

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2017 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2017 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2017 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/01/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award 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

c. Organizational DUNS:	013461611	PLUS 4	
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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: 2017 CoC Planning

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: 12/31/2018

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:

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: \$72,244

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: 2017 CoC Planning 2440 Thompson Street Fort Myers Florida

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

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			Financial Interest	Financial Interest
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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 (\$)	in Project/Activity (%)
See Attached	See Attached	See Attached	\$0.00	0%

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;	

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 the accompaniment herewith, is true and

X

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

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: \$72,244.00

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 Official: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2017

2A. Project Detail

1a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC
1b. Collaborative Applicant Name: Lee County Board of County Commissioners

2. Project Name: 2017 CoC Planning

3. Component Type: CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

(1)CoC Support Specialist

The CoC Planning Grant will enhance collaborative efforts to comply with 578.7(a)(8), 578.39(b)(6) by funding a new, full time Continuum of Care (CoC) Support Specialist position. The Support Specialist will be responsible for leading the By-Name List and Coordinated Assessment Committees, connecting service providers to the Coordinated Assessment system (CAS), developing and implementing CAS policies and procedures, reviewing Coordinated Assessment processes and performance, and recommending improvements to the HMIS Lead. The Support Specialist will facilitate community-wide coordination and collaboration among nonprofit homeless providers, victim service providers, faith based organizations, advocates, public housing agencies, schools, social service providers, hospitals, universities, law enforcement, organizations that serve veterans, and homeless/formerly homeless individuals. The Support Specialist will also assist with the completion of CoC project applications, the annual project ranking and review process, and improving the quality of the local CoC application process. The Support Specialist will attend all Governing Board & Homeless Coalition meetings to provide regular updates regarding the coordinated assessment system and CoC Project Applications.

(2) Shelter Diversion & Mediation Training/TA

Planning funds will be used to maximize shelter and homelessness prevention resources in accordance with 578.7(c), by funding Shelter Diversion & Mediation Training for caseworkers throughout the CoC's geographic area. The training may be conducted by a consultant and will include subjects such as: identifying target populations for diversion, conducting mediation and identifying alternative resources. Additional TA may be obtained to assist with program design and the development of policies and procedures for the implementation of system-wide diversion practices.

(3) Project Evaluation

Planning funds will be used to pay for costs associated with evaluating projects funded under the ESG and CoC programs 578.7(a)(7). Funds will be used to review the policies and procedures of all CoC and ESG funded projects to ensure consistency and compliance with new CoC Written Standards, updated Coordinated Entry Policies and Procedures, Housing First practices, 24 CFR 578, and other program requirements.

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

(1)CoC Support Specialist

A posting for this new position will be made within 60 days of notification of receipt of the 2017 Planning Grant. Provided viable applicants are available, the Support Specialist shall be hired no more than 120 days after the initial positing

of the position. The Support Specialist will have clear objectives and receive performance evaluations in accordance with Lee County policy. Salary and benefit costs incurred after the execution of the planning grant agreement will be drawn from CoC funds at least one time per quarter. Supporting documentation will be reviewed by fiscal staff prior to drawing funds.

(2) Shelter Diversion & Mediation Training/TA

Solicitation for training consultants to conduct diversion & mediation training will be made within 60 days of notification of receipt of the 2017 Planning Grant. All proposals will be reviewed by the Lead Agency and Governing Board. Award of contract shall be made no more than 90 days after the proposal submission date. The selected firm will have 180 days from the time of contract execution to schedule at least 1 onsite training and provide promotional materials necessary for advertising training throughout the CoC. Training will be made available to all caseworkers in the CoC's geographic area. Should the Lead Agency deem necessary and funding allows, the consultant will also provide technical assistance for the development of program design and policies and procedures for the implementation of system-wide diversion. Evaluation of firm's performance will be conducted by the Lead Agency through contract monitoring. Supporting documentation for training and technical assistance costs will be reviewed by fiscal staff prior to the completion of draws.

(3) Project Evaluation

Evaluations may be conducted by a technical assistance provider or other outside firm. Solicitation will be made within 60 days of notification of receipt of the 2017 Planning Grant, and maybe combined with the solicitation mentioned above. All proposals will be reviewed by the Lead Agency and Governing Board. Award of contract shall be made no more than 90 days after the proposal submission date. The selected firm will have 180 days from the time of contract execution to begin meeting with subrecipients and reviewing policies and procedures. Should the Lead Agency and Governing Board deem necessary, and funding allows, the firm may provide an onsite debriefing, which will be open to all stakeholders. Supporting documentation for costs will be reviewed by fiscal staff prior to the completion of draws.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

(1) CoC Support Specialist

It is the goal of Lee County that the Coordinated Assessment System (CAS) be operated with a person-centered approach that includes accurate cultural and linguistic competencies, proper processes and assessment tools, and which connects clients to appropriate local and mainstream services. The implementation of a Support Specialist position will lead to the accomplishment of these goals, as well as increase the geographic coverage of the CAS and ensure that the Coordinated Assessment System is operated in accordance with the requirements of HUD CPD-17-01. The Support Specialist will facilitate ongoing evaluation, reporting, and improvements which will increase visibility and improve client access to the CAS. Increased access and utilization of the CAS will provide reliable data by which the CoC can effectively evaluate project outcomes to drive funding decisions.

(2) Shelter Diversion & Mediation Training/TA

The provision of Diversion & Mediation training to all caseworkers throughout the CoC will improve project performance for CoC and ESG funded projects. It is anticipated that implementing system-wide diversion practices will increase

project outcomes and decrease shelter placements.

(3)Project Evaluation

Evaluating project's policies and procedures will ensure that CoC and ESG funding is being used efficiently, effectively, and within federal guidelines. This evaluation will provide the CoC with additional information necessary to make productive changes to the homelessness response system and improve project performance.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

(1)CoC Support Specialist

The new staff position to be funded with CoC Planning Grant funds will be critical for the further development of the CAS and improvement of the CoC system, and funding application. In the event the HUD funding for this position expires, funds will be requested from the Florida Department of Children & Families, Office on Homelessness Staffing Grant and the Community Development Block Grant to cover the costs for this critical CoC position.

(2)Shelter Diversion & Mediation Training/TA

It is not anticipated that ongoing training and technical assistance will be necessary to implement system-wide diversion processes. Lee County will monitor the effectiveness and impacts of diversion using existing staff positions. The need for additional training/TA will be evaluated after impacts are analyzed.

(3)Project Evaluation

It is not anticipated that ongoing technical assistance will be necessary to evaluate policies and procedures. Lee County will continue to monitoring project performance and compliance with regulations during regular monitoring.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

- a. Written agendas of CoC meetings? Yes
- b. Coordinated Entry? (Also known as centralized or coordinated assessment) No

Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter?

Lee County is currently in the process of developing and approving Policies and Procedures for the Coordinated Assessment System (CAS). These procedures are being updated to ensure the CAS is in compliance with CPD Notice 17-01. It is anticipated that the complete CAS Policies and Procedures will be approved by the CoC Governing Board on November 8, 2017.

- c. Process for monitoring outcomes of ESG recipients? Yes
- d. CoC policies and procedures? Yes
- e. Written process for board selection? Yes
- f. Code of Conduct for board members that includes a recusal process? Yes
- g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
By Name List Committee	Facilitate the delivery of services for persons who are homeless to eliminate duplication of services, maximize resources, minimize client time; maintain a master by-name list; review particularly high risk individuals and those where the CAS did not reveal the full depth or urgency of the situation; report on monthly housing placement.	Monthly	Local Government; Collaborative Applicant; HMIS Lead; Emergency Shelter; Homeless Outreach; Behavioral health providers; PSH and RRH providers; other non-profit service providers
Community Resources and Needs Committee	Inventory all local homeless resources; review and assess all services and programs and identify unmet needs; develop a community resources directory of services and update biannually; monitor and evaluate local homeless initiatives to assess impact; perform gaps analysis and the homeless needs assessment annually; conduct annual provider survey.	Monthly	Local Government; Collaborative Applicant; HMIS Lead; Emergency Shelter; Homeless Outreach; Behavioral health providers; PSH and RRH providers; Health Care Providers; Healthcare outreach; other non-profit service providers
Research, Education, and Advocacy Committee	Discuss local issues related to homelessness and the needs of persons who are homeless; develop public education and outreach initiatives to make persons who are homeless aware of available services; identify and explore new approaches to shelter care; research the availability of health, public safety, transportation, supportive services, employment and housing resources and disseminate information to the CoC.	Monthly	Local Government; Collaborative Applicant; HMIS Lead; Emergency Shelter; Homeless Outreach; Behavioral health providers; PSH and RRH providers; Health Care Providers; Healthcare outreach; other non-profit service providers
Community Outreach and Awareness Committee	Plan, coordinate, and facilitate the homeless service day and veterans stand down; collect information related to the homeless population served during the point in time count; collect and compile information related to the homeless population served and report to Florida DCF Office on Homelessness; plan and facilitate the annual Candlelight Vigil and National Hunger and Homelessness Awareness Week activities.	Monthly	Local Government; Collaborative Applicant; HMIS Lead; Emergency Shelter; Homeless Outreach; Behavioral health providers; PSH and RRH providers; Health Care Providers; Healthcare outreach; other non-profit service providers

Coordinated Entry Committee	Develop a coordinated assessment system and encourage agency participation; reorient housing and service provisions to focus on needs and creating a more client-focused environment; review and update the CAS training curriculum annually; facilitate ongoing planning and stakeholder consultation in coordination with the Lee County CoC, HMIS Lead, and Lee County Homeless Coalition; organize client satisfaction surveys regarding the CES.	Quarterly	Local Government; Collaborative Applicant; HMIS Lead; Emergency Shelter; Homeless Outreach; Behavioral health providers; PSH and RRH providers; Health Care Providers; Healthcare outreach; other non-profit service providers
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4A. 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:	\$18,061
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$18,061

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	Government	Salaries for Moni...	08/25/2017	\$18,061

Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Salaries for Monitoring and HMIS Staff
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/25/2017
- 6. Value of Written Commitment:** \$18,061

4B. Funding Request

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

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.5 FTE @\$55,000 salary and benefits to increase access, improve quality, and facilitate involvement in the Coordinated Assessment System.	\$27,500
2. Project Evaluation	Acquisition of 1 Technical Assistance provider to review policies and procedures for all CoC and ESG funded projects.	\$5,244
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities	.5 FTE @\$55,000 salary and benefits to assist with CoC project applications, ranking and review process, and improving the quality of the local CoC application process.	\$27,500
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	Acquire 1 independent firms to conduct at least 1 local diversion and mediation training and provide technical assistance in the development of diversion policies and procedures within the CoC	\$12,000
8. HUD Compliance Activities		
Total Costs Requested		\$72,244
Cash Match		\$18,061
In-Kind Match		\$0
Total Match		\$18,061
Total Budget		\$90,305

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Documentation	09/01/2017
2. Other Attachment(s)	No	HUD 2880	09/01/2017

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: HUD 2880

5B. 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.

20-Year Operation Rule.

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

1-Year Operation Rule.

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

C. For Rental Assistance Only.

Supportive Services.

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

D. Explanation.

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

Name of Authorized Certifying Official: 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 statements or claims may subject me to

X

**criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/31/2017
1E. SF-424 Compliance	08/01/2017
1F. SF-424 Declaration	08/01/2017
1G. HUD 2880	08/01/2017
1H. HUD 50070	08/01/2017
1I. Cert. Lobbying	08/01/2017
1J. SF-LLL	08/01/2017
2A. Project Detail	08/01/2017

2B. Description	08/30/2017
3A. Governance and Operations	08/25/2017
3B. Committees	08/10/2017
4A. Match	08/31/2017
4B. Funding Request	08/31/2017
5A. Attachment(s)	08/25/2017
5B. Certification	08/25/2017



BOARD OF COUNTY COMMISSIONERS

John Manning
District One

Cecil L. Pendergrass
District Two

Larry Kiker
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wm. Wesch
County Attorney

Donna Marie Collins
Hearing Examiner

August 25, 2017

To whom it may concern:

Please accept this letter demonstrating Lee County will provide \$18,061 in matching funds for the 2017 CoC Planning Grant. These funds will be provided from Lee County General Funds in the form of salary costs associated with CoC project monitoring, application preparation, and other eligible activities.

For questions regarding the 2017 CoC Planning Grant submission, please contact Jeannie Sutton at the Lee County Human and Veteran Services. She may be reached by phone at 239-533-7958, by fax at 239-533-7960, and by email at jsutton@leegov.com.

Thank you for considering our request and supporting our efforts to end homelessness in Lee County.

Sincerely,

A handwritten signature in black ink that reads "Roger Mercado". The signature is fluid and cursive, with the first name "Roger" being more prominent than the last name "Mercado".

Roger Mercado, Director
Lee County Human and Veteran Services
2440 Thompson Street
Fort Myers, Florida 33901
239-533-7920 (phone)
239-533-7960 (fax)
rmercado@leegov.com

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

William J. Fesjo
Office of the County Attorney

LINDA DOGGETT
CLERK OF CIRCUIT COURT

Theresa K. ...
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
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