

## **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 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2017 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:** 09/01/2017

**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:** Lee County Board of County Commissioners

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-6000702

	<b>c. Organizational DUNS:</b>	013461611	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 2440 Thompson Street

**Street 2:**

**City:** Fort Myers

**County:** Lee

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33901

### e. Organizational Unit (optional)

**Department Name:** Human and Veteran Services

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Jeannie

**Middle Name:**

**Last Name:** Sutton

**Suffix:**

**Title:** Grants Coordinator

**Organizational Affiliation:** Lee County Board of County Commissioners

**Telephone Number:** (239) 533-7958

**Extension:**  
**Fax Number:** (239) 533-7960  
**Email:** jsutton@leegov.com

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**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-6100-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):** Florida  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Catholic Charities Bahkita House III - TH-RRH

**16. Congressional District(s):**

**a. Applicant:** FL-019  
**b. Project:** FL-019  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2018  
**b. End Date:** 12/31/2019

**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:** Commissioner

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Lee County Board of County Commissioners

**Prefix:** Ms.

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Organizational Affiliation:** Lee County Board of County Commissioners

**Telephone Number:** (239) 533-2224

**Extension:**

**Email:** dist1@leegov.com

**City:** Fort Myers

**County:** Lee

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 33901

**2. Employer ID Number (EIN):** 59-6000702

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$144,489.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See Attached	See Attached	\$0.00	See Attached

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
See Attached	See Attached	See Attached	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** John Manning, Chair, Board of County Commissioners

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

**Date Signed:** 08/21/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Lee County Board of County Commissioners

**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.	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;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

### 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 hereby certify that all the information stated herein, as well as any information provided in**

X
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**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)

**Authorized Representative**

**Prefix:** Commissioner

**First Name:** John

**Middle Name**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017

## **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
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**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:** Lee County Board of County Commissioners

**Name / Title of Authorized Official:** John Manning, Chair, Board of County Commissioners

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

**Date Signed:** 09/01/2017

# 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?** Yes

- 1. Type of Federal Action:** Grant
- 2. Status of Federal Action:** Application
- 3. Report Type:** Initial Filing

**4. Name and Address of Reporting Entity:** Prime

**Refer to project name, addresses and contact information entered into the attached project application on screen 1B.**

**Congressional District, if known:** FL-019

**6. Federal Department/Agency:** Department of Housing and Urban Development

**7. Federal Program Name/Description and (CFDA Number):** Continuum of Care (CoC) Program (14.267)

**8. Federal Action Number:** FR-5900-N-18B

**9. Award Amount:** \$144,489.00

**10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):**

Bill Ferguson  
The Ferguson Group, LLC  
1130 Connecticut Ave, NW Suite 300  
Washington, DC 20036



**10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):**

N/A

**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.

**Authorized Representative**

**Prefix:** Commissioner

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017

## 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: \$144,489**

Organization	Type	Sub-Award Amount
Catholic Charities, Diocese of Venice, Inc.	M. Nonprofit with 501C3 IRS Status	\$144,489

## 2A. Project Subrecipients Detail

**a. Organization Name:** Catholic Charities, Diocese of Venice, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 59-2473176

	<b>* d. Organizational DUNS:</b>	877686501	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 4235 Michigan Ave Link

**Street 2:** Elizabeth Kay Galeana Center

**City:** Fort Myers

**State:** Florida

**Zip Code:** 33916

**f. Congressional District(s):** FL-019  
**(for multiple selections hold CTRL key)**

**g. Is the subrecipient a Faith-Based Organization?** Yes

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$144,489

### j. Contact Person

**Prefix:** Mr.

**First Name:** Charles

**Middle Name:**

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**Last Name:** Anderson  
**Suffix:**  
**Title:** District II Director  
**E-mail Address:** canderson@ccslee.org  
**Confirm E-mail Address:** canderson@ccslee.org  
**Phone Number:** 239-337-4139  
**Extension:**  
**Fax Number:**

## **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.**

Established In 1988, three Catholic Charities locations in Lee County serve low income individuals and families providing low or no cost human services. Program Directors ensure that clients have knowledge and access to all Catholic Charities' resources. Catholic Charities, Lee County has multiple and diversified funding streams. Revenue includes federal, county, private foundation, individual donations, Diocesan subsidy, other Catholic institutions and annual fundraising strategies. Fiscal year 2015-2016 Audit indicates that Catholic Charities managed \$1,454,009 in government contracts and grants, \$303,024 in United Way Funds and \$760,194 in other grants. Catholic Charities has received funding from Suncoast Partnership to Prevent Homelessness (COC for Manatee and Sarasota Counties) for two projects Our Mother's House; and, Casa San Jose since 2006. The current CoC FL500 renewal award (\$80,788) addresses eight (8) units of special needs permanent housing with supportive services. These projects participate in HMIS for the CoC. Catholic Charities has developed 96 units of farmworker housing, and other low to moderate income housing projects through HUD and USDA, e.g. 30 units of affordable housing units in Sarasota, \$685,000 CDBG funds for 5 transitional houses in North Port and \$454,000 CDBG funds for renovation of 10,000 sq. ft. social service building (in process).

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

Catholic Charities has extensive experience in leveraging other Federal, State, Local and Private Sector Funds for housing and other projects; as example for COC FL500 Suncoast Partnership, CCDOV was able to leverage a total of \$1.2 million for Casa San Jose (special housing for persons with disability (HIV/AIDS)).

### **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.**

Catholic Charities is a 501(C)(3) non-profit organization. The agency is governed by a Board of Directors and led by an Executive Director who is supported by the Chief of Operations (COO). The leadership includes: Finance Director (with four support staff), Director for Performance Improvement and Client Information System (CIS), Director for Development, and Director for Grants and Immigration. The agency enjoys a four star rating by Charity Navigator and is preparing for its fifth Council on Accreditation (COA) re-

accreditation. Catholic Charities is audited annually by an independent firm. The organization serves ten southwest Florida Counties providing a variety of human services that empower individuals and families to move from poverty to self-sustainability.

**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:** FL-603 - Ft Myers, Cape Coral/Lee County CoC

**1b. CoC Collaborative Applicant Name:** Lee County Board of County Commissioners

**2. Project Name:** Catholic Charities Bahkita House III - TH-RRH

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

**5. 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.**

Catholic Charities is seeking \$144,489 to purchase and renovate a duplex to provide two, two bedroom units (four beds) for transitional housing with supportive services for victims of human trafficking. The Florida Department of Children and Families reports the number of human trafficking cases in the state increased 54 percent over the previous year, most of those involved sex trafficking of women and girls. Florida has the third-highest number of reported cases in the nation. Source: <http://jacksonville.com/opinion/editorials/2017-04-20/friday-editorial-strong-efforts-underway-end-sex-trafficking>. Bahkita House III is designed to provide homeless individuals and families who have been victims of human trafficking (Category 4 of Homeless Definitions) with temporary housing and interim stability and support to successfully move to and maintain permanent housing, i.e. joint transitional (TH) and rapid re-housing housing (PH-RRH). Supportive services in the form of case management will be provided for a period up to six months following exit from transitional housing to permanent housing (RRH).

Bahkita House III will provide transitional housing for an estimated 16 individuals per year. The duplex can accommodate 4 clients at one time. Historically, the program averages 23 new clients per year. Victims may be an individual or the individual and their immediate family members. Clients may be referred from any area of Lee County consequently; consideration will be given to obtaining the best value for the funds available. Clients are referred through law enforcement and any community partners. Clients may receive rental assistance for a period lasting between 3 and 6 months and can remain enrolled in the program for a period of up to 16 months. The program is staffed by a District Director, Program Director, Program Coordinator and two full time caseworkers. Families would have priority over an individual. Highest priority would be given to a victim with minor children. If program housing is not available, Client would be assisted in securing other housing. In this situation, the client would still be eligible for supportive services in the form of case management which will be provided for a period up to six months following exit from transitional housing to permanent housing (RRH).

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The project will commence with notification of the award and conclude with completed renovation and occupancy of the property. The contractor's adherence to the work schedule and drawings will be monitored by the District Director, with oversight by the COO. The District Director will secure a realtor within two week of award announcement. The District Director and COO will oversee the selection and closing on the selected property within four months of award. The District Director and COO will obtain bids for property renovation within six weeks of closing, and award a contract for renovation within 4 weeks



after bid opening. It is estimated that the project will be completed within six months of the start of renovation.

**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)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

**Other:** Victims of Human Trafficking

**5. Housing First**

**a. Will the project quickly move participants into permanent housing?** Yes

**b. 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	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. 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	<input checked="" type="checkbox"/>
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Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**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.**

The project facility will be renovated according to County Code and zoning requirements. Operations will be overseen by the project manager and maintenance will be done by Catholic Charities maintenance staff to ensure property and equipment is habitable and in good order.

**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.**

Housing units are acquired for use as transitional housing to facilitate the movement of the client into permanent housing. If space is not available in the program units, clients will be assisted by case manager to secure housing in a shelter or the housing marketplace.

**8. Will more than 16 persons live in one structure?** No

### **3C. Project Expansion Information**

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## 4A. Supportive Services for Participants

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

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

Joint TH-RRH is designed to provide homeless individuals and families who have been victims of human trafficking (Category 4 Homeless) with temporary housing and interim stability and support to successfully move to and maintain permanent housing. Supportive services in the form of case management will be provided for a period up to 6 months following exit from transitional housing to permanent housing (RRH). There is a Program Director, Program Coordinator and two full time Case Managers. The program provides case management services to all referred participants. Clients are referred through law enforcement and community partners. Program policy requires client intake to be conducted within 48 hours of referral. Clients may receive rental assistance for a period lasting between 3 and 6 months. Clients can remain enrolled in the program for a period of up to 16 months. As a transitional home it will not require 24 hour staff or oversight.

### 3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Although clients who are certified may participate in the program for up to 6 months, the average is 16 months. (if a client is pre-certified -- A foreign born victim before they have been officially recognized by the US government or a US born victim (in the case of US born they are not identified as pre-certified, simply as domestic) – they can be enrolled and are eligible for all of the same services, pre-certified survivors are not eligible to work until certification, which obviously makes the services for them a bit different- instead of focusing on work the case manager focuses on ESL, orientation to US culture, etc)HT clients received services, including case management (unlimited sessions as needed), job training housing assistance (up to 6 months), medical (as needed),

dental (as needed) , mental health services (as needed). Of the services provided all of them except for case management were provided by community partners including: Abuse Counseling and Treatment, Family Health Centers, Naples Shelter, Clothes Closet, Goodwill, Literacy Council, Department of Children and Families, Lee Memorial Health, FGCU Human Trafficking Center, Florida Rural Legal Aid.

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

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

**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. Use of a single application form for four or more mainstream programs?** Yes

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

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

**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.

	TH	RRH	Total
<b>Total Units:</b>	1	0	1
<b>Total Beds:</b>	4	0	4
<b>Housing Type</b>	<b>Units</b>		<b>Beds</b>
Single family homes/townhou...	1		4

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single family homes/townhouses/duplexes  
**Is this a private or semi private room?** Yes

**2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 1

**b. Beds:** 4

### 3. Address

**Street 1:** To be determined

**Street 2:**

**City:** Fort Myers

**State:** Florida

**ZIP Code:** 99999

**\*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)**

129071 Lee County



## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	4	8	0	12
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Adults over age 24</b>	2	6	0	8
<b>Adults ages 18-24</b>	2	2	0	4
<b>Accompanied Children under age 18</b>	4	0	0	4
<b>Unaccompanied Children under age 18</b>	0	0	0	0
<b>Total Persons</b>	8	8	0	16

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							2			
Adults ages 18-24							2			
Children under age 18							4			
<b>Total Persons</b>	0	0	0	0	0	0	8	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							6			
Adults ages 18-24							2			
<b>Total Persons</b>	0	0	0	0	0	0	8	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 5C. Outreach for Participants

**1. Enter the percentage of project participants that will be coming from each of the following locations.**

20%	Directly from the street or other locations not meant for human habitation.
30%	Directly from emergency shelters.
20%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
30%	Directly from transitional housing.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

The outreach plan to bring these homeless participants into the project involves the following steps:

1. Since all of our clients are homeless we will continue our caseworkers outreach to emergency shelters, transitional shelters, sober shelters and people living on on the streets or in cars.
2. The housing component will be complementary to the work our caseworkers do in terms of outreach and identifying qualifying homeless clients for participation in the project.
3. We will leverage our existing relationships with non-profit providers where our program has preexisting memorandums of understanding and existing relationships to identify qualifying homeless clients for participation in the project.
4. Given the fact that our human trafficking intensive casework program has been in place since 2009 and helping homeless tracking victims since that time, it should not be difficult to find homeless participants for the project and place them accordingly.

## 5D. Discharge Planning Policy

**1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?** Yes

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** Permanent Housing Bonus

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

**4. Select a grant term:** 3 Years

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

<b>Acquisition/Rehabilitation/New Construction</b>	<input checked="" type="checkbox"/>
<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input type="checkbox"/>
<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure. To add a structure to the list, select the  icon. To view or update a structure already listed, select the  icon.

<b>Total Acquisition:</b>						\$130,895			
<b>Total Rehabilitation:</b>						\$13,594			
<b>Total New Construction:</b>						\$0			
<b>Total Assistance Requested:</b>						\$144,489			
Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
Bahkita House III	To be determined	--	Fort Myers	Florida	00000	\$144,489	\$130,895	\$13,594	\$0

## Acquisition/Rehabilitation/New Construction Budget Detail

**Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.**

**Name of Structure:** Bahkita House III  
**Street Address 1:** To be determined  
**Street Address 2:**  
**City:** Fort Myers  
**State:** Florida  
**Zip Code:** 00000

	Assistance Requested
1. Acquisition	\$130,895
2. Rehabilitation	\$13,594
3. New Construction	\$0
<b>4. Total Assistance Requested</b>	<b>\$144,489</b>

**Click the 'Save' button to automatically calculate the Total Assistance Requested.**

## 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

Total Value of Cash Commitments:	\$54,540
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$54,540

**1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Donations	08/17/2017	\$54,540



## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Private Donations  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$54,540

## 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.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
<b>1a. Acquisition</b>			\$130,895
<b>1b. Rehabilitation</b>			\$13,594
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	3 Years	\$0
<b>2b. Leased Structures</b>	\$0	3 Years	\$0
<b>3. Rental Assistance</b>	\$0	3 Years	\$0
<b>4. Supportive Services</b>	\$0	3 Years	\$0
<b>5. Operating</b>	\$0	3 Years	\$0
<b>6. HMIS</b>	\$0	3 Years	\$0
<b>7. Sub-total Costs Requested</b>			\$144,489
<b>8. Admin (Up to 10%)</b>			
<b>9. Total Assistance Plus Admin Requested</b>			\$144,489
<b>10. Cash Match</b>			\$54,540
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$54,540
<b>13. Total Budget</b>			\$199,029

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C3 Documentation	07/19/2017
3) Other Attachment(s)	No	HUD 2880	09/01/2017
2) Other Attachment(s)	No	Match and Leverag...	08/22/2017

## **Attachment Details**

**Document Description:** 501C3 Documentation

## **Attachment Details**

**Document Description:** HUD 2880

## **Attachment Details**

**Document Description:** Match and Leverage Documentation

## 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 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.**

For 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.

**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:** John Manning

**Date:** 09/01/2017

**Title:** Chair, Board of County Commissioners

**Applicant Organization:** Lee County Board of County Commissioners

**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**

X

**statements or claims may subject me to  
criminal, civil, or administrative penalties .  
(U.S. Code, Title 218, Section 1001).**

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2017	Page 48
	09/15/2017



<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/01/2017
<b>1E. SF-424 Compliance</b>	08/30/2017
<b>1F. SF-424 Declaration</b>	08/30/2017
<b>1G. HUD 2880</b>	08/30/2017
<b>1H. HUD 50070</b>	08/30/2017
<b>1I. Cert. Lobbying</b>	08/30/2017
<b>1J. SF-LLL</b>	08/30/2017
<b>2A. Subrecipients</b>	09/01/2017
<b>2B. Experience</b>	08/30/2017
<b>3A. Project Detail</b>	08/30/2017
<b>3B. Description</b>	09/01/2017
<b>3C. Expansion</b>	08/30/2017
<b>4A. Services</b>	08/30/2017
<b>4B. Housing Type</b>	08/30/2017
<b>5A. Households</b>	08/30/2017
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/30/2017
<b>5D. Discharge Policy</b>	08/30/2017
<b>6A. Funding Request</b>	08/30/2017
<b>6B. Acq/Rehab/Const</b>	08/30/2017
<b>6I. Match</b>	08/30/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/30/2017
<b>7D. Certification</b>	08/30/2017

**Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date: May 27, 2016**

**Person to Contact:**

R. Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

53-0196617

**Group Exemption Number:**

0928

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 23, 2016, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2016*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2016* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized and cursive.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA  
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS  
ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA  
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO  
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NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS  
HAWAII • WASHINGTON • VIRGINIA • VERMONT • WYOMING • OHIO

1817



2016

# The Official Catholic Directory

Anno  
Domini

2016

Published Annually by  
P. J. Kennedy & Sons

# Diocese of Venice

(Diocesis Venetiae in Florida)



Most Reverend  
FRANK J. DEWANE

Bishop of Venice; ordained July 16, 1988; appointed Coadjutor Bishop of Venice April 25, 2006; Episcopal ordination July 26, 2006; appointed Second Bishop of Venice January 19, 2007. Hrs.: 1000 Pinebrook Rd., Venice, FL 34295.

Catholic Center, 1000 Pinebrook Rd., Venice, FL 34285  
Tel. 941-484-9543, Fax 941-484-1121.

Web: [dioceseofvenice.org](http://dioceseofvenice.org)

Email: [info@dioceseofvenice.org](mailto:info@dioceseofvenice.org)

ESTABLISHED OCTOBER 25, 1984

Square Miles 9,035.

Comprises the Counties of Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Lee, Manatee and Sarasota in the State of Florida.

For legal titles of parishes and diocesan institutions, consult the Chancellor.

## STATISTICAL OVERVIEW

<b>Personnel</b>			
Bishop	1		
Priests: Diocesan Active in Diocese	78		
Priests: Diocesan Active Outside Diocese	8		
Priests: Retired, Sick or Absent	26		
Number of Diocesan Priests	112		
Religious Priests in Diocese	57		
Total Priests in Diocese	169		
Extern Priests in Diocese	64		
<b>Ordinations:</b>			
Transitional Deacons	3		
Permanent Deacons	4		
Permanent Deacons in Diocese	32		
Total Brothers	16		
Total Sisters	62		
<b>Parishes</b>			
Parishes	60		
<b>With Resident Pastor:</b>			
Resident Diocesan Priests	45		
Resident Religious Priests	16		
Missions	9		
Pastoral Centers	1		
<b>Professional Ministry Personnel:</b>			
Brothers	3		
Sisters	14		
<b>Lay Ministers</b>	110		
<b>Welfare</b>			
Day Care Centers	2		
Total Assisted	51		
Specialized Homes	2		
Total Assisted	60		
Special Centers for Social Services	38		
Total Assisted	40,210		
Other Institutions	16		
Total Assisted	959		
<b>Educational</b>			
Diocesan Students in Other Seminaries	12		
Total Seminarians	12		
Colleges and Universities	1		
Total Students	1,070		
High Schools, Diocesan and Parish	3		
Total Students	1,406		
High Schools, Private	1		
Total Students	115		
Elementary Schools, Diocesan and Parish	10		
Total Students	2,597		
Elementary Schools, Private	1		
Total Students	283		
Non-residential Schools for the Disabled	1		
Total Students	58		
<b>Catechesis/Religious Education:</b>			
High School Students	3,067		
Elementary Students	9,583		
Total Students under Catholic Instruction	18,171		
<b>Teachers in the Diocese:</b>			
Priests	3		
Sisters	14		
Lay Teachers	391		
<b>Vital Statistics</b>			
<b>Receptions into the Church:</b>			
Infant Baptism Totals	3,177		
Minor Baptism Totals	440		
Adult Baptism Totals	193		
Received into Full Communion	271		
First Communions	3,604		
Confirmations	1,620		
<b>Marrriages:</b>			
Catholic	386		
Interfaith	82		
Total Marrriages	468		
Deaths	2,892		
Total Catholic Population	236,855		
Total Population	2,151,950		

Former Bishop—Most Rev. JOHN J. NEVINS, D.D., ord. June 6, 1969; appt. Titular Bishop of Rusticianna and Auxiliary of Miami Feb. 6, 1979; cons. March 24, 1979; appt. First Bishop of Venice July 17, 1984, installed Oct. 25, 1984; retired Jan. 19, 2007; died Aug. 26, 2014.

Catholic Center—1000 Pinebrook Rd., Venice, 34285. Tel. 941-484-9543; Fax: 941-484-1121.

Office of the Bishop—Mrs. BETTY HALPERN, Exec. Sec.; Mrs. MAHLANNE MARZIANO, Receptionist & Sec.

Vicar General—Rev. Msgr. STEPHEN E. McNAMARA, V.G., V.F.

Chancellor—Dr. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D.

Administrative Assistant to the Chancellor—Mrs. LYNN SLOCKBOWER.

College of Consultors—Rev. Msgr. STEPHEN E. McNAMARA, V.G., V.F.; Very Rev. JOHN J. LUDDEN, Vicar for Clergy; JOSE GONZALES, V.F.; Rev. JOBANI BATISTA; Very Rev. JOHN COSTELLO; Rev. ROBERT T. DZIEDZIAK, J.C.L.; HUGH McGUIGAN, O.S.F.S.; GEORGE RATZMANN; MICHAEL VANNICOLA, O.S.F.S.; TOMASZ ZALEWSKI; Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Deans—Very Rev. JOSE ANTONIO GONZALEZ, V.F., Eastern Deanery; Rev. Msgr. STEPHEN E. McNAMARA, V.G., V.F., Central Deanery; Very Rev. ROBERT KANTOR, V.F., Southern Deanery; FAUSTO STAMPIGLIA, S.A.C., V.F., Northern Deanery.

Presbyteral Council—Rev. Msgr. STEPHEN E. McNAMARA, V.G., V.F.; Very Revs. FAUSTO STAMPIGLIA, S.A.C., V.F.; JOSE ANTONIO GONZALEZ, V.F.; ROBERT KANTOR, V.F.; Revs. JOBANI BATISTA; TOMASZ ZALEWSKI; ROBERT T. DZIEDZIAK; GERARD

F. CRITCH; GEORGE RATZMANN; MICHAEL VANNICOLA, O.S.F.S.; GORDON ZANETTI; MICHAEL J. CANNON; HUGH J. McGUIGAN, O.S.F.S.; Very Rev. JOHN J. LUDDEN; Revs. JEROME A. CARSELLA, JOHN F. COSTELLO.

Theologian to the Bishop—Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Vicar for Priests—Very Rev. JOHN J. LUDDEN.

Director for Deacons—Deacon FRANCIS J. CAMACHO

Director for Religious—Sr. CARMELLA T. DECOSTY, S.N.J.M., M.A.

Continuing Education of Clergy—Very Rev. JOHN J. LUDDEN.

Child Protection and Safe Environment Issues—Dr. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D., Chancellor; Dr. KATHY KLEINLEIN, Ed.D., Dir. Awareness Training & Certification.

Victim Assistance Coordinator—Tel: 941-416-6114. Ms. BARBARA E. DICOCO.

Official Archivist—Dr. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D., Chancellor.

Historical Archivist—Mrs. CARA SMITH.

Diocesan Tribunal—All Pastoral Center benches for information prior to October 25, 1984 should be directed to the Diocese of St. Petersburg for Manatee, Hardee, Sarasota, DeSoto, Glades, Charlotte and Lee Counties; to the Diocese of Orlando for Highlands Co. and to the Archdiocese of Miami for Hendry and Collier Counties.

Judicial Vicar—Very Rev. JOSEPH L. WATERS, J.C.L.

Auditors—Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.; Rev. SALVATORE STEFULA, T.O.R.

Defender of the Bond—Rev. ANTHONY HEWITT, J.C.L.

Promoter of Justice—Rev. ANTHONY HEWITT, J.C.L.

Judges—Very Rev. JOSEPH L. WATERS, J.C.L.; Rev. ROBERT T. DZIEDZIAK, J.C.L.; Dr. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D.; Rev. PHILIP SCHWEDA, J.C.L.; JAROSLAW SMOISEK, J.C.L.

Ecclesiastical Notaries/Care Assessors—Mrs. MARIANA MARTOLILLO; Ms. CLARIBEL LOPEZ.

**Diocesan Offices**

Building Department—Mr. BOHDAN NEPE, Dir.

Campaign for Human Development—Mr. RYAN CHESTINE.

\*Catholic Charities of the Diocese of Venice, Inc.—Mr. PETER ROUTSIS-ARROYO, CEO.

Catholic Relief Services/Operation Rice Bowl—Mr. RYAN CHESTINE.

Communications Department—Mrs. SUSAN LAELLE, Dir.

The Florida Catholic, Venice Edition—Most Rev. FRANK J. DEWANE, Publisher; Mr. ROBERT REDDY, Editor, Venice Edition. Tel: 941-488-4701; Fax: 941-488-4763.

Stewardship and Development Department—Dr. LOIS CAVUCCI, Dir.

Diaconate—Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Ecumenical and Interreligious Office—Mr. RYAN CHESTINE.

Education—Dr. KRISTY SWOL, Dir. Educ.; Dr. VICKY PARKS, Assoc. Supt.; Dr. KATHY KLEINLEIN, Ed.D., Dir., Catechetical Ministry; Dr. KATHY KLEINLEIN, Ed.D., Pres., Inst. for Catholic Studies & Formation.

Finance Department—Mr. PETER MCPARTLAND, CPA, C.D.F.M., Dir.; Mrs. DEBORAH HOAGLAND, Controller; Ms. DIORNE SPOO, Risk Mgmt. Coord.

www.znverianbrothers.org. Brothers of St. Francis Xavier Brothers 2.  
**NOKOMIS.** *Carmel at Mission Valley*, 955 Laurel Rd. E., 34276-4507. Tel: 941-412-0678; Fax: 941-485-5716. Priests 8.  
**SARASOTA.** *Congregation of the Holy Spirit*, 459 Beach Rd., 34242. Tel: 412-292-0907. Total in Residence 1.  
*Holy Cross Florida Regional Center* (1973) 1635 4th St., 34236-6007. Tel: 941-343-2631. Email: phkelly@brothersofholycross.com. Holy Cross Brothers Residence. Total in Residence 2.

### (H) CONVENTS AND RESIDENCES FOR SISTERS

**FORT MYERS BEACH.** *San Damiano Monastery of St. Clare* (Solemn Vows, Papal Enclosure), 6029 Estero Blvd., 33931-4325. Tel: 239-483-5599; Fax: 239-483-1993. Email: saintclare@comcast.net. Web: www.poorclares.com/fmb. Sr. Mary Frances Fortin, O.S.C., Abbess. Poor Clares, Cloistered Sisters 7.

### (I) RETREAT CENTERS

**VENICE.** *Our Lady of Perpetual Help Retreat and Spirituality Center* (1996) 3989 S. Moon Dr., 34292. Tel: 941-486-0233; Fax: 941-486-1624. Email: olphret@aol.com. Web: www.olph-retreat.org. Revn. Sean Morris, O.M.V., Dir.; Shawn Monahan, O.M.V.

**LAKE PLACID.** *Campo San Jose* (1996) 882 Bay St., Sebring, 33870. Tel: 863-385-6762; Fax: 863-385-5169. Email: fjrjose@camposanjose.com. Web: www.camposanjos.com. 170 S. Sun 'n' Lake Blvd., 33552. Very Rev. Jose Antonio Gonzalez, V.F., Dir.

### (J) CATHOLIC CHARITIES

**VENICE.** *Catholic Charities, Diocese of Venice, Inc.*, 1000 Pinebrook Rd., 34285. Tel: 941-488-5581; Fax: 941-484-1160. Email: rrrroyo@dioceseofvenice.org. Web: www.catholiccharitiesdov.org. Mr. Peter Rautala-Arroyo, CEO; Shiran Arngana, COO.  
*Catholic Charities, District I* (Sarasota and Manatee Counties), 5055 N. Tamiami Tr., Sarasota, 34234. Tel: 941-355-1680; Fax: 941-359-8374.  
*Catholic Charities, District II* (Leu, Henry and Glades Counties), 4235 Michigan Ave. Link, Fort Myers, 33918. Tel: 239-337-4193; Fax: 239-332-2799.  
*African Caribbean American Catholic Center*, 3861 Michigan Ave., Fort Myers, 33918. Tel: 239-461-0233. Fax: 239-461-0236. Email: arogonn@dioceseofvenice.org.  
*Catholic Charities, District III* (Collier County), 2210 Santa Barbara Blvd., Naples, 34116. Tel: 239-466-2666; Fax: 239-466-7235. Email: maryshughnessy@catholiccharitiescc.org.  
*Catholic Charities, Rural Services* (Charlotte, De Soto, Hardee and Highland Counties), 1210 E. Oak St., Arcadia, 34266. Tel: 863-494-1068; Fax: 863-494-1671. Email: charity2@embany.com.  
*Catholic Charities Housing, Diocese of Venice, Inc.*, 1000 Pinebrook Rd., 34285. Tel: 941-488-5581; Fax: 941-484-1160. Email: rrrroyo@dioceseofvenice.org.  
*Casa San Jose*, 3900 17th St., Sarasota, 34235. Tel: 941-366-1888; Fax: 941-362-9733. Email: kmckenney@ccdis1.org.  
*Casa San Juan Bosco, Inc.*, 2358 S.E. Arnold Andrews Ave., Arcadia, 34266. Tel: 863-864-2134; Fax: 863-864-2114. Email: casa@ndcrealestate.com.  
*Casa San Juan Bosco II, Inc.*, 1000 Pinebrook Rd., 34285. Tel: 941-488-5581; Fax: 941-441-1160. Email: rrrroyo@dioceseofvenice.org.  
*Marian Manor, Inc.*, 22278 Vick St., Port Charlotte, 33980. Tel: 941-391-6669. Email: marionmanor@ndcrealestate.com.  
*Catholic Charities Refugee Programs*, 5900 Pan American Blvd., Sta 202, North Port, 34287. Tel: 941-876-3164; Fax: 941-876-3913.

*Catholic Charities Immigration Programs*, 5900 Pan American Blvd., Sta. 202, North Port, 34287. Tel: 941-664-8637; Fax: 941-244-2270. Email: charlottecharity@comcast.net.

**SARASOTA.** *Behesda House - HIV/AIDS Ministries*, 1670 Fourth St., 34236. Tel: 941-366-1836; Fax: 941-362-9733. Email: kmckenney@verizon.net.  
 Deacon Kevin McKenney (AIDS Ministry)  
*Catholic Charities Housing Sarasota, Inc.*, 1000 Pinebrook Rd., 34285.  
 St. Monica Residence, 1675 Dr. Martin Luther King Way, 34234. Tel: 941-391-5669.  
 St. Dominic Manor, 1023 Putnam Dr., 34232. Tel: 941-391-5669.

### (K) FOUNDATIONS

**VENICE.** *Catholic Community Foundation of Southwest Florida, Inc.*, 1000 Pinebrook Rd., 34285. Tel: 941-441-1124; Fax: 941-484-1121. Email: caldwelk@dioceseofvenice.org. Web: www.dioceseofvenice.org.  
 Dr. Volodymyr Smeryk, M.A., M.B.A., J.C.D., J.D.  
*Catholic Charities Foundation of the Diocese of Venice, Inc.*, 1000 Pinebrook Rd., 34285. Tel: 941-488-5581; Fax: 941-484-1160. Email: rrrroyo@dioceseofvenice.org. Mr. Peter Rautala-Arroyo, Contact Person.

**SARASOTA.** *Cardinal Mooney High School Foundation, c/o Cardinal Mooney High School*, 4171 Fruitville Rd., 34232. Tel: 941-371-4917; Fax: 941-371-6924. Web: www.cmhs-sarasota.org.

*Incararnation School Foundation*, 2911 Bee Ridge Rd., 34239. Tel: 941-921-8588; Fax: 941-925-1248. Email: adavis@incarnationschool.edu. Web: www.incarinationschool.edu.

*St. Martha School Foundation*, 200 N. Orange Ave., 34236. Tel: 941-368-4210; Fax: 941-954-0434. Web: www.stmarthaschool.net.

### (L) MISCELLANEOUS LISTINGS

**VENICE.** *All Saints Catholic Cemetery Inc.*, 1000 Pinebrook Rd., 34285.

*Diocese of Venice in Florida, Inc.*, 1000 Pinebrook Rd., 34284. Tel: 941-484-9543. Dr. Volodymyr Smeryk, M.A., M.B.A., J.C.D., J.D., Contact Person.

*Diocese of Venice Savings and Loan Trust Fund*, 1000 Pinebrook Rd., 34285. Tel: 941-484-9543. Dr. Volodymyr Smeryk, M.A., M.B.A., J.C.D., J.D., Contact Person.

*Trinity Enterprise Holdings, Inc.*, 1000 Pinebrook Rd., 34284. Tel: 941-484-9543. Dr. Volodymyr Smeryk, M.A., M.B.A., J.C.D., J.D., Contact Person.

*Trinity Trust*, 1000 Pinebrook Rd., 34284. Tel: 941-484-9543. Dr. Volodymyr Smeryk, M.A., M.B.A., J.C.D., J.D., Contact Person.

**DONITA SPRINGS.** *Christian Brothers*, 26650 Noble Ln., 34135. Tel: 239-495-2088. Bros. Robert Kopyes, C.F.C.; Joseph M. Phynne, C.F.C.

**FORT MYERS.** *Magnificat-Ft. Myers, FL, Mother of Mercy Chapter of the Diocese of Venice*, 1438 Collins Rd., 33919. Tel: 239-333-0437; Fax: 239-933-0437. Email: margaretruse206@comcast.net. Margaret R. Adams, Contact Person & Coord.

**NAPLES.** *Hope for Haiti, Inc.*, 1021 Fifth Ave. N., 34102. Tel: 239-434-7183. Email: info@hopeforhaiti.com. Web: www.hopeforhaiti.com. JoAnne Kuehner, Founder & Chair.

**SARASOTA.** *Christ Child Society of Sarasota, Inc.*, 8859 Bloomfield Blvd., 34238. Email: jdengelostyle@aol.com. Web: www.nationalchristchildsoc.org.  
 Rosann Yanis, Pres. Local affiliate of national non-profit organization whose member-volunteers serve needy children.

### RELIGIOUS INSTITUTES OF MEN REPRESENTED IN THE DIOCESE

For further details refer to the corresponding bracketed number in the Religious Institutes of Men or Women section

[0140]—*The Augustinians*—O.S.A.

[1360]—*Brothers of St. Francis Xavier*—C.F.X.  
 []—*Brothers of the Catholic Apostolate*—S.A.C.  
 [0600]—*Brothers of the Congregation of Holy Cross*—C.S.C.

[0470]—*Capuchin Friars*—O.F.M. Cap.  
 [0270]—*Carmelite Fathers*—O. Carm.  
 [0310]—*Congregation of Christian Brothers*—C.F.C.

[0660]—*(Spiritan) Congregation of the Holy Spirit*—C.S.Sp.

[]—*Congregation of the Mother Cordematrix*—C.M.C.  
 []—*Congregation of the Oratory of St. Philip Neri*—C.O.

[]—*Congregation of the Resurrection*—C.R.

[0430]—*Dominican Fathers*—O.P.

[]—*Institute of the Incarnate Word*—I.V.E.

[0690]—*Scout Fathers*—S.J.

[0730]—*Legionaries of Christ*—L.C.

[1210]—*Missionaries of St. Charles Scalabrini*—C.S.

[]—*Oblates of Mary Immaculate*—O.M.I.

[0920]—*Oblates of St. Francis de Sales*—O.S.F.S.

[0940]—*Oblates of the Virgin Mary*—O.M.V.

[1065]—*Priestly Fraternity of St. Peter*—F.S.S.P.

[0990]—*Society of the Catholic Apostolate*—S.A.C.

[0560]—*Third Order Regular of St. Francis*—T.O.R.

### RELIGIOUS INSTITUTES OF WOMEN REPRESENTED IN THE DIOCESE

[1070-16]—*Congregation of St. Dominic (Sisters of St. Dominic of Blauvelt, NY)*—O.P.

[3832]—*Congregation of the Sisters of St. Joseph*—C.S.J.

[1105]—*Dominican Sisters of Hope*—O.P.

[]—*Dominican Sisters, Mary Mother of the Eucharist*—O.P.

[1070-13]—*Dominican Sisters/Congregation of the Most Holy Rosary (Adrian Dominicans)*—O.P.

[1070-03]—*Dominican Sisters/Sinaiawa Dominican Congregation of the Most Holy Rosary*—O.P.

[]—*Franciscan Sisters of Mary Immaculate*—F.M.I.

[]—*Missionaries Daughters of Our Blessed Lady of the Light, Yucatan, Mexico*—M.I.M.L.

[2800]—*Missionary Sisters of the Most Sacred Heart of Jesus of Hilltrup*—M.S.C.

[3760]—*Order of St. Clare*—O.S.C.

[3465]—*Religious of the Sacred Heart of Mary (Eastern North American Province)*—R.S.N.M.

[]—*Salesian Sisters*—F.M.A.

[2970]—*School Sisters of Notre Dame (St. Louis Prov. & Baltimore Prov.)*—S.S.N.D.

[]—*Servants of the Lord and the Virgin of Matara*—S.S.V.M.

[]—*Sisters of Charity of Cincinnati*—S.C.

[0690]—*Sisters of Charity of St. Elizabeth, Convent Station*—S.C.

[0130]—*Sisters of Charity of the Blessed Virgin Mary*—B.V.M.

[]—*Sisters of Christian Community*—S.C.C.

[2675]—*Sisters of Mercy of the Americas (New Jersey Prov.)*—R.S.M.

[2549]—*Sisters of Mercy, Co. Sligo, Ireland*—R.S.M.

[2990]—*Sisters of Notre Dame (Chardon, OH)*—S.N.D.

[3360]—*Sisters of Providence of St. Mary-of-the-Woods, IN*—S.P.

[1660]—*Sisters of St. Francis of Philadelphia*—O.S.F.

[3830-01]—*Sisters of St. Joseph of Boston*—C.S.J.

[3840]—*Sisters of St. Joseph of Carondelet*—C.S.J.

[]—*Sisters of St. Joseph of Chestnut Hill, Philadelphia*—S.S.J.

[1990]—*Sisters of the Holy Name of Jesus and Mary*—S.N.J.M.

[]—*Sisters of the Sacred Heart of Mary*—R.S.H.M.

### NECROLOGY

† Hickey, Michael L., (Retired)—Died July 9, 2016

An asterisk (\*) denotes an organization that has established tax-exempt status directly with the IRS and is not covered by the USCCB Group Ruling.

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Lee County Board of County Commissioners, Human and Veteran Services 2440 Thompson St., Fort Myers, FL 33901 239-533-7930	2. Social Security Number or Employer ID Number: 596000702
3. HUD Program Name Continuum of Care	4. Amount of HUD Assistance Requested/Received \$1,877,789.00
5. State the name and location (street address, City and State) of the project or activity: Lee County, FL	

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
See Attached.			

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
See Attached.			

(Note: Use Additional pages if necessary.)

## 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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X <i>John Manning</i>	Date: (mm/dd/yyyy) 08/31/2017
-------------------------------------	----------------------------------

Approved as to Form for the  
Reliance of Lee County Only

*Whelan*  
Office of the County Attorney

LINDA DOGGETT  
CLERK OF CIRCUIT COURT

*Theresa*  
DEPUTY CLERK

Project Name	Applicant Name	Budget Amount	Project Type	Will project receive HUD assistance of \$200,000 in HUD FY 2017?
CASL Broadway	Lee County Board of County Commissioners	\$13,354	Renewal	No
CASL Broadway - Expansion	Lee County Board of County Commissioners	\$53,977	New	No
CASL S+C I	Lee County Board of County Commissioners	\$76,372	Renewal	No
CASL S+C II	Lee County Board of County Commissioners	\$72,800	Renewal	No
CASL Sans Souci	Lee County Board of County Commissioners	\$53,816	Renewal	No
The Salvation Army	Lee County Board of County Commissioners	\$1,291,074	Renewal	Yes; Form 2880 attached.
The Salvation Army - Expansion	Lee County Board of County Commissioners	\$99,663	New	No
Catholic Charities, Diocese of Venice, Inc.	Lee County Board of County Commissioners	\$144,489	New	No.
2017 CoC Planning Grant	Lee County Board of County Commissioners	\$72,244	New	No



# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): The Salvation Army, a Georgia Corporation, for Ft. Myers Area Command, FL 10291 McGregor Blvd, Ft Myers, FL 33919 239-278-1551		2. Social Security Number or Employer ID Number: 58-0660607
3. HUD Program Name Rapid Rehousing		4. Amount of HUD Assistance Requested/Received 1,390,737.00
5. State the name and location (street address, City and State) of the project or activity: The Salvation Army Area Command, 2400 Edison Ave, Ft Myers FL 33901		

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Lee County Department of Human Services 2440 Thompson St, Ft Myers 33901,	PFR Grant	\$53,000	Emergency Shelter

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

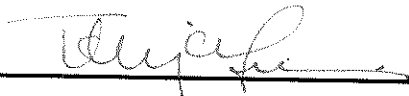
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

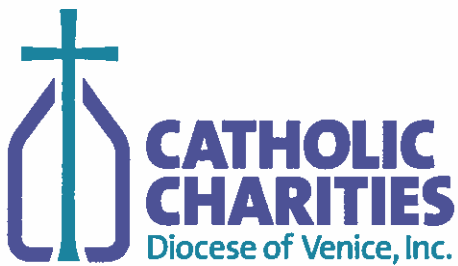
(Note: Use Additional pages if necessary.)

## 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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: x 	Date: (mm/dd/yyyy) 08/15/2017
---	----------------------------------



Most Reverend Frank J. Dewane, Bishop of Venice in Florida  
Rev. Monsignor Stephen E. McNamara, V.G.  
Volodymyr Smeryk, M.A., J.C.D., J.D., Chancellor

Leroy Jackson, Chair  
Richard Rogan, Vice Chair  
Peter Routsis-Arroyo, LCSW, Chief Executive Officer

August 17, 2017

Ms. Jeannie Sutton  
Grants Coordinator  
Lee County Human and Veteran Services  
2440 Thompson Street  
Fort Myers, FL 33901 Lee County

Re: Continuum of Care  
Bakhita House 3  
Catholic Charities, Diocese of Venice, Human Trafficking House TH

Dear Ms. Sutton,

Please be advised that Catholic Charities, Diocese of Venice, Inc. will match subject grant in the cash amount of \$54,540.

Sincerely,

A handwritten signature in blue ink that reads "Peter Routsis-Arroyo".

Peter Routsis-Arroyo, LCSW  
Chief Executive Officer



CREDIBILITY • INTEGRITY • ACHIEVEMENT



Most Reverend Frank J. Dewane, Bishop of Venice in Florida  
Rev. Monsignor Stephen E. McNamara, V.G.  
Volodymyr Smeryk, M.A., J.C.D., J.D., Chancellor

Leroy Jackson, Chair  
Richard Rogan, Vice Chair  
Peter Routsis-Arroyo, LCSW, Chief Executive Officer

August 17, 2017

Ms. Jeannie Sutton  
Grants Coordinator  
Lee County Human and Veteran Services  
2440 Thompson Street  
Fort Myers, FL 33901 Lee County

Re: Private Funds Leverage for Continuum of Care

Dear Ms. Sutton,

Please be advised that, for the time period July 1, 2016 - June 30, 2017, Catholic Charities, Diocese of Venice, Inc. received funding for the Human Trafficking Bakhita House 3 TH project in the amount of \$125,991. The cash support for this project came from the following sources:

1. Diocese of Venice subsidy	-	\$ 37,641
2. Individual donations	-	\$ 61,950
3. Special event funds	-	\$ 16,400
4. United Way	-	\$ 10,000

We look forward to working collaboratively to meet the mission of ending homelessness and human trafficking in our community.

Sincerely,

A handwritten signature in blue ink that reads "Peter Routsis-Arroyo".

Peter Routsis-Arroyo, LCSW  
Chief Executive Officer



CREDIBILITY • INTEGRITY • ACHIEVEMENT