, who are experiencing homelessness or are facing an imminent loss of housing. The RSP is available to eligible individuals and families both with and without children. Districts may choose to retain their allocation and use district mechanisms (e.g., direct administration or transfer of funds to county agencies) to operate this program, or may delegate the administration of this program, in full or in part, to another public agency, contractor or non-profit organization.

III. Program Implications

A. Program Activities and Services

Districts choosing to participate in the 2024-2025 RSP must submit a Rental Supplement Program Plan (Attachment B) to OTDA for approval that provides details regarding the administration of their local program and the intended use of their allocation. Districts are encouraged to complete and return Attachment B to OTDA as soon as possible, but no later than March 29, 2024. RSP supplements shall be made available in accordance with district plans, provided however that certain minimum eligibility requirements are established as outlined in this LCM.

Supplements provided through the RSP will not be part of the standard of need pursuant to Social Services Law §131-a for individuals or families applying for or in receipt of Temporary Assistance (TA), and therefore would not be considered by ABEL when computing financial eligibility for TA. When computing a budget for a TA recipient who is receiving an RSP supplement, the shelter cost not covered by the RSP, or any other program, must be entered into the budget unless the supplement covers the entire shelter cost. In addition, RSP supplements shall not be subject to recoupment or repayment unless there is a determination that the application submitted was fraudulent, or otherwise identified as ineligible, and the application should not have been approved.

B. Program Eligibility and Program Requirements

While districts have flexibility regarding the development of a local Rental Supplement Program Plan, the governing statute outlines some minimum requirements for participant eligibility as follows:

- Eligible participants are individuals and/or families, both with and without children, who are
 experiencing homelessness or facing an imminent loss of housing, regardless of
 immigration status;
- Household income shall be no more than 50% of area median income (AMI) at the time of application based on location and household size, with initial priority given to households who earn no more than 30% of AMI;
- Rental supplement amounts shall be set at 85% of local Fair Market Rent (FMR) values with a district option to pay above 85% of FMR using local funds;
- At least 50% of the supplements shall be allocated for households who are currently in a shelter or experiencing homelessness, unless sufficient demand does not exist for such households within the district;
- A household's financial contribution will be limited to 30% of their household's total earned and/or unearned income;
- Supplements are to be provided until a household's total monthly rent is 30% or less than
 their total monthly income, at which point the housing will be considered affordable for the
 individual/family and the supplement will end; and
- Receipt of TA is not a requirement for determining eligibility for the RSP.

Additionally, districts must make sure they have policies and procedures in place to:

- Establish that the supplement recipient is the primary tenant (e.g., require a lease or other documentation);
- Establish the rent obligation of the supplement recipient and how contributions from individuals outside the household will be taken into consideration;
- · Take reasonable steps to prevent the duplication of benefits;
- Establish a process for handling fraudulent applications, including a procedure for recouping funds, if necessary; and
- Establish a process for reviewing and considering appeals of applications that are denied or vouchers that are reduced or ended.

Rental Supplement Program Plans must provide a comprehensive outline of each district's proposed program and must address, at minimum, the following:

- Specific details regarding how eligibility for a rental supplement will be determined as well as any target populations identified;
- 2. The process for handling modifications (moves, rent increases, changes in household composition, etc.);
- 3. A description of the forms and/or notices that will be used to facilitate the application and determination process. When households requesting a supplement do not meet the criteria set forth in the district's plan, the denial/closing letter must support the decision by explaining the criteria and the district's decision that the household does not meet such criteria. An award letter must be provided to both the tenant and landlord and must detail the amount approved to be paid on a monthly basis, months/term included and any applicable tenant protections resulting from receipt of the RSP; and
- 4. An explanation of whether there will be any health and safety standards that must be adhered to prior to paying rental supplements at a specific location.

Eligibility is determined based on a household's current monthly income at the time of application. Applications are to be accepted on a first come, first-served basis according to the eligibility parameters set forth at the local level. Districts must establish a recertification process, including the length of the local recertification period, but recertifications shall occur at least annually.

While districts have flexibility in determining the overall design of their local RSP, they are encouraged to make extra efforts to ensure prioritization of certain households, such as those with children under the age of six, single individuals with a history of housing instability, veterans, individuals and families experiencing domestic violence (DV), and other victims of violence. Though TA eligibility is not a factor in determining eligibility for the RSP, operators are encouraged to refer RSP applicants for assistance applying for applicable benefit programs, such as TA, Home Energy Assistance Program (HEAP), Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Notifications regarding eligibility determinations (e.g., approvals, denials, and closings) must be maintained in the case record for a minimum of six years following submission of the final expenditure report.

C. Allocations

A total of \$100 million is available annually to support the RSP. While all funding is subject to legislative enactment each year, continuing funding support for the RSP is expected. The program year 2024-2025 RSP district allocations are listed in Attachment A and have been determined based on each district's relative share of TA households as of March 31, 2022, as well as the distribution of renter households under 30% of the local AMI, based on the US Census Bureau 2015-19 Public Use Microdata Sample. RSP allocations may be adjusted in future award years based on factors including statewide utilization and ongoing local rental supplement needs.

D. Reporting Requirements

As part of their participation in the RSP, districts must keep data about each household that participates in the RSP program, from the point of application throughout participation in the program and must submit the Excel RSP Reporting Workbook each quarter. These quarterly reports are the basis for the annual report required by the RSP legislation. These quarterly

reports will also allow districts and the State to answer questions, many required by the RSP legislation, about how the RSP is being implemented in each district and to inform future programs to support those in need of housing in New York State.

While OTDA is not requiring districts to submit household-level data at this time, OTDA has provided a template with the household-level data elements that are required to complete the Excel RSP Reporting Workbook. The Excel RSP Reporting Workbook must be submitted as long as there are still clients receiving a supplement through this program.

The RSP Reporting Workbook is due on or before July 10, 2024 (for the period April 1, 2024, through June 30, 2024); October 10, 2024 (for the period July 1, 2024, through September 30, 2024); January 10, 2025 (for the period October 1, 2024, through December 31, 2024); and April 10, 2025 (for the period January 1, 2025, through March 31, 2025).

The Excel RSP Reporting Workbook and instructions for 2024-2025 will be distributed to districts under separate cover. While the reporting requirements described in 23-LCM-07 will be largely the same, OTDA will provide new guidance and a new Excel RSP Reporting Workbook that consolidates information from earlier quarterly application cohorts.

Coordination with the local HUD-funded Continuum of Care (CoC) is encouraged, in order to support each district's ability to track services and outcomes related to participation in the RSP. Additionally, coordination with the CoC will assist districts in avoiding a duplication of benefits with other supplement programs that may exist in each local area.

Districts and/or program operators, as applicable, are required to provide OTDA or its designees access to the program records during the course of the project. RSP projects will be monitored by OTDA on a regular basis and may include onsite visits as well as regular telephone contact and/or case reviews. The goal of monitoring is to ensure the terms of the RSP are being met in accordance with State legislation. In addition, monitoring enables OTDA to provide technical assistance, where necessary, to assist the district and/or program operator to meet the overall intent of the RSP. It is the responsibility of the district to monitor any and all subcontracts. Districts must ensure the confidentiality of records concerning project participants.

IV. Reimbursement Structure and Allowable Costs

District allocations will be paid as claims are submitted to substantiate payment. Districts that did not opt to participate in the RSP during the initial year may be able to receive an advance of 25 percent of the district's RSP allocation payments for the initial 12-month period.

RSP funding is made available for districts to provide vital rental assistance to eligible households and as such, it is expected that a minimum of 85% of the funds will be used toward rental supplements (including, in limited instances, rental arrears and security deposits) in accordance with the guidelines outlined herein. OTDA has set a 15% spending limitation on administrative costs

Agencies should limit the amount of administrative costs necessary to operate the RSP to maximize both the amount of funds available to pay rental supplements and the number of households enrolled. The use of RSP funds for administrative purposes must be directly related to the provision of rental supplements to eligible individuals and families.

For districts opting to assign all or a portion of their RSP allocation to another public agency, contractor or local nonprofit organization, districts will be held liable for assigned funds not used in a manner consistent with the purpose of the RSP allocation.

Districts are required to submit all claims for reimbursement through the Automated Claiming System (ACS) regardless of whether they elect to operate the program in-house or transfer the administration to another entity. RSP claims must be for services provided from April 1, 2024, through March 31, 2025, and must be claimed in a timely manner after provided. Additional claiming information is included in Attachment C.

V. Necessary Action

Districts who elect to receive this funding must also complete and submit the Rental Supplement Program Plan (Attachment B). Districts are encouraged to complete and return Attachment B to OTDA as soon as possible, but no later than March 29, 2024.

Plans must be submitted on the template attached to this LCM. In order to expedite the review and approval of plans for districts who operated RSP programs during the 2023-2024 program year, OTDA encourages those districts to submit their plans with any changes from the previous plan noted by highlighting or italicizing the changes to review.

Issued By:

Name: Barbara C. Guinn Title: Acting Commissioner

Division/Office: Office of Temporary and Disability Assistance

| District | 2024-2025 Rental Supplement Program Allocation € |
|-------------------|---|
| New York City | \$67,922,380 |
| Albany | \$1,125,750 |
| Allegany | \$120,210 |
| Broome | \$899,827 |
| Cattaraugus | \$282,026 |
| Cayuga | \$268,767 |
| Chautauqua | \$645,332 |
| Chemung | \$290,178 |
| Chenango | \$139,789 |
| Clinton | \$240,580 |
| Columbia | \$129,741 |
| Cortland | \$141,026 |
| Delaware | \$121,902 |
| Dutchess | \$727,515 |
| Erie | \$3,874,658 |
| Essex | \$100,000 |
| Franklin | \$164,265 |
| Fulton | \$116,749 |
| Genesee | \$143,394 |
| Greene | \$116,986 |
| Hamilton | \$100,000 |
| Herkimer | \$154,406 |
| Jefferson | \$402,505 |
| Lewis | \$100,000 |
| Livingston | \$190,065 |
| Madison | \$120,038 |
| Monroe | \$3,035,181 |
| Montgomery | \$154,608 \$2,028,204 |
| Nassau | \$2,028,294 \$742,819 |
| Niagara Oneida | \$742,619 \$857,846 |
| Onondaga | \$1,916,038 |
| Ontario | \$256,173 |
| Orange | \$920,321 |
| Orleans | \$144,298 |
| Oswego | \$432,808 |
| Otsego | \$125,940 |
| Putnam | \$100,000 |
| Rensselaer | \$497,493 |
| Rockland | \$713,032 |
| St. Lawrence | \$309,135 |
| Saratoga | \$322,466 |
| Schenectady | \$536,305 |
| Schoharie | \$100,000 |
| Schuyler | \$100,000 |
| Seneca | \$100,000 |
| Steuben | \$325,926 |
| Suffolk | \$2,640,308 |
| Sullivan | \$240,957 |
| Tioga | \$124,850 |
| Tompkins | \$461,767 |
| Ulster | \$494,918 |
| Warren | \$126,379 |
| Washington | \$131,444 |
| Wayne | \$193,050 |
| Westchester | \$3,029,553 |
| Wyoming | \$100,000 |
| Yates | \$100,000 |

2024-2025 New York State Rental Supplement Program Plan

| District: | Saratoga County |
|--------------------|---|
| Program Operator: | Saratoga County Department of Social Services |
| Contact Person(s): | Lisa Diehl |
| Telephone: | 518-884-4140 |
| Email: | Lisa.Diehl@dfa.state.ny.us |
| Effective Date: | 4/1/2024 |

Indicate whether the program will be administered using district mechanisms (e.g., direct administration or transfer of funds to county agencies) or by another public agency, contractor or non-profit organization. Administration of the RSP may be delegated in full or in part. Also indicate whether districts will coordinate with the local HUD-funded Continuum of Care, if applicable. If contracting out, please list the contact information for other individuals that OTDA may contact regarding the RSP.

| Anticipated Number of Households to be Served (04/1/24-03/31/25): | 37 | |
|---|----|--|
| RSP FMR Percentage to be used: 85 | | |

Include a table that includes the FY 2024 HUD 100% FMR, the 85% FMR calculation, the local cost share (if electing to reimburse above 85% FMR), household sizes and allowable number of bedrooms for each household size. An example is shown below and can be modified as needed.

| Household Size | Allowable Number of Bedrooms | 100% FY2024 HUD FMR | 85% FY2024 HUD FMR State Reimbursed | Max Supplement Amount | District Funded Amount |
|-------------------|------------------------------------|---------------------------|--|-----------------------------|------------------------------|
| 1-2 | 0 | \$1011 | \$859 | \$859 | 0 |
| 1-2 | 1 | \$1131 | \$961 | \$961 | 0 |
| 2-4 | 2 | \$1374 | \$1168 | \$1168 | 0 |
| 3-6 | 3 | \$1661 | \$1412 | \$1412 | 0 |
| 4-8 | 4 | \$1830 | \$1555 | \$1555 | 0 |

Describe the outreach mechanisms that will be used. Receipt of TA is not a requirement for determining eligibility for the RSP, but at least 50% of the supplements shall be allocated

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for households who are in shelter or experiencing homelessness at the time of application (unless sufficient demand does not exist for such households within a district).

Saratoga County will coordinate with the local HUD funded Continuum of Care to assess and identify households from the Coordinated Entry List who are currently in shelter and/or experiencing homelessness. Households presenting at the district as homeless or at risk of homelessness will also be assessed for participation in the Rental Supplement Program. Referrals will be accepted from district staff and non-profit agencies in the community.

Attach the forms and/or notices that were not initially approved by OTDA or that have been revised subsequent to approval that will be used to facilitate the application and determination process and include a description of each below. When households requesting a supplement do not meet the criteria established by the district, the denial/discontinuance letter must support the decision by explaining the criteria and the district's decision. When a supplement is approved, an award letter must be provided to both the tenant and landlord and must detail the amount approved to be paid on a monthly basis and the months/term included.

Updated Reference Sheet

Indicate the target population and prioritization (if any) of certain households (e.g., those with children under the age of six, single individuals, veterans, individuals and families experiencing domestic violence (DV) and non-DV victims of violence). Eligible participants include individuals and/or families, regardless of immigration status or TA eligibility, who are experiencing homelessness or facing an imminent loss of housing, including individuals and families with or without children.

Saratoga County plans to prioritize applicants with fixed income who are homeless or at risk of homelessness, such as Social Security recipients. Liquid resources must be less than \$10,000. Saratoga County also plans to work with the HUD funded Continuum of Care Coordinated Entry process in targeting the homeless according to their prioritization list, which is based on a vulnerability scale.

List any other established eligibility criteria <u>and indicate how each criterion will be</u> <u>determined and documented</u>. Include the following:

 Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location? District will conduct at a minimum an annual dwelling inspection.

 How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?

Approval letter will outline that the tenant is responsible to notify the district of changes to their situation. District will at that point assess the change to determine if it affects their participation in the Rental Supplement Program. A 30-day notice will be provided to tenant and landlord for any changes or discontinuation of the Rental Supplement Program.

Application and determination process will assess the requirements for participant eligibility as outlined by the State.

Individuals or families, regardless of immigration status, who are experiencing homelessness or are facing an imminent loss of housing and meet the financial eligibility requirements will be assessed for the program.

Applicants/ Recipients will be required to apply for Section 8 and Hud Choice Voucher Program.

Households earned and unearned income will be obtained to verify it is no more than 50% of the area median income (AMI) with priority given to households at 30% AMI.

District plans to make determination decisions within 30 days of application receipt.

Tenant must pay required share of rent. Non-payment of rent on tenant's behalf for two months may result in termination of participation of Rent Supplement Program. Eviction may result in termination of participation in Rent Supplement Program.

Secondary reviews will be conducted on applications that are denied, reduced, or terminated or when tenant disagrees with approved amount of Rent Supplement.

Indicate the payment mechanism (e.g., check, transfer of funds, etc.) and whether the supplement will be paid to the tenant or the landlord.

District will provide checks through the voucher process to the Landlord.

Indicate how the progress of those served in the RSP will be monitored. Reports that describe the progress of RSP activities and those served will be required on at least a quarterly basis. A report template will be provided. Minimally, reports must include the amount of rental supplement payments provided, the number of households served and certain demographic information including receipt of TA and household composition.

Saratoga County staff will keep in contact with recipients of the Rental Supplement Program. Staff will maintain spreadsheet statistics on all Rental Supplement recipient cases. We will provide progress reports on RSP activities to OTDA on a quarterly basis.

To the fullest extent possible, RSP funding should not be used to supplement existing Shelter Supplement Programs. Districts who currently have an approved Shelter Supplement Plan must indicate the following:

- How will the RSP be different from the district's currently approved Shelter Supplement Plan? N/A
- How will participating households be distinguished? N/A

Limited to 30% of total earned and unearned household income.

| Household Size | Allowable Number of Bedrooms | 100% FY2024 HUD FMR | 85% FY2024 HUD FMR State Reimbursed | Max Supplement Amount | District Funded Amount |
|----------------|------------------------------|------------------------|---|--------------------------|------------------------------|
| 1-2 | Efficiency | \$1011 | \$859 | \$859 | \$0 |
| 1-2 | 1 | \$1131 | \$961 | \$961 | \$0 |
| 2-4 | 2 | \$1374 | \$1168 | \$1168 | \$0 |
| 3-6 | 3 | \$1661 | \$1412 | \$1412 | \$0 |
| 4-8 | 4 | \$1830 | \$1555 | \$1555 | \$0 |

30% Area Median Income (AMI)

| Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|----------|----------|----------|----------|----------|----------|----------|
| size | person |
| Gross Annual Income (Before taxes) | \$23,600 | \$26,950 | \$30,300 | \$33,650 | \$36,350 | \$40,280 | \$45,420 |
| Gross Monthly Income (Before taxes) | \$1967 | \$2246 | \$2525 | \$2804 | \$3029 | \$3357 | \$3785 |

50% Area Median Income (AMI)

| Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|----------|----------|----------|----------|----------|----------|----------|
| size | person |
| Gross Annual Income (Before taxes) | \$39,300 | \$44,900 | \$50,500 | \$56,100 | \$60,600 | \$65,100 | \$69,600 |
| Gross Monthly Income (Before taxes) | \$3,275 | \$3,742 | \$4,208 | \$4,675 | \$5,050 | \$5,425 | \$5,800 |

Fair Market Rent- Saratoga County (2024)

| Year | Efficiency | One-Bedroom | Two-Bedroom | Three- | Four-Bedroom |
|------|------------|-------------|-------------|---------|--------------|
| 2024 | \$1011 | ¢1 121 | ¢1 274 | Bedroom | ¢1 920 |
| 2024 | \$1011 | \$1,131 | \$1,374 | \$1,661 | \$1,830 |

Maximum cost of apartment should be within 85% HUD FMR

- Saratoga County DSS will coordinate with local HUD funded Continuum of Care to assess and identify HH from Continuum of Care Entry list who are currently in shelter, experiencing homelessness, or at risk of homelessness. Saratoga County will outreach with members of the Continuum of Care for eligible families. Households presenting at the district will also be assessed for participation in the Rental Supplement Program.
- Participants in the Rental Supplement Program must apply for Section 8/ Hud Choice Voucher Program
- Apartment must be in Saratoga County
- Saratoga County plans to prioritize applicants with fixed income who are homeless or at risk of homelessness, such as Social Security recipients.
- Income guidelines -- Household's income will be obtained to verify-it-is-no-more than 50% of thearea median income with priority given to households at 30% AMI.
- District plans to make application determination decisions within 30 days of application receipt.
- A household's financial contribution will be limited to 30% of their household' total income.
- Supplements are to be provided until the household's income increased to a level where their monthly rent is at or below 30% of their total income, at which point the housing will be consider affordable for the individual/family and the supplement will end.
- Semi-annual recertifications will be conducted to review eligibility.
- Tenant is responsible to report all income changes within 30 days. District would need to assess the contributions from outside the household.
- Saratoga County plans to offer the rental supplement program with a six-month certification, as long as funds remain available.

04/16/2024

RESOLUTION DRAFT 13-2024

Introduced by Health and Human Services: Supervisors Edwards, Grasso, Lant, Murray, Ostrander, Richardson and Thompson

AUTHORIZING ACCEPTANCE OF RENTAL SUPPLEMENT PROGRAM FUNDING FROM THE NEW YORK STATE OFFICE OF TEMPORARY DISABILITY ASSISTANCE

WHEREAS, the Saratoga County Department of Social Services was provided the opportunity to receive an allocation of state funding upon submission of a plan to the NYS Office of Temporary Disability Assistance ("NYS OTDA"), of which 100% state funds are available to provide rental supplements to individuals and families, both with and without children, who are experiencing homelessness or are facing imminent risk of homelessness; and

WHEREAS, on February 15th, 2024, the Department of Social Services was notified of the availability of continued New York State Rental Supplement Program Funds in the amount of \$322,466.00, for the grant period of April 1, 2024, through March 31, 2025; and

WHEREAS, our Health and Human Services Committee and the Commissioner of Social Services have recommended approval and implementation of the rental supplement program and acceptance of the associated funding from the NYS OTDA; and

WHEREAS, the acceptance of the program funding and reimbursement requires this Board's approval to accept the funds and authorize the related expenses; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized to execute all documents and necessary agreements with the New York State Office of Temporary Disability Assistance to accept funding in the amount of \$322,466.00, for the program term of April 1, 2024, through March 31, 2025, for administration of the Rental Supplement Program; and it is further

RESOLVED, that the Commissioner of Social Services is authorized to execute and submit any documentation as required by NYS OTDA to facilitate receipt of the Rental Supplement Program funding or reimbursement thereunder; and it is further

RESOLVED, that the form and content of such documents and agreements shall be subject to the approval of the County Attorney; and it is further

RESOLVED, that this Resolution shall take effect immediately.

<u>BUDGET IMPACT STATEMENT:</u> No Budget Impact. Funds are included in the Department Budget.