

## **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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/11/2018

**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-6200-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:** JFCS Rapid Re-Housing

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

**a. Applicant:** FL-019

**b. Project:** FL-019

(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2019

**b. End Date:** 06/30/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Commissioner

**First Name:** Cecil

**Middle Name:**

**Last Name:** Pendergrass

**Suffix:**

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

**Telephone Number:** (239) 533-2227  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2021  
**(Format: 123-456-7890)**

**Email:** dist2@leegov.com

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

**Date Signed:** 08/11/2018



# 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:**

**First Name:** Cecil

**Middle Name:**

**Last Name:** Pendergrass

**Suffix:**

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

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

**Telephone Number:** (239) 533-2227

**Extension:**

**Email:** dist2@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:** \$154,496.00

(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:** Cecil Pendergrass, Chair, Board of County Commissioners

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

**Date Signed:** 05/02/2018

# 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:** Cecil

**Middle Name**

**Last Name:** Pendergrass

**Suffix:**

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

**Telephone Number:** (239) 533-2227  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2021  
**(Format: 123-456-7890)**

**Email:** dist2@leegov.com

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

**Date Signed:** 08/11/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

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

**Name / Title of Authorized Official:** Cecil Pendergrass, Chair, Board of County Commissioners

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

**Date Signed:** 08/11/2018

# 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:** \$154,496.00

**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):**

Ferguson, Bill

**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:** Cecil

**Middle Name:**

**Last Name:** Pendergrass

**Suffix:**

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

**Telephone Number:** (239) 533-2227  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2021  
**(Format: 123-456-7890)**

**Email:** dist2@leegov.com

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

**Date Signed:** 08/11/2018

## 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: \$154,496**

Organization	Type	Sub-Award Amount
Jewish Family and Children's Service of the Sun...	M. Nonprofit with 501C3 IRS Status	\$154,496

## 2A. Project Subrecipients Detail

**a. Organization Name:** Jewish Family and Children's Service of the Suncoast Inc.

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

**c. Employer or Tax Identification Number:** 59-2693318

	<b>* d. Organizational DUNS:</b>	795256627	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 2688 Fruitville Rd

**Street 2:**

**City:** Sarasota

**State:** Florida

**Zip Code:** 34237

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

**g. Is the subrecipient a Faith-Based Organization?** No

**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:** \$154,496

### j. Contact Person

**Prefix:** Ms.

**First Name:** Yulia

**Middle Name:**

---

**Last Name:** Parsons  
**Suffix:**  
**Title:** Grants Officer  
**E-mail Address:** yparsons@jfcs-cares.org  
**Confirm E-mail Address:** yparsons@jfcs-cares.org  
**Phone Number:** 941-366-2224  
**Extension:** 184  
**Fax Number:** 941-366-2982

## **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.**

JFCS, a non-denominational multi-functional social service agency, has been dedicated to eradicating the problem of chronic homelessness in a six-county (Manatee, Sarasota, DeSoto, Charlotte, Lee, and Collier) region. We are also committed to prevention, diversion and early intervention in Sarasota and Manatee Counties through our Building Strong Families (BSF) Program. JFCS has experience serving the literally homeless veterans in Lee County. We have an extensive, far-reaching, and successful track record of providing housing to chronically homeless that we plan to expand to non-veterans in Lee County if this application is funded. Currently, the BSF Program receives funds to serve the population of “literally homeless,” or Rapid Re-Housing (RRH) clients through Suncoast Partnership to End Homelessness in Sarasota and Manatee County, and from the Gulf Coast Partnership in Charlotte County. These clients may be individuals, couples, or families. BSF currently uses multiple County offices, including two in Sarasota County, one in Manatee County, and one in Charlotte County, with plans to expand into Lee County with the funding that would be provided under this grant.

We also have experience effectively utilizing federal funds through various other U.S. Department of Housing and Urban Development Continuum of Care grants, including grants for our BSF program currently serving clients in Charlotte, Sarasota and Manatee counties. For the HUD Charlotte County grant, we receive funds through the Gulf Coast Partnership Continuum of Care Program. We also have experience applying for HUD grants through e-Snaps. Currently, we administer an ESG (Emergency Solutions Grant) through the Suncoast Partnership Continuum of Care. We also have access to eLOCCS, a payment management system through which we invoice HUD. JFCS has employees who have access to HUD’s secure system. In addition, we also have a grant through the U.S. Department of Veterans Affairs, titled Supportive Services for Veteran Families that largely supports our Operation Military Assistance Program (OMAP), which provides homeless prevention and Rapid Re-housing services to veterans and their families.

We also were just recently renewed for year 4 of a 5 year federal grant through the U.S. Department of Health and Human Services – Administration for Children & Families, titled Healthy Marriage and Relationship Education. We recently completed the grant cycle on yet another federal grant from the U.S. Department of Health and Human Services – Administration for Community Living that focused on providing supportive care for clients diagnosed with Alzheimer’s disease. JFCS proposes to continue its work with the Lee County CoC by providing intensive CoC-coordinated housing case management and supportive services for non-veteran individuals and families experiencing homelessness. JFCS’ Veteran Services program (SSVF) currently serves the

Lee County homeless veteran population, and has served 24 RRH clients during the current program year (October 2017 – present). Our current Lee County housing stock includes rentals with over 25 landlords and multiple housing options: houses, rooming houses, mobile homes, apartments, condos, and duplex/multiplex units. Rents vary from \$550 to \$1200. Average monthly rent is \$885.00.

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

JFCS has experience successfully administering multiple federal grants through various other U.S. Department of Housing and Urban Development Continuum of Care grants, including grants for our BSF program currently serving clients in Charlotte, Sarasota and Manatee counties. For the HUD Charlotte County grant, we receive funds through the Gulf Coast Partnership Continuum of Care Program. We also have experience applying for HUD grants through e-Snaps. Currently, we administer an ESG (Emergency Solutions Grant) through the Suncoast Partnership Continuum of Care. We also have access to eLOCCS, a payment management system through which we invoice HUD. JFCS has employees who have access to HUD’s secure system. In addition, we also have a grant through the U.S. Department of Veterans Affairs, titled Supportive Services for Veteran Families that largely supports our Operation Military Assistance Program (OMAP), which provides homeless prevention and Rapid Re-housing services to veterans and their families. We have utilized our experience obtaining funding through these grants to leverage additional funding from other sources, including local government grants from Sarasota and Manatee Counties, as well as the Suncoast Partnership to End Homeless, United Way Suncoast, Central Florida Behavioral Health Network, Gulf Coast Community Foundation, United Way of Sarasota County, United Way of Manatee County, The School Board of Sarasota County, the Florida Department of Juvenile Justice, and other funders. We also employ a Development team that leverages these grants in order to raise funds from private foundations and private donors.

**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.**

JFCS' basic organizational structure is led by an active Board of Directors, each of whom is deeply engaged in the community and the organization’s mission. Reporting to the Board is an experienced team of Senior Management that oversees employees who lead different departments and programs. Our Senior Management team is comprised of a CEO/President, a CFO, a Chief Client Services Officer, a Chief Development Officer, and a Director of Human Resources. This team handles our internal and external coordination, in collaboration with Program Directors and other key administrative employees. Our financial accounting system is handled by the well-known software platform Abila MIP Fund Accounting, and our most recent audit was handled by Mauldin and Jenkins. According to our most recent audit, the financial statements we presented to our auditor presented fairly, in all material aspects, the financial position of the organization, and the changes in our net assets and cash flows for the year ended in accordance with GAAP. In the opinion of our auditors,

JFCS complied in all material respects, with the types of compliance requirements that could have had a direct and material effect on our major federal programs, and we received no management letter noting any material defects in our audit as a whole. In summary, our auditors did not identify any deficiencies in internal control over compliance that was considered to be a material weakness.

**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:** JFCS Rapid Re-Housing

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No



### **3B. Project Description**

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

JFCS will be providing intensive housing case management and supportive services for non-veteran individuals and families experiencing homelessness. Funding will be used to expand our impact in Lee County by serving non-veterans experiencing homelessness. The objective of this project is to assist those non veteran individuals and families who are literally homeless with rental assistance, housing relocation, and housing stabilization to (1) help homeless living on the street or in emergency shelter transition as quickly as possible to permanent housing and (2) help individuals achieve stability in housing.

JFCS focuses on those identified with the highest needs/highest priority, and uses a Housing First approach, which includes safety as a top priority. Using Housing First principles, the eligibility screening process will allow applicants to enter the program. The case manager will identify and fill housing vacancies by utilizing various resources. The case manager will reach priority populations by coordinating with local coordinated entry access points, JFCS OMAP, and the Lee County CoC. Currently, the process to access our Rapid Re-Housing services begins with an Intake and Screening procedure that is conducted to determine needs. Once a call or referral form is received, or face-to-face contact has been made, the case manager determines if the client is homeless or at imminent risk of becoming homeless, or is not eligible for our program. In both rapid re-housing and permanent supportive housing, JFCS case managers provide direct assistance to homeless people. The case manager provides advocacy for the acquisition of services and resources necessary to help participants meet immediate needs including public benefits, vital health services, childcare and education requirements, permanent housing and other services deemed necessary through intake screenings and progress monitoring.

The case manager will: Create and implement a housing plan with each individual/family; monitor the plan; meet with participants to facilitate self-sufficiency; participate in CoC case conferencing; attend CoC meetings with other service providers; and interface with funders, consumers and other stakeholders. An individualized plan is developed by each participant addressing strengths, challenges, and previous barriers to stability, including: a comprehensive assessment with identification of barriers; development of a service plan; provision of services that may include short- and medium-term subsidies for rent, utility payments and deposits, security deposits or first month's rent, mediation of landlord/tenant disputes; development of a management plan by the case manager for tracking funding expenditures; ensuring that properties where participants are housed meet HUD requirements and CoC rapid re-housing requirements; and provision of initial weekly case management services and monthly thereafter.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the**

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**following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

**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"/>
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.**

There are no proposed development activities associated with this project.

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**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

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

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

X

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

The following services are available to assist in obtaining and maintaining permanent housing: access to emergency shelter if literally homeless and desiring emergency housing; engagement with a qualified case manager who will provide intensive, coordinated case management for a 12 month period; financial assistance to support housing; financial assistance to reduce barriers such as child care, transportation and food insecurity; coordination of services and supports with CoC partners; and leveraging resources available to participants. JFCS expedites re-housing through internal temporary financial assistance approval process. Temporary financial assistance includes housing, transportation, food, household goods, and utilities for up to 6 months, during which time the case manager actively works to increase household income. Should household income not increase during the 6 month period, JFCS remains committed to identifying additional funding to support permanent housing.

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

The following services and supports will be available to increase employment and/or income, and to maximize the ability to live independently, including: assessment of current financial status and assisting the participant in developing a sustainable budget; assistance with resume writing; providing access and support to follow-up on job search resources; referral to community employment resources; assistance in ensuring barriers such as transportation

and child care related to employment are addressed, if required; coordination with banking institutions to support improved financial literacy, credit counseling and access to lower interest financial products (in order to reduce reliance on high interest rate, "pay where you buy" businesses; and credit repair. Income may also increase due to filing for Social Security benefits, identification of eligible disability benefits (through Social Security or insurance), dropped charges or other opportunities to clear a legal record, and/or increased job skills leading to new or improved employment. Monthly administration of the Arizona Self-Sufficiency Matrix will track gains in employment/income.

**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	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	Monthly
Food	Subrecipient	Monthly
Housing Search and Counseling Services	Subrecipient	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-monthly
Mental Health Services	Partner	Monthly
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	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. 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.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 8

**Total Beds:** 14

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	14



## 4B. Housing Type and Location Detail

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

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

**a. Units:** 8

**b. Beds:** 14

### 3. Address

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

**Street 1:** Various

**Street 2:**

**City:** Various

**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, 120402 Cape Coral, 120966  
Ft Myers

## 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>	2	6		8
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	10		12
<b>Adults ages 18-24</b>				0
<b>Accompanied Children under age 18</b>	2			2
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	4	10	0	14

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2									
Adults ages 18-24										
Children under age 18	2									
<b>Total Persons</b>	4	0	0	0	0	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	4			2		2		2		
Adults ages 18-24										
<b>Total Persons</b>	4	0	0	2	0	2	0	2	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
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.**

70%	Directly from the street or other locations not meant for human habitation.
30%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	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.**

JFCS engages in targeted outreach activities to identify, contact, and assist homeless individuals. In addition to participating in Coordinated Entry, our staff meets homeless people where they are: wooded encampments, laundromats, rest areas, local shelters, food banks, and the like. When conducting outreach, our staff use food, toiletries, and other basic items as an engagement tool and include basic information about our supportive services. Staff-driven consistent outreach improves the likelihood of engagement.

The case manager will reach priority populations by coordinating with 211, Local Access Points, JFCS OMAP staff, and the Lee County Homeless Coalition Staff. This targeted outreach identifies those of highest acuity, and engages the case manager in activities to identify, contact, and assist people experiencing homelessness. In addition to participating in Coordinated Entry, our staff meets homeless people where they are: wooded encampments, laundromats, rest areas, local shelters, food banks, and the like. When conducting outreach, our staff use food, toiletries, and other basic items as an engagement tool and include basic information about our supportive services. Staff-driven consistent outreach improves the likelihood of engagement. Currently, the process to access our Rapid Re-Housing services begins with an Intake and Screening procedure that’s conducted to determine needs. Once a call or referral form is received, or face to face contact has been made, the case manager determines if the client is homeless or at imminent risk of becoming homeless, or is not eligible for our program.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** Bonus

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

**4. Select a grant term:** 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$77,580
<b>Total Units:</b>			8
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MSA (1...	8	\$77,580

## Rental Assistance Budget Detail

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** FL - Cape Coral-Fort Myers, FL MSA (1207199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$515	x	12	=	\$0
0 Bedroom		x	\$687	x	12	=	\$0
1 Bedroom	5	x	\$741	x	12	=	\$44,460

<b>2 Bedrooms</b>	3	x	\$920	x	12	=	\$33,120
<b>3 Bedrooms</b>		x	\$1,194	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,331	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,531	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,730	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,930	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,130	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,329	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$77,580
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$77,580

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



## 6F. Supportive Services Budget

**Instructions:**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Rental of moving trucks and other moving expenses	\$500
<b>3. Case Management</b>	1 FTE Case Manager Position Salary and Benefits	\$50,000
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>	200 gift cards for food @ \$10 each	\$2,000
<b>8. Housing/Counseling Services</b>	5 housing/application fees @ \$100 each	\$500
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		

<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	220 12-ride bus passess @ \$13.50 each and 5,663 miles of Case Manager Transport @ \$.535/mile	\$6,000
<b>16. Utility Deposits</b>	Water, Electrical and Gas (if applicable) Deposits	\$3,000
<b>17. Operating Costs</b>	Cell Phone and Computer Costs for Case Manager	\$1,000
<b>Total Annual Assistance Requested</b>		\$63,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$63,000

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

## 6I. Sources of Match

**The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.**

### Summary for Match

Total Value of Cash Commitments:	\$38,853
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$38,853

**1. Will 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	JFCS Private Dona...	08/10/2018	\$38,853

## 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:** JFCS Private Donations  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/10/2018
- 6. Value of Written Commitment:** \$38,853

## 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>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$77,580	1 Year	\$77,580
<b>4. Supportive Services</b>	\$63,000	1 Year	\$63,000
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$140,580
<b>8. Admin (Up to 10%)</b>			\$13,916
<b>9. Total Assistance Plus Admin Requested</b>			\$154,496
<b>10. Cash Match</b>			\$38,853
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$38,853
<b>13. Total Budget</b>			\$193,349

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Jewish Family and...	08/10/2018
2) Other Attachment(s)	No	JFCS Match Letter	08/11/2018
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Jewish Family and Children's Service of the Suncoast Inc. 501c3 Documentation

## **Attachment Details**

**Document Description:** JFCS Match Letter

## **Attachment Details**

**Document Description:**

## 7D. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.



It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Cecil Pendergrass

**Date:** 08/11/2018

**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 FY2018	Page 51
	09/12/2018

<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>	08/11/2018
<b>1E. SF-424 Compliance</b>	08/06/2018
<b>1F. SF-424 Declaration</b>	08/06/2018
<b>1G. HUD 2880</b>	08/06/2018
<b>1H. HUD 50070</b>	08/06/2018
<b>1I. Cert. Lobbying</b>	08/06/2018
<b>1J. SF-LLL</b>	08/06/2018
<b>2A. Subrecipients</b>	08/10/2018
<b>2B. Experience</b>	08/11/2018
<b>3A. Project Detail</b>	08/06/2018
<b>3B. Description</b>	08/10/2018
<b>3C. Expansion</b>	08/06/2018
<b>4A. Services</b>	08/10/2018
<b>4B. Housing Type</b>	08/06/2018
<b>5A. Households</b>	08/10/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/07/2018
<b>6A. Funding Request</b>	08/06/2018
<b>6E. Rental Assistance</b>	08/06/2018
<b>6F. Supp Srvcs Budget</b>	08/11/2018
<b>6I. Match</b>	08/11/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/11/2018
<b>7D. Certification</b>	08/11/2018

OGDEN UT 84201-0029

In reply refer to: 4077550277  
Apr. 02, 2014 LTR 4168C 0  
59-2693318 000000 00

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BODC: TE

JEWISH FAMILY & CHILDRENS SERVICE  
OF THE SUNCOAST INC  
2688 FRUITVILLE RD  
SARASOTA FL 34237-5223



029573

Employer Identification Number: 59-2693318  
Person to Contact: Ms Benjamin  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 22, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

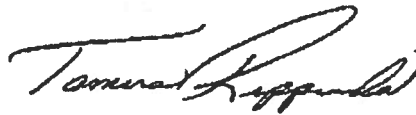
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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JEWISH FAMILY & CHILDRENS SERVICE  
OF THE SUNCOAST INC  
2688 FRUITVILLE RD  
SARASOTA FL 34237-5223

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

Sincerely yours,



Tamera Ripperda  
Director, Exempt Organizations



2688 Fruitville Road  
Sarasota, FL 34237  
(941) 366-2224  
Fax (941) 366-2982  
www.JFCS-Cares.org

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WEINBERG CAMPUS**  
Schoenbaum Family  
Life Enrichment Center  
Benderson Family  
Administrative Center  
Goldie Feldman Building  
Warren J. and Margot E.  
Coville Counseling  
Center  
Ann and Alfred Goldstein  
Program Wing

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August 10, 2018

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

Dear Ms. Sutton,

This letter will serve as confirmation that Jewish Family & Children's Service of the Suncoast, Inc. will provide \$38,853.33 in private cash donations as matching funds for the FY 2019 Continuum of Care program award, utilizing the following percentage allocations of salaries, including all taxes and fringe benefits, to reach that level of contribution:

- Peter Fleischmann, Chief Client Services Officer – 7.5%
- Heidi Brown, President/CEO – 1.5%
- Philip Pohlmeier, Chief Financial Officer – 2.5%
- Luba Khasik, Controller – 3.0%
- Cynthia Lanoue, Accounts Payable – 3.5%
- Kevin Wright, Director of Information Technology – 3.0%
- Tyler Stovall, Information Technology Technician – 3.5%
- Jake Gelber, Director of Grants and Financial Analysis – 7.5%
- Yulia Parsons, Grants Assistant – 7.5%

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Philip Pohlmeier  
Chief Financial Officer

**Embracing our  
community with care**



The Jewish Federation  
OF SARASOTA MANATEE