### **Before Starting the CoC Application**

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

- The Collaborative Applicant is responsible for:
   Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit.
- This will be identified in the question.
- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** FL-603 - Ft Myers, Cape Coral/Lee County CoC

**1A-2. Collaborative Applicant Name:** Lee County Board of County Commissioners

1A-3. CoC Designation: CA

**1A-4. HMIS Lead:** Lee County Board of County Commissioners

## 1B. Continuum of Care (CoC) Engagement

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.

Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.

Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

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1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC solicits new Governing Board members on a bi-annual basis to ensure a full range of opinions are received. Solicitation includes direct outreach to homeless and formerly homeless persons, as well as other interested individuals and organizations. A formerly homeless individual and 25 agencies currently sit on the Governing Board. To prevent homelessness the Homeless Coalitions Prevention Task Force meets monthly to discuss events, strategies, discharge planning, and resource coordination to prevent homelessness. Additionally, the CoC recently implemented twice monthly Coordinated Assessment Task Force meetings. These meetings facilitate a face-to-face coordination between area agencies, and focus on ending homelessness for the most vulnerable in the homeless population. Meetings are held at the Bob Janes Triage Center, and feature representation from the local non-CoC funded youth advocates, Children's Home Society, and the CDBG/HOME/ESG Entitlement Jurisdiction, Lee County.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Lutheran Services Oasis Shelter	Yes	No	No
Lee County School District	No	No	Yes
Out Mother's Home	No	No	No
Children's Advocacy Center	No	No	No
Children's Home Society	No	No	No

## 1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

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## Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Abuse Counseling and Treatment	No	Yes

# 1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC developed a Notice of Funding Availability (NOFA) for a new permanent supportive housing (PSH) or rapid re-housing project in accordance with the 2016 CoC Program competition bonus project guidelines. The NOFA was sent, through direct email, to continuum members and nonprofit agencies in the community on June 24, 2016. The NOFA was also published on Lee County's website. Proposals are accepted from previously unfunded and previously funded agencies. Interested agencies were required to submit complete proposals by July 15, 2016. No proposals were received for the 2016 CoC bonus project. If CoC funds are made available through reallocation, the CoC will develop a NOFA and solicit for a new project according to CoC program competition guidelines. Solicitation for new projects are made available through direct email and published on Lee County's website. If a new project is submitted, it will be considered according to priorities outlined in the Ranking Committee Procedures.

## 1B-3. How often does the CoC invite new Semi-Annually members to join the CoC through a publicly available invitation?

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## 1C. Continuum of Care (CoC) Coordination

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Members of all three consolidated planning jurisdictions (CPJ) are participating members of the CoC Governing Board. All three CPJs in the CoC's geographic area are actively involved in coordination and planning at quarterly CoC Board meetings, as well as at CoC Board sub-committee meetings, which are also held quarterly. The two CPJs that are not the Collaborative Applicant for the CoC, the City of Cape Coral and the City of Fort Myers, also consulted with the Collaborative Applicant during their own consolidated planning cycles and in the development of the regional Analysis of Impediments to Fair Housing. Both cities also actively participate in the Lee County Homeless Coalition, and attend regular meetings for both the CoC general membership and the Homeless Coalition. Collaboration among all three CPJs also takes place on a daily basis through program referrals and regular meetings for various other grant funded programs.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Although the crosswalk indicates that there are two ESG recipients, Lee County is the only local ESG entitlement entity and does cover the full CoC geographic area. The CoC and Lee County consult on ESG decisions, which include the utilization of ESG entitlement funds to support the collaboratively-managed Bob Janes Triage Center and Low Demand Shelter. Because the City of Fort Myers and City of Cape Coral participate in the Governing Board, Homeless Coalition, and general CoC meetings, they are also included in the development of performance standards and evaluations of outcome for ESG-Funded activities. The Homeless Coalition and CoC Board Sub-Committees report on accomplishments toward the goals in Lee County's 10 Year Plan to End Homelessness, including ESG-funded activities. The CoC Governing Board is currently developing written standards for all CoC and ESG-funded activities.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Staff from the local victim service provider, Abuse Counseling and Treatment (ACT), actively participates in the CoC Governing Board, as well as, the Homeless Coalition and CoC general membership meetings. ACT provides

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shelter at two locations within the CoC's geographic area. Both locations feature multitude of counseling and recovery services and telephone hotlines for victims of domestic violence. ACT maintains safety through nondisclosure of shelter locations, shelter monitoring systems, and a visitor check in process. Clients receiving case management are given priority referral to permanent housing options throughout the community. Referrals are made outside of the HMIS system to protect victims PII. In addition to CoC coordination with ACT, the Lee County Housing Authority also enforces the provisions of the Violence Against Women Act (VAWA), which outlines practices to protect the safety and security of women fleeing domestic violence and sexual assault.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

<del>_</del>	, , , , <del>, , , , , , , , , , , , , , , </del>	
Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Fort Myers	0.00%	Yes-Both
Lee County Housing Authority	0.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Other subsidized or low income housing opportunities that target persons who are homeless, but are not funded through the identified sources include the HOME Tenant Based Rental Assistance (TBRA). The Lee County Department of Human Services operates the HOME-funded TBRA program which provides for up to 24 months of rental assistance for currently homeless clients that score a 15 or great on the Lee County Service Prioritization Decision Assistance Tool (SPDAT). The TBRA program provides intensive case management in addition to rental assistance, to ensure that the most vulnerable homeless populations remain in permanent housing.

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# 1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	Х
Engaged/educated law enforcement:	Х
Implemented communitywide plans:	Х
No strategies have been implemented	
Other:(limit 1000 characters)	

**Applicant:** Lee County CoC **Project:** FL-603 CoC Registration FY2016

## 1D. Continuum of Care (CoC) Discharge Planning

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

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discharged are not discharged into homelessness. (limit 1000 characters)

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

Local government, mental health service providers, and other providers utilize the coordinated entry to move clients through the service system faster, reduce new entries into homelessness through prevention, and improve data collection and quality. The process includes utilizing standardized access and assessment; as well a coordinated referral and housing placement for immediate and long-term housing and service needs. HMIS written policies define which programs a client is referred to by their SPDAT score. This ensures that clients are linked to the proper housing and services. To further facilitate the engagement and assistance of homeless individuals and families, a Coordinated Assessment Task Force meets twice monthly to review clients who are particularly vulnerable to remaining homeless. The Task force develops strategies to connect this population with proper housing and services to reduce the length of time in homelessness and prevent future episodes of homelessness.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

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## enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	X	x	x	X	x		
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X	X		
Law Enforcement						X	
Local Jail(s)						X	
Hospital(s)	X	X		X	X		
EMT/Crisis Response Team(s)						X	
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)		X		X	X		
Public Housing Authorities	X		X		X		
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X		
School Administrators/Homeless Liaisons						x	
Non-CoC Funded Victim Service Organizations						X	
Street Outreach Team(s)	x	x	x	X	x		
Homeless or Formerly Homeless Persons						x	

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## 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

**Applicant:** Lee County CoC

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?

Percentage of APRs submitted by renewing projects within the CoC Competition?	C that were reviewed by the CoC in the	2016 CoC 100.00%
1F-2 - In the sections below, che selection to indicate how project a for the FY 2016 CoC Program Com CoC's publicly announced Rating a	applications were reviewen petition. Written docume	d and ranked ntation of the
Performance outcomes from APR reports/HMIS:		
% permanent housing exit destinations		X
% increases in income		х
Monitoring criteria:		
Utilization rates		Х
Drawdown rates		х
Frequency or Amount of Funds Recaptured by HUD		Х
Need for specialized population services:		
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Youth	Х
Victims of Domestic Violence	Х
Families with Children	Х
Persons Experiencing Chronic Homelessness	Х
Veterans	х
None:	

# 1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC ranking and review committee assessed the performance measures, monitoring results, and demonstration of need through an applicant provided narrative statement for all renewal projects. In addition, the committee considered the project's prioritization to serve specialized populations, and the type of project. In determining project application priority, the CoC prioritized projects which provided permanent supportive housing for chronically homeless persons and rapid rehousing projects which focus on moving individuals and families quickly into permanent housing. The CoC and Opening Doors sets the goal of ending chronic homelessness by 2017, these two types of projects are shown to be the most effective methods to meet this goal and were therefore prioritized ahead of other project types. These two project types were prioritized accordingly in Tier 1.

# 1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The Procedures and Ranking Tool were sent directly to renewal project applicants via email on July 1, 2016. The Ranking Committee Procedures and Ranking Tool were posted to the Lee County website on July 11, 2016. All CoC project applications were returned to the CoC via e-mail by July 21, 2016. The ranking committee reviewed applications on August 3, 2016, and held a final ranking meeting on August 11, 2016. The Collaborative Applicant notified project applicants of the ranking results via direct email on August 12, 2016, and posted the results on the Lee County website on August 15, 2016.

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**Applicant:** Lee County CoC

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**1F-4. On what date did the CoC and** 09/09/2016 **Collaborative Applicant publicly post all parts** of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation No. process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

## 1G. Continuum of Care (CoC) Addressing Project Capacity

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC Collaborative Applicant monitors all recipients through monthly desk reviews, which include verifying reimbursement for eligible expenses and approving reimbursement payments. Additionally, the Collaborative Applicant conducts onsite monitoring visits once per year. The annual monitoring visit includes an in-depth review of the recipients client files, program capacity, timely spending, utilization of funds and match requirements, project policies, facility inspections, and performance measures. Any concerns or findings are addressed with a corrective action plan. The results of the monitoring are presented to the recipient as well as to the CoC Governing Board, and CoC Ranking and Review Committee. The Collaborative Applicant also works closely with each program recipient to ensure a complete and accurate submission of the APR. The results of each annual monitoring report and portions of the APR are reviewed and considered during the ranking and review process.

1G-2. Did the Collaborative Applicant include Yes accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Yes Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

Pages 2-3 of the attached Governance Charter

2A-2. Does the CoC have a HMIS Policies and Yes Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

**2A-3.** Are there agreements in place that Yes outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

2A-4. What is the name of the HMIS software Client Services Network

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### used by the CoC (e.g., ABC Software)?

**2A-5. What is the name of the HMIS software** Bell Data Systems **vendor (e.g., ABC Systems)?** 

**Applicant:** Lee County CoC **Project:** FL-603 CoC Registration FY2016

# 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## **2B-1. Select the HMIS implementation** Single CoC coverage area:

\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

### 2B-2.3 Funding Type: State and Local

Funding Source		Funding
	1	
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City	\$0
County	\$202,891
State	\$0
State and Local - Total Amount	\$202,891

### 2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$26,160
Private - Total Amount	\$26,160

### 2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total	dget for Operating Year	\$229,051

## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2C-1. Enter the date the CoC submitted the 04/27/2016 2016 HIC data in HDX, (mm/dd/yyyy):

# 2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	249	90	134	84.28%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	55	0	55	100.00%
Rapid Re-Housing (RRH) beds	274	0	274	100.00%
Permanent Supportive Housing (PSH) beds	107	0	107	100.00%
Other Permanent Housing (OPH) beds	324	0	0	0.00%

# 2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

A faith-based organization, The Fort Myers Rescue Mission has 25 emergency beds. The agency does not wish to participate in HMIS and is therefore preventing us from meeting the 85% threshold. However, the Fort Myers Rescue Mission has been willing to allow us to complete client surveys during the annual point-in-time count. Other permanent housing beds are provided by the Housing Authority of the City of Fort Myers and the Lee County Housing Authority through VASH Vouchers. Lee County is currently working to include both housing authorities in the HMIS system, and plan to have them fully integrated during CY 2017.

## 2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be

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## attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	
VASH:	Х
Faith-Based projects/Rescue mission:	Х
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	

**2C-4. How often does the CoC review or** Semi-Annually assess its **HMIS bed coverage?** 

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# 2D. Homeless Management Information System (HMIS) Data Quality

### **Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	6%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	1%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	4%

## 2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):			X
ESG Consolidated Annual Performance and Evaluation Report (C	APER):		Х
Annual Homeless Assessment Report (AHAR) table shells:			Х
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**Applicant:** Lee County CoC FL-603 2011 New Applicant Project: FL-603 CoC Registration FY2016 COC\_REG\_2016\_135636 None **2D-3.** If you submitted the **2016** AHAR, how 10 many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? **2D-4. How frequently does the CoC review** Quarterly data quality in the HMIS? 2D-5. Select from the dropdown to indicate if Both Project and CoC standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. 2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS. VA Supportive Services for Veteran Families (SSVF): Χ VA Grant and Per Diem (GPD): Χ Runaway and Homeless Youth (RHY): Χ Projects for Assistance in Transition from Homelessness (PATH): Χ None:

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

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## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered Yes PIT count methodology for the 2016 sheltered PIT count?

2E-2. Indicate the date of the most recent 01/23/2016 sheltered PIT count: (mm/dd/yyyy)

2E-2a. If the CoC conducted the sheltered PIT Not Applicable count outside of the last 10 days of January 2016, was an exception granted by HUD?

2E-3. Enter the date the CoC submitted the 04/27/2016 sheltered PIT count data in HDX: (mm/dd/yyyy)

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**Applicant:** Lee County CoC **Project:** FL-603 CoC Registration FY2016

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	Х
Random sample and extrapolation:	
Non-random sample and extrapolation:	
2F-2. Indicate the methods used to gather and calculate subpopulat	ion
2F-2. Indicate the methods used to gather and calculate subpopulat data for sheltered homeless persons:	
HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	Х
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The sheltered population from HMIS participating agencies was reported through HMIS. Data quality checks were run to determine accuracy and providers confirmed utilization rates. Non HMIS provider shelters were visited

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by staff or volunteers who conducted client surveys. Survey data was sorted and entered into HMIS to determine data quality and accuracy. Final counts were reviewed by provider shelters to determine utilization accuracy.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

No changes in methodology were made during the 2016 count.

2F-5. Did your CoC change its provider No coverage in the 2016 sheltered count?

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

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### 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

•	
Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

No changes were made during the 2016 count.

## 2H. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years** (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final Yes unsheltered PIT count methodology for the most recent unsheltered PIT count?

2H-2. Indicate the date of the most recent 01/23/2016 unsheltered PIT count (mm/dd/yyyy):

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?

Not Applicable

2H-3. Enter the date the CoC submitted the 04/27/2016 unsheltered PIT count data in HDX (mm/dd/yyyy):

## 2I. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Methods

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

•	
Night of the count - complete census:	X
Night of the count - known locations:	Х
Night of the count - random sample:	
Service-based count:	X
HMIS:	Х

# 2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The CoC utilized "night of the count" census data collected at the annual homeless service day, and surveys collected by staff or volunteers at known homeless encampments and service locations to obtain data for the unsheltered PIT count. All unsheltered persons encountered during the count were included in the PIT data. Collected data was sorted and entered into HMIS to deduplicate and determine data quality. Comparison of personally identifying information, such as name, date of birth and social security numbers were completed to ensure total count accuracy. This method provides for the greatest accuracy of data and engages the largest number of unseltered homeless persons.

### 2I-3. Describe any change in methodology from your unsheltered PIT

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count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

No changes in methodology were made during the 2016 count.

2I-4. Has the CoC taken extra measures to Yes identify unaccompanied homeless youth in the PIT count?

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

In 2015 the Lutheran Services Oasis, a Runaway and Homeless Youth (RHY) emergency shelter, joined HMIS. The Oasis shelter also participated in conducting surveys during the annual PIT count. The collected data was included in this year's PIT.

## 2J. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

No changes were made during the 2016 count.

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## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

\* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	614	439	-175
Emergency Shelter Total	223	205	-18
Safe Haven Total	0	0	0
Transitional Housing Total	77	51	-26
Total Sheltered Count	300	256	-44
Total Unsheltered Count	314	183	-131

# 3A-1b. Number of Sheltered Persons Homeless - HMIS. Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	844
Emergency Shelter Total	697
Safe Haven Total	0
Transitional Housing Total	182

#### 3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

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### (limit 1000 characters)

The CoC has made efforts to reduce the number of individuals and families who become homeless for the first time through multiple prevention programs, such as emergency utility and past due rent assistance. The CoC utilizes both state and federal funds to administer these programs which aim to prevent homelessness. The CoC identifies risk factors such as emergency room usage, involvement with the police or criminal justice system, medical/healthcare needs, substance abuse, mental health issues, family status, physical disability, domestic violence, and employment history through initial assessments. Entry into programs such as these is based partly upon completion of coordinated entry assessments as well as other intake assessments (such as those from domestic violence providers), which include factors identified above.

### 3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless. (limit 1000 characters)

The coordinated assessment process helps to move homeless individuals and families through the system faster by assigning a specific point value to individuals and families who have the longest length of time homeless. The process also helps to reduce the amount of time necessary to move people into the correct program by offering quick referrals through the HMIS system. The CoC aims to continue to reduce the length of time individuals and families remain homeless by increasing HMIS data collection and data quality. To further facilitate the engagement and assistance of homeless individuals and families, the Coordinated Assessment Task Force meets twice monthly to review clients who are particularly vulnerable to remaining homeless. The Task force develops strategies to connect clients with proper housing and services to reduce the length of time in homelessness and prevent future episodes of homelessness.

\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

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	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	775
Of the persons in the Universe above, how many of those exited to permanent destinations?	539
% Successful Exits	69.55%

3A-4b. Exit To or Retention Of Permanent Housing: In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	172
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	157
% Successful Retentions/Exits	91.28%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC aims to reduce the rate of return to homelessness by funding and encouraging projects with long term subsidies and/or ongoing operational funding that can support ongoing case management as much as possible. Examples of this include The Salvation Army's rapid re-housing program, Lee County's rapid re-housing program, and Lee County's tenant based rental assistance program. Other efforts include referring participants to financial literacy and education. The implementation of a Lee County SOAR program assists clients in obtaining or increasing Social Security benefits. With proper case management and follow-up, HMIS tracks housing stability performance measures one year or longer after program exit. A summary of programs and services provided to clients is available to HMIS users to determine client's current program participation and services being received. In addition, recidivism reports show returns to homelessness and agency usage.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

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Specific strategies to increase employment and non-employment income include the use of employment specialists at funded agencies (The Salvation Army, CASL, and SalusCare), which provide assistance in finding employment and increasing skills such as resume preparation and interviewing techniques. Other employment strategies include specific job training programs, such as the LEE Medical Skills training program. A culinary skill program also exists in a low income neighborhood community center. A Job Link program, operates both in neighborhood community centers and in a mobile services bus. Non-employment strategies include the utilization of SOAR trained case managers to reduce the length of time for eligibility determination and receipt of Social Security benefits. The same agencies mentioned as well as many other community partners utilize the SOAR trained case managers to assist in increasing income for homeless individuals and families.

# 3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

Mainstream employment organizations work directly with partnering CoC agencies and projects to provide the following: (1) Employment and training services with priority to individuals with substantial cultural or language barriers, displaced homemakers, offenders, school dropouts, persons who are deficient in basic skills or lack a high school diploma or GED, the elderly, and recent employment loss; (2) Employment, skills training, and family strengthening. Resume preparation, interviewing skills, and access to online employment opportunities; (3) Adult employment training and financial skills, self development and goal setting, engagement in a variety of other classes on health and wellness topics for individuals to gain the tools and knowledge to achieve positive life change; (4) Employment programs for seniors; (5) Assistance for individual with physical or mental disabilities in gaining employment and finding meaningful careers.

# 3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

The Lee County Homeless Coalition meets monthly to coordinate agencies and services to help ensure providers and outreach teams engage the unsheltered homeless community. Local Law Enforcement and Code Enforcement attend CoC meetings and provide geographic areas of known homeless locations and camps. PATH funding is used to conduct outreach, engage clients and perform coordinated assessments and vulnerability analysis to make appropriate referrals. There are also several onsite outreach centers that provide outreach services in the community. In addition, during the annual Point in Time count, the CoC arranges for teams to engage in unsheltered individuals throughout the community. The Annual Homeless Service Day, held during the Point in Time count, provides services and resources to engage the unsheltered homeless persons in the geographic area.

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3A-7a. Did the CoC completely exclude Yes geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

> 3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Areas deemed to be uninhabitable, such as dense woods and swamp lands were excluded from the most recent PIT count. Lee County determined that such areas are not safe for human habitation or staff or volunteer visitation and were therefore excluded. Lee County is confident that no unsheltered homeless persons were excluded from the PIT count due to the exclusion of these areas.

3A-8. Enter the date the CoC submitted the 07/26/2016 system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next **HDX submission deadline for System Performance Measures data.** (limit 1500 characters)

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

#### **Objective 1: Ending Chronic Homelessness**

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;

  2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
- 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	197	83	-114
Sheltered Count of chronically homeless persons	47	20	-27
Unsheltered Count of chronically homeless persons	150	63	-87

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

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There is a significant decrease in the number of sheltered and un-sheltered chronically homeless persons in the CoC. This decrease can be attributed to a significant decrease in the unemployment rate. In addition to increased economic stability, the coordinated efforts of the Zero:2016 initiative and additional support from the VA for Homeless Veterans projects has resulted in a significant decrease in the number of homeless veterans, many of whom where chronically homeless. Broad usage of coordinated entry and vulnerability analysis has also contributed to the decrease in the number of chronically homeless persons. In addition, Rapid Re-Housing projects have resulted in an increase of permanent housing placements.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	12	9	-3

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

There was a decrease of 3 beds in the total number of PSH beds that were identified as dedicated for use by chronically homeless persons on the 2016 HIC, as compared to the 2015 HIC. This decrease is due to the SalusCare Chrysalis Project, which indicated in the 2016 HIC that these beds are not dedicated chronic homeless beds. Lee County has verified that the project application for the 2016 CoC program competition reflects that none of PSH beds in this project are dedicated to chronically homeless persons. Although these beds are not dedicated, persons who are chronically homeless are served in this program. Homeless veterans, individuals with severe and persistent mental illness and those with chronic substance use disorders are the targeted population for this project.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

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3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

**Draft Attached** 

## **3B-1.4.** Is the CoC on track to meet the goal No of ending chronic homelessness by 2017?

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC is currently not on track to end chronic homelessness by 2017. Strategies and tools developed for the Zero: 2016 initiative have been instrumental in working toward this goal. The development of a by-name list for chronically homeless individuals has proven to be a difficult task. Greater resources for outreach and permanent supportive housing programs will need to be secured by provider agencies in order to meet the community need. The CoC is currently in the process of developing and adopting written standards that prioritize chronically homeless persons as described in Notice CPD-14-012. The adoption of these standards will help to move the CoC further toward the goal of ending chronic homelessness by 2017.

## 3B. Continuum of Care (CoC) Strategic Planning Objectives

#### 3B. Continuum of Care (CoC) Strategic Planning Objectives

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

## 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

	1 7/
Vulnerability to victimization:	Х
Number of previous homeless episodes:	Х
Unsheltered homelessness:	Х
Criminal History:	Х
Bad credit or rental history (including not having been a leaseholder):	Х
Head of household has mental/physical disabilities:	Х
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

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There are two operational rapid re-housing projects in the continuum. One, operated by The Salvation Army, rapidly re-houses families coming from the street or a shelter location. The Salvation Army has implemented policies supported and suggested by national best practices. This includes the utilization of coordinated entry, which allows the agency to see where the family scores and better assess their situation in a quick manner. The family completes a housing assessment and meets with a housing specialist, who can identify barriers a family has in order to better work with them on identifying options for housing and what would best suite their needs. The second rapid rehousing program is operated by Lee County, and uses a referral system that also incorporates the use of the coordinated entry process, as well as other traditional direct referral sources, such as accepting referrals from domestic violence shelters.

### 3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	54	274	220

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
Draft CoC Written Standards prohibit involuntary family separation	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

#### PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,			
FY2016 CoC Application	n		Page 43	09/09/2016

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Project: El. 603 CoC Registration EV

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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	31	37	6
Sheltered Count of homeless households with children:	22	30	8
Unsheltered Count of homeless households with children:	9	7	-2

# 3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

In 2015 the Salvation Army redirected the focus of their CoC funded Rapid Re-Housing program toward rapidly re-housing households with children. The increase in the sheltered count of homeless households with children can be attributed to an increase in households with children awaiting housing placement through the Salvation Army Rapid Re-Housing program.

# 3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

## 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	х
Community awareness training concerning youth trafficking:	X

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FL-603 2011 New Applicant

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3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	17	23	6

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

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### 3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,617,381.40	\$1,916,796.00	\$299,414.60
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,617,381.40	\$1,916,796.00	\$299,414.60

## 3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	0
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	4

# 3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

A Lee County School District representative is present at CoC governing board meetings and provides feedback in CoC and other program planning. The CoC Governing Board has meetings and planning events attended by youth housing and service providers on a quarterly basis.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

The CoC ensures that homeless individuals and families who become homeless are informed of their eligibility for educational services through certification through the CoC competition and in agency policies and procedures where children are present. The CoC is currently in the process of developing and adopting CoC-wide policies and procedures that incorporate provisions for ensuring service providers inform homeless persons on their eligibility for education services. This includes referring homeless families with children to the Lee County School Districts homeless students program, A.C.C.E.S.S., as well as providing information for all homeless individuals and families regarding local

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**Applicant:** Lee County CoC

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technical schools and universities which may offer programs and assistance for persons who are homeless. Draft CoC written standards, which include these provisions, have been attached to this application.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

Lee County Department of Human Services has several written agreements with agencies that administer programs that serve infants, toddlers, and youth children. These agencies include the Early Learning Coalition of Southwest Florida (SWFL) which provides child care services, Lee Memorial Health Systems which provide a Healthy Start program, and many other such as Children's Advocacy Center of SWFL, Sky YMCA, and New Horizons of SWFL. These agreements provide Lee County General Funds, known as Partnering for Results, to help children in Lee County prepare for and sustain education. Lee County has a contract with the Town of Fort Myers Beach utilizing Community Development Block Grant Funds for after school and summer day camp programs for youth from households with annual income at or below 80% of the area median income. Local general fund dollars are also allocated to the Community Behavioral Health Provider to provide substance abuse/mental health services to children and youth.

# 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

#### **Objective 3: Ending Veterans Homelessness**

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

## 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	62	19	-43
Sheltered count of homeless veterans:	34	12	-22
Unsheltered count of homeless veterans:	28	7	-21

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

# 3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CoC maintains a comprehensive by-name list that identifies the homeless veterans within the geographic area. Veteran eligibility is determined by the Department of Veterans Affairs and SSVF case managers. In addition, coordinated assessments are conducted for each veteran that presents for services. These assessments determine applicant's vulnerability and helps in

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making proper referrals based on the client's Veteran status. HUD-VASH receives referrals from coordinated entry, but also allows for direct entry into their program through other means. Clients who are not eligible for homeless assistance through the U.S. Department of Veterans Affairs Programs are prioritized through the coordinated assessment and vulnerability analysis process. Once assessed these clients are then refereed to appropriate agencies and services.

# 3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	113	19	-83.19%
Unsheltered Count of homeless veterans:	53	7	-86.79%

# 3B-3.4. Indicate from the dropdown whether Yes you are on target to end Veteran homelessness by the end of 2016.

This question will not be scored.

# 3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

A coordinated effort between the VA, Housing Authority, SSVF project, and CoC participating agencies has been made to quickly and efficiently house homeless Veterans. Bi-monthly calls have been conducted between service agencies, outreach workers, and lead agencies to quickly house Veterans. Lee County received notification from the U.S. Inter-agency Council on Homelessness that functional zero for Veteran Homelessness has been achieved. The strategies utilized by all stakeholders were effective in helping Lee County achieve functional zero status. For sustainability planning, the CoC plans to continue to utilize coordinated assessments, conference calls, and face to face meetings to ensure that functional zero status is maintained.

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#### 4A. Accessing Mainstream Benefits

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide Yes information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

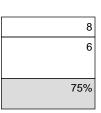
4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

#### **FY 2016 Assistance with Mainstream Benefits**

Total number of project applications in the FY 2016 competition (new and renewal):

Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).

Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:



4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Medicaid applicants can utilize the Department of Children and Families' ACCESS electronic application system, which is available at over 60 locations in Lee County. Certified health care navigators for Affordable Health Care enrollment are located at the Lee County Department of Human Services, Family Health Centers, McGregor Clinic and the United Way. The Lee Memorial Health System operates the Emergency Care Helping Others (ECHO) program for inpatients who frequently utilize the emergency department due to lack of insurance or limited access to primary care. The ECHO program provides

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assistance with Medicaid applications and can also discuss Affordable Care Act (ACA) options. ECHO also maintains a list of service providers available for Medicaid and ACA insured program participants, and will provide assistance verifying insurance benefits for program participants.

# 4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	
Transportation to medical appointments:	Х
Not Applicable or None:	

#### 4B. Additional Policies

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

#### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	8
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	7
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	88%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

#### **FY 2016 Projects Housing First Designation**

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	8
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	7
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	88%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	Х

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Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

### 4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	54	274	220

4B-5. Are any new proposed project No applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must

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include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.

(limit 1500 characters)

4B-9. Did the CoC or any of its CoC program No recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

FY2016 CoC Application

### 4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

This response does not allost the sooning of this application.	
CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	

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Retooling transitional housing:

Rapid re-housing:

Under-performing program recipient, subrecipient or project:

Not applicable:

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4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

#### 4C. Attachments

#### Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshotresource

Document Type	Required?	<b>Document Description</b>	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of Commu	08/16/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2016 Documentatio	09/09/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	2016 Public posti	09/09/2016
05. CoCs Process for Reallocating	Yes	2016 Reallocation	08/15/2016
06. CoC's Governance Charter	Yes	Lee County CoC Go	07/27/2016
07. HMIS Policy and Procedures Manual	Yes	CSN Policies and	08/22/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref	08/03/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	DRAFT CoC Written	08/15/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2016 Sys PM HDX R	07/27/2016
14. Other	No		
15. Other	No		

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Applicant: Lee County CoC

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#### **Attachment Details**

**Document Description:** Evidence of Communication to rejected

participants

#### **Attachment Details**

**Document Description:** 

#### **Attachment Details**

**Document Description:** 2016 Documentation of the publicly posted

rating, review, selection of projects

#### **Attachment Details**

**Document Description:** 2016 Public posting evidence of rating and

review procedures, documenting objective

criteria

#### **Attachment Details**

**Document Description:** 2016 Reallocation Process

#### **Attachment Details**

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Applicant: Lee County CoC

**Project:** FL-603 CoC Registration FY2016

**Document Description:** Lee County CoC Governance Charter

#### **Attachment Details**

**Document Description:** CSN Policies and Procedures

#### **Attachment Details**

**Document Description:** 

#### **Attachment Details**

**Document Description:** PHA Homeless Preference Documentation

#### **Attachment Details**

**Document Description:** 

#### **Attachment Details**

**Document Description:** DRAFT CoC Written Standards

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#### **Attachment Details**

**Document Description:** 

#### **Attachment Details**

**Document Description:** 2016 Sys PM HDX Report

#### **Attachment Details**

**Document Description:** Final HUD Approved GIW

#### **Attachment Details**

**Document Description:** 

**Applicant:** Lee County CoC **Project:** FL-603 CoC Registration FY2016

### **Submission Summary**

Ensure that the Project Priority List is complete prior to submitting.

Page	Last U	pdated
1A. Identification	08/15	/2016
1B. CoC Engagement	09/06	/2016
1C. Coordination	08/30	/2016
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1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	09/06/2016
1F. Project Review	08/30/2016
1G. Addressing Project Capacity	08/15/2016
2A. HMIS Implementation	08/15/2016
2B. HMIS Funding Sources	08/15/2016
2C. HMIS Beds	08/30/2016
2D. HMIS Data Quality	08/15/2016
2E. Sheltered PIT	08/26/2016
2F. Sheltered Data - Methods	08/15/2016
2G. Sheltered Data - Quality	08/15/2016
2H. Unsheltered PIT	08/26/2016
2I. Unsheltered Data - Methods	09/06/2016
2J. Unsheltered Data - Quality	08/15/2016
3A. System Performance	08/22/2016
3B. Objective 1	08/22/2016
3B. Objective 2	08/22/2016
3B. Objective 3	08/19/2016
4A. Benefits	09/06/2016
4B. Additional Policies	08/15/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

1 1 20 10 000 Application   1 age 01   05/05/20 10	FY2016 CoC Application	Page 61	09/09/2016
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There were no proposals submitted in response to the Notice of Funding Availability sent via email on June 24, 2016, therefore there is no evidence of communication to rejected participants.

public posting of Ranking Results
Continuum of Care

The Lee County Continuum of Care is the name given to the group of community stakeholders who work together to address the needs of the homeless. It is a body of funders, providers, and advocates who meet semi-annually at the Lee County Homeless Coalition General Meeting, but whose work is carried out through many other smaller groups. The Lee County Homeless Coalition provides structured committees which address issues such as Community Education and Advocacy, Demographics and Homeless Management Information System (HMIS), and Prevention. The General Meetings provide monthly networking for the group.

#### Governing Board

The Continuum of Care is overseen by a Governing Board, which is made up of community volunteers that represent different community sectors. The Board has members from the Lee County Department of Human Services and Lee County Homeless Coalition, and providers of housing, services, health care, education, mental health treatment, substance abuse treatment, and community advocates. The Governing Board meets quarterly, where they evaluate the performance of community programs and identify strategic planning initiatives.

Governance Charter

Meeting Minutes (May 6, 2015)

Meeting Minutes (August 5, 2015)

Meeting Minutes (November 4, 2015)

Meeting Minutes (February 3, 2016)

Meeting Minutes (May 4, 2016)

#### **Funding**

The Lee County Department of Human Services also serves as the Collaborative Applicant to compete on a national level for Homeless Continuum of Care (COC) funds through the U.S. Department of Housing and Urban Development (HUD). The application includes over \$1.7 million in requests for renewal projects and new requests for projects (when available) that address the needs of Lee County's homeless. Funds support programs for permanent housing, emergency shelter, and services for the homeless are provided by the following funded agencies:

- Community Assisted & Support Living Inc. (CASL Inc.)
- · SalusCare, Inc.
- The Salvation Army, a Georgia Corporation, Inc.

The 2016 Continuum of Care competitive funding cycle is currently underway. Currently funded Continuum of Care agencies submitted renewal applications which were reviewed and ranked by the local ranking committee on August 11, 2016, according to the Ranking Committee Procedures using the 2016 Ranking Tool. The ranking

hyperlink of results (see next page)

Continuum of Care

comittee results were emailed to project applicants on Friday, August 12, 2016. All renewal project applications will be submitted with the CoC applicaion prior to the September 14, 2016 deadline.

In addition to the COC application, Lee County has competed state-wide for additional funding to support programs for the homeless. When available, the Florida Challenge Grant, Emergency Solutions Grant, Homelessness Prevetnion - Temporary Assistance for Needy Families Grant, and the Florida Homeless Housing Assistance Grant have provided a variety of needed services and housing opportunities to various non-profit agencies in Lee County.

2015 Continuum of Care Application 2016 Challenge Grant Application

#### Ten Year Plan to End Homelessness

Lee County's Ten Year Plan to End Homelessness was developed by eight subcommittees, but many community groups are involved in its implementation, and are working to accomplish the goals set forth in the plan.

Organizations enter accomplishments made toward the goals of the plan in the corresponding Ten Year Plan to End Homelessness Database. A quarterly report on the progress is presented to the Lee County Human Services Council.

Ten Year Plan to End Homelessness

Ten Year Plan to End Homelessness Database

76,372.00	Total Renewal for Salus S+C \$			\$ 123,359.32		Tier 2
	Tier 2 Amount for CASL S+C   \$	2	8	\$ 101,220.00	RA	SalusCare S+C
	Tier 1 Amount for CASL S+C   \$	2	7	\$ 22,139.32	RA	CASL S+C I - Straddled
				\$ 1,638,916.68		Tier 1
		户	7	\$ 54,232.68	RA	CASL S+C I - Straddled
		<b> -</b>	6	\$ 72,800.00	RA	CASL S+C II
		Ь	S	\$ 1,291,074.00	RRH	TSA RR
		<u>بـــا</u>	4	\$ 28,285.00	SHP	SalusCare Chrysalis
		Ъ	ω	\$ 13,354.00	SHP- Chronic	CASL Broadway
1,762,276.00	Total Rewneal Request \$ 1,762,276.00	<b> </b>	2	\$ 125,355.00	SHP	SalusCare Fresh Start II
123,359.32	Tier 2 Total \$ 123,359.32	Ь	Ц	\$ 53,816.00	AHS	CASL Sans Souci
1,638,916.68	Tier 1 Total \$ 1,638,916.68	Tier	Rank Tier	2016 Request	Туре	Project
		016	2016 2016			
					FL-603	CoC#

Total Renewal for Salus S+C \$	Tier 2 Amount for CASL S+C I \$	Tier 1 Amount for CASL S+C I \$
76,372.00	22,139.32	54,232.68

### Notification to Project Applicants out side of esnaps

#### Sutton, Jeannie

From:

Sutton, Jeannie

Sent:

Friday, August 12, 2016 2:44 PM

To:

'Karen Erickson'; 'Rosemary Boisvert'; 'Geoffrey Magon'; 'scott.eller@renaissancemanor.org';

'Diane.Murphy@uss.salvationarmy.org'; 'Bob.Poff@uss.salvationarmy.org'

Cc:

Boudreaux, Julie; Gilkerson, Deanna

Subject:

CoC Renewal Project Ranking

Attachments:

Ranking Committee Scoring - FINAL.pdf

Good afternoon all.

The CoC Ranking and Review Committee convened yesterday, August 11, 2016, to complete the scoring of all CoC Renewal Project Applications. All renewal project applications were reviewed and scored as per the previously published Ranking Tool. Projects were then placed into two tiers, as required by the CoC NOFA, according to their overall rank.

A breakdown of project rank, project tier, and individual project scores is attached. Please review and advise me if you have any questions.

All projects will be entered into e-Snaps, in the order in which they are ranked, and submitted with the CoC application prior to the September 14, 2016 deadline.

Thank you,

#### Jeannie Sutton

Grants Coordinator Lee County Human Services 2440 Thompson Street Fort Myers, FL 33901 Phone: (239) 533-7958

Fax: (239) 533-7960 E-mail: JSutton@leegov.com Website: http://leegov.com/dhs

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Total Renewal for Salus S+C			\$ 123,359.32		Tier 2
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			\$ 1,638,916.68		Tier 1
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Sutton, Jeannie

From:

Sutton, Jeannie

Sent:

Friday, August 19, 2016 11:59 AM

To:

'karla@ahf.today'; 'leehomeless@gmail.com'; 'jbenton@actabuse.com'; 'rboisvert@saluscareflorida.org'; Boudreaux, Julie; 'brandondane@gmail.com'; 'sherri@hacfm.org'; 'echin@saluscareflorida.org'; 'kerryconstantine@yahoo.com';

'cmyerslchdc@yahoo.com'; 'Daisy\_Ellis@uss.salvationarmy.org'; 'hoysse12@yahoo.com'; 'tfelke@fgcu.edu'; Flint, Sally; 'wefeeddowntown@yahoo.com';

'david justiniano@hotmail.com'; 'christine.lincoln@chsfl.org'; 'becky@hacfm.org';

'Kmmajor4505@gmail.com'; 'RaniceM@LeeSchools.Net'; 'carolyn@horcswfl.org'; Pateidl, Eric; 'Bob\_Poff@uss.salvationarmy.org'; 'BReed@cityftmyers.com'; 'srozier@cityftmyers.com';

Sutton, Jeannie; 'matt@visaggio.co'; 'kwilson@voa-fla.org'; 'ayearsle@capecoral.net'; 'heidi.shoriak@leememorial.org'; 'gilbert.english2@va.gov'; 'jennifer.sprague3@va.gov'

Subject: Attachments: August 3, 2016 CoC Board Meeting Minutes

Governance Charter.pdf; 2016 DRAFT Reallocation Policy and Procedure.docx; CoC Written

Standards.docx; Minutes 08-03-16 REVIEWED.pdf

Good afternoon all,

Please see attached minutes from the most recent CoC Board Meeting. Thank you all for attending.

As discussed in the meeting, the Reallocation Policy and Procedure was presented to the Lee County Homeless Coalition Board. The members that were present had a favorable response to the policy, but agreed that the entire board should vote to adopt. This will take place at their board meeting on August 20, 2016. Once I receive the minutes from that meeting, I will provide another update.

Additionally, the CoC written standards have been attached for your review and consideration. Please be prepared to discuss and vote on these at the November 2, 2016 meeting. I have also attached the governance charter for your review. Should you desire to suggest changes, please bring those to the November meeting as well.

Finally, the Ranking and Review Committee meet on August 3, 2016 and again on August 11, 2016 to review and rank the 2016 CoC renewal projects, the results can be found on our website here: https://www.leegov.com/dhs/continuum.

Again, welcome to new board members, and thank for your volunteering as Chair, Kaitlin, and Co-Chair, Matt.

Please let me know if you have any questions or would like more information about anything CoC related.

Thanks,

Jeannie Sutton

Grants Coordinator Lee County Human Services 2440 Thompson Street Fort Myers, FL 33901

Phone: (239) 533-7958 Fax: (239) 533-7960 E-mail: JSutton@leegov.com Website: http://leegov.com/dhs The Lee County Continuum of Care is the name given to the group of community stakeholders who work. together to address the needs of the homeless. It is a body of funders, providers, and advocates who meet semi-annually at the Lee County Homeless Coalition General Meeting, but whose work is carried out through many other smaller groups. The Lee County Homeless Coalition provides structured committees which address issues such as Community Education and Advocacy, Demographics and Homeless Management Information System (HMIS), and Prevention. The General Meetings provide monthly networking for the group.

## Governing Board

The Continuum of Care is overseen by a Governing Board, which is made up of community volunteers that represent different community sectors. The Board has members from the Lee County Department of Human Services and Lee County Homeless Coalition, and providers of housing, services, health care, education, mental health treatment, substance abuse treatment, and community advocates. The Governing Board meets quarterly, where they evaluate the performance of community programs and identify strategic planning initiatives.

> Governance Charter Meeting Minutes (August 5, 2015) Meeting Minutes (November 4, 2015) Meeting Minutes (February 3, 2016) Meeting Minutes (May 4, 2016) Meeting Minutes (August 3, 2016)

# **Funding**

The Lee County Department of Human Services also serves as the Collaborative Applicant to compete on a national level for Homeless Continuum of Care (COC) funds through the U.S. Department of Housing and Urban Development (HUD). The application includes over \$1.7 million in requests for renewal projects and new requests for projects (when available) that address the needs of Lee County's homeless. Funds support programs for permanent housing, emergency shelter, and services for the homeless are provided by the following funded agencies:

- Community Assisted & Support Living Inc. (CASL Inc.)
- SalusCare, Inc.
- The Salvation Army, a Georgia Corporation, Inc.

The 2016 Continuum of Care competitive funding cycle is currently underway. Currently funded Continuum of Care agencies submitted renewal applications which were reviewed and ranked by the local ranking committee on August 11, 2016, according to the Ranking Committee Procedures using the 2016 Ranking Tool. The ranking

committee results were emailed to project applicants on Friday, August 12, 2016. All renewal project applications will be submitted on the <u>Project Priority Listing</u> along with the CoC application prior to the September 14, 2016 deadline.

In addition to the COC application, Lee County has competed state-wide for additional funding to support programs for the homeless. When available, the Florida Challenge Grant, Emergency Solutions Grant, Homelessness Prevention - Temporary Assistance for Needy Families Grant, and the Florida Homeless Housing Assistance Grant have provided a variety of needed services and housing opportunities to various non-profit agencies in Lee County.

2015 Continuum of Care Application2016 Challenge Grant Application

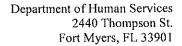
# Ten Year Plan to End Homelessness

Lee County's Ten Year Plan to End Homelessness was developed by eight subcommittees, but many community groups are involved in its implementation, and are working to accomplish the goals set forth in the plan.

Organizations enter accomplishments made toward the goals of the plan in the corresponding Ten Year Plan to End Homelessness Database. A quarterly report on the progress is presented to the Lee County Human Services Council.

Ten Year Plan to End Homelessness

Ten Year Plan to End Homelessness Database





## **Notice of Funding Availability**

The U.S. Department of Housing and Urban Development (HUD) will soon open the competitive Continuum of Care (CoC) funding cycle. In the 2016 cycle, each local CoC may submit one new bonus project, which must be either a rapid re-housing project that will serve homeless individuals and families, including youth, that meet the criteria of paragraph (4) of the definition of homeless, or a permanent supportive housing project that will serve 100 percent chronically homeless families and individuals, including youth experiencing chronic homelessness. Each local CoC may apply for up to 5 percent of the Final Pro Rata Need as determined by HUD. Lee County's estimated maximum award for a new project is \$112,000.

Projects must meet all CoC Program and HUD requirements. Details of the requirements may be found here:

CoC Program Eligibility Requirements: <a href="https://www.hudexchange.info/coc/coc-program-eligibility-requirements/">https://www.hudexchange.info/coc/coc-program-eligibility-requirements/</a>
CoC Program Laws, Regulations, and Notices: <a href="https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/">https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/</a>
2016 CoC Funding Competition: <a href="https://www.hudexchange.info/e-snaps/fy-2016-coc-program-nofa-coc-program-competition/">https://www.hudexchange.info/e-snaps/fy-2016-coc-program-nofa-coc-program-competition/</a>

Projects will be ranked by HUD on the following criteria: the need in the local CoC, adherence to a Housing First model, performance, leverage of mainstream resources, and leverage of additional resources. These factors will be taken into consideration by the local Ranking Committee. In addition, the Ranking Committee will prioritize projects from agencies active in the Lee County CoC. The top ranking project will be the only project submitted to HUD for funding.

Project submissions must include the following information. All information must be submitted in Word format.

1. Agency Information, including agency name, contact person at agency, phone number, and email address.

2. Project location(s), including street address(es), city, and zip code(s). For rapid re-housing projects, define the number of units and any anticipated target areas to be identified.

3. Project summary, including target population served (individuals, households with children, and/or youth), number of new permanent housing units created or number of households to be rapidly re-housed, utilization of the Housing First model, and project completion time frame.

4. Project budget, including all applicable line items. CoC funded projects require a 25 percent match. The project budget must include detail of matching funds. Provide a separate detail of leveraged funds or in-kind resources (funds or in-kind resources being contributed to the project over and above the 25 percent match amount).

5. Describe the agency's experience working with the homeless, including narrative on previous or current CoC funded projects, including performance measures and meeting objectives.

6. Describe how the project will address case management needs.

7. Explain how clients will be identified, such as where referrals will originate, any marketing planned by the agency, etc.

The above information must be submitted <u>by email by Friday, July 15, 2016</u> to Jeannie Sutton, Grants Coordinator, at <u>jsutton@leegov.com</u>. If selected for participation in the funding competition, a full application will be required. Any questions can be directed to Jeannie Sutton at <u>jsutton@leegov.com</u> or by phone at 239-533-7958.

From:

Janet Bartos

Subject:

2016 Continuum of Care Requist for Proposals

Date: Attachments:

Monday, June 27, 2016 9:24:01 AM Notice of Funding Availability.pdf

FYL

Janet Bartos, Executive Director Lee County Homeless Coalition 1500 Colonial Boulevard, Suite #235

Ft. Myers, FL 33907

Telephone: (239) 322-6600 Email: janet@leehomeless.org Website: www.leehomeless.org

From: Sutton, Jeannie [mailto:JSutton@leegov.com]

Sent: Friday, June 24, 2016 4:19 PM

To: Janet Bartos < Janet@leehomeless.org>; Gilkerson, Deanna < DGilkerson@leegov.com>

Cc: Boudreaux, Julie < JBoudreaux@leegov.com>

Subject: 2016 Continuum of Care Requust for Proposals

Good afternoon,

Please forward the attached Notice of Funding Availability to your distribution lists.

#### Thank You,

Jeannie Sutton

Grants Coordinator Lee County Human Services 2440 Thompson Street Fort Myers, FL 33901 Phone: (239) 533-7958

Fax: (239) 533-7960

E-mail: <u>Isauro scheepov.Com</u> Website: <u>auto://icogov.com/dlrs</u>

Join our online public forum at www.pocountytownhall.com

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Initial month including any attachments, may contain confidential or privileged information intended solely for the individual to whom it a addressed if you believe you received this e-mail in error, please notify the sonder and then delete this e-mail improductions. Therefore, a very broad public records law. Most written communications to or from County Employees and officials regarding County husiness are public records available to the public and media upon request. Your e-mail communication may be subject to public disclosure. Under Florida law, e-mail addresses are public records. If you do not want your e-mail addresses released in response to a public records request, do not send electronic mail to this entity. Institud, contact this office by phone or in writing.

Gilkerson, Deanna

Sutton, Jeannie; Gilkerson, Deanna; ACT; After the Rain - Beverly Johnson; Aids Health Dawn Richardson; Aids Health Roxanne Smith; Amigos Center; Bill Gunnin; Boys & Girls Club; Boys & Girls Clubs; Bridge - Melissa Terry; Brightest Horizons tina; CASL - Geoffry Magon; CASL - Linda Sweeney; CASL - Renaissance manor Scott; CASL Geoffrey Magon 2nd email; CASL - Renaissance Manor - Bob; CASL Scott Eller; Catholic Charities; Catholic Charities - Lucille Achen Grant Writer; Catholic Charities & AFCAAM; CCI Blair; CCI Tracey Galloway; Child Care of SWFL; Child Care of SWFL - Carol Conway; Childrens Advocacy - Jill; Childrens Advocacy - CFO - Nancy Huether; Children's Home Society; Children's Home Society - Exec Dir; City of Bonita Springs - Lori; Coast & Islands; Community Coop - Tracey Gallagher; Community Redevelopment Agency - Cape Coral; Coomunity Coop - Stefanie; Deaf Service Center - Diana Druding; Downs Syndrome Supported Living - Helene Dopfer; Downs Syndrome Supported Living - Marilyn Alexsy; Dr. Piper Center; Early Learning Coalition Nancy Starr; Early Learning Coalition Nga Cotter; Early Learning Coaliton - Kathleen; Easter Seals; First United Methodist Church; Ft Myers Beach - Town Manager Don Stillwell; Goodwill - Rick Evanchyk; Goodwill - Vicki Rydz; Grace Church - Dir of Comm Outreach & Youth; Grandparents Returning to Parenting; Hanely Center - Jan Caines Director of Prevention; Hanley Center - Kevin Mace; Health Dept - Debbie Kimberlin; Health Dept - Dot Singleton; Healthy Start Coalition; Healthy Start Coalition Info; Heights - Jim Sanger; Heights K Kelly; Home Ownership Resource Center - Shirley; Home Ownership Resource Center (HORC); Homeowner Resource (HORC) Anna Callwood; HOPE of Southwest florida; IMPACT; IMPACT Cheryl; IMPACT Kathy; IMPACT Kathy Beehler; IMPACT Madeline Bravo; Irene Giniat Child Care; Judi Woods - Footsteps to the Future; Boudreaux, Julie; LARC; LCHDC - Erica; LMHS - Syndi Bultman; LMHS Laurie Champion; LMHS Susan Mitchell - Director of Grants; LMHS Tracy Connelly; LSF Joan Dehler; Lutheran Services; McGregor Clinic; NAMI Lee County; OMH -Karen Mason; Open Door Food Bank; Opportunity SErvices - Nancy; PACE - Christin Collins; PACE - David Collins; PACE - Denise H; PACE - Gail Markham; PACE - Janie Smalley; PACE - Sonya Sawyer; PACE Development Director - Lynnae Stewart; PACE Meg Geltner; Planned Parenthood; Quality Life - Jan Sommer; Quality Life Center; Quality Life Center - Heather; REanaissance Manor; Rev nadine Cotton - New Church Ft Myers Beach; SalusCare - Michelle Sutherland; SalusCare - Nancy Medina; SalusCare Karen Erickson; Salvation Army; Salvation ARmy - Diane Murphy; Salvation Army - Tim McCormick; Voices for Kids; Hearts & Home for Veterans - Dennis Simon; Voices for Kids; Adonis Autism Assistance Foundation - Armando Galella ; Affordable Homeownership - Lois Healy; Affordable Homeownership - Lois Healy; Affordable Homeownership Foundation -Sam Bath; Ali American Foreclosure Solutions - Steven Harrigan; Alliance of the Arts - Jessica Clark; Amarilys Quero - Adult Living Placement; Amigos Center - Denny Brown; Amigos Center - Leah McCann; Andrew Conlyn-Associates in Architecture & Planning; Andrew Niewiarowski - Park Incorporated; Around the Clock Caring - Dr. Cindy Banyai, Executive Director; ASPIRA - Annette Gonzalez Sibert; Barbara Dell - Dress for success; Beacon of Hope - Betsy Haesemeyer; Bert Tryon - Sarasota 941 364-9818; Big Brothers Big Sisters -Development; Big Brothers Big Sisters Suncoast Mark Ferster; Big Brothers Big Sisters Tonya Schrott; Bonnie Timberlake - Cape Coral Housing Dev. Corp.; Brite Day Investors - Housing Provider; C.H.O.I.C.E.S.; C.HO.I.C.ES. (U Got Choices); Caluse Nature Center Bill Hammond; Cape Coral Carin Center Julie Ferguson; CARES Suicide Prevention - Virginia Cervasio; CCMI - Shellie; Center for Family Resources Roseann; Center for FAmily Resources Tina; Centr for Family Resources Debra S.; Chapel by the Sea - Arlene; Children's Network -Karen Turcotte; Children"s Network - Nadreh; Christ Center Home Ministry - Ralph Batisa - VP; Christ Center Home Ministry - Tony Encalada; Christian Medical Ministries - Pam O'Dell; Clayton Major; Community Connection Services - Daryl Clare; Community Connections Services; Community Connections Services - Eric Clare; Community Corrdinated Care for Children (4Cs) - Pat; Community Housing Resources - Kelly; David Hanson; Debbie Webb Hope Clubhouse; Deborah Reardon; Dennis Simon - Veteran Foundation; DOH -HOPWA Coordinator; Donald Graf - veterans org; DRug Free SW Florida; DVIC Dillman Thomas (Disabled Veterans Insurance Careers); DVIC Gary Bryant (Disabled Veterans Insurance Careers); Easter Seatls - Marlo Massey; Ebenezer Christian Academy of Fort Myers -Joseph Gabriel; Emmaus House Corporation - Mr Sears; FGCU Tina Gelpi; Friends of Foster Children - Jennifer Weidenbruch; Friends of Foster Children - Jane; Gary Danjo Great Commissions Ministeres; General Home Development - T. Smith; General Home Development Corp - Patrick Sullivan - 914-474-8126; George White Non Profit Developer; Habitat 4 Humanity - Kitty; Habitat for Humanity CFO; Habitat for Humanity President; HACFM grant writer - Cynthia Caughey; HACFM-Cynthia; Harmony Recovery Homes - Debbie Ficarelli; Harry Chapin Food Bank - Development Director; Harry Chapin food Bank - Monica Monahan; Hearts & Home for Veterans - D Payton; Home of the Heart - Anthony; Homes for the Homeless- Herbert Stockwell; HOPE Clubhouse; HOPE Clubhouse James Wineinger; HOpe Hopsice John Strickling; Housing Authority of the City of Fort Myers - Marcus; Housing Corporation - Brenda Bala; I Will Mentorship - Jesse Bryson; Invest in America"s Veterans Foundation - Betsy Kinne; James Sparks, ; Jobe"s House - Peggy; Joe Popp - Mutual Cause Network; Lakysha Sercy; LARC - Tonya Morrison; LARC Roger Bradley; LARC Sharon Megara; Lee County Homeless Coalition Janet Bartos; Lee County Volunteers in Medicine - Andrea; Lee County Volunteers in Medicine - Mike; Lehigh Acres Community Baptist Church - Neva Kirkland; Lehigh Community Services; Lehigh Community Services - Rae Nicely; Lighthouse - Linn Higgins; Lighthouse -Susan Hoffman; Lighthouse (formerly VIP) Doug Fowler; Literacy Volunteers - Tess Murphy; Lorna Washington ESS - Florida Program Coordinator; MADD - Lori Burke; Matt Visaggio - Visaggio Community Consulting; MC Library Education Center; MC Library Education Center - Clerbert Mert; Meg Geltner; Mickey Urgent & Convenient Care; Mickey Urgent & Convenient Care; New Horizons - Debra Haley; Peace B Still Foundation George Duncan; Presbyterian Homes; Reaching our Community Kids - Deborah Linton; Rev. Eliode Joseph-21st Century Children Ministry; Roberto Santana.; SalusCare - Rosemary Boisvert; SalusCare - Ronnie Apicella; Sanibel - Gates; Sanibel - Jim Isom; ext-Zimomra, Judie (mysanibel.com); Senior Friendship Centers - Carla Benison; Senior Friendship Centers - Nancy; Sharon Thomas - Palmona Park Rep; Shelter Harbour - Perry Duncan; Sisterhood in Action; SIYA - Jane Bell; SIYA Supporting Independent Young Adults - Jan Sommer; Soukup Strategics Solutions - Sheryl; Source of Light & Hope - Richard Sapp; Special Equestrians - Adele Smity; Special Equestrians - Jan Fifer; St Matthews House - Vann Ellison; St Matthews House Lou Hoegsted; St. Vincent De Paul - Patrick Walker; Sunrise Group - Kirk Zaremba; Sunterra Apartments; The Sanctuary, Lenna Lackey, Exec. Dir.; United Way - Linda Pankow; Urban Development Solutions - Gypsy Gallardo ; Valerie"s House-Angela Melvin; Valeries Houses - Mary Silverstein; Veterans Foundation; Veteran"s Foundation - Lee County Veteran's Coalition; VOA - Janet Stringfellow; VOA - Kevin Ahmadi; VOA - T Brown; Voices for Kids - Kathleen

Davey; We Care Outreach; Women's Fund - Brenda Tate

Subject: Date: FW: 2016 Continuum of Care Regeust for Proposals

Attachments:

Friday, June 24, 2016 4:24:44 PM Notice of Funding Availability.pdf

See Notice of Funding Availability. Please note I am forwarding only. Direct any inquiries as stated in the attached notice.

Thanks

Deanna Gilkerson Carpenter, Program Manager Lee County Human Services 2440 Thompson Street Ft. Myers FL 33901

Phone: (239) 533-7918 Fax: (239) 533-7960

web site: http://leegov.com/dhs

This e-mail, including any attachments, may contain confidential or privileged information intended solely for the individual to whom it is addressed. If you believe you received this e-mail in error, please notify the sender and then delete this e-mail immediately.

Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Lee County just launched the new Lee County Town Hall online public forum at <a href="www.leecountytownhall.com">www.leecountytownhall.com</a>. Please help spread the word that we're seeking community input by sharing the site with your family and friends.

From: Sutton, Jeannie

**Sent:** Friday, June 24, 2016 4:19 PM **To:** Janet Bartos; Gilkerson, Deanna

Cc: Boudreaux, Julie

Subject: 2016 Continuum of Care Requust for Proposals

Good afternoon,

Please forward the attached Notice of Funding Availability to your distribution lists.

Thank You,

Jeannie Sutton

Grants Coordinator Lee County Human Services 2440 Thompson Street Fort Myers, FL 33901 Phone: (239) 533-7958

Fax: (239) 533-7960 E-mail: <u>Futtonalicopus com</u> Website: http://icepav.com/dha

Join our online public forum at www.jees.guntvi.cv/aball.com

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The content of history are given him to may come to contribute of a private politic formation intended solely for the individual to whom a read-dimensional content of the content in error please notify the sembet and then delete this e-mail immediately. However, there is a very brand pathly regards have Visig written communications to or from Commy Employees and officials regarding contributes are public records complete to the pathly and media upon request. Your commit communication may be subject to put by records in a grower to a public regards request do any contribute or mail and media this contribute by phone or in writing.

Please note. Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Frenda law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

# public posting of Ronking , Review Criteria

# Continuum of Care

The Lee County Continuum of Care is the name given to the group of community stakeholders who work together to address the needs of the homeless. It is a body of funders, providers, and advocates who meet semi-annually at the Lee County Homeless Coalition General Meeting, but whose work is carried out through many other smaller groups. The Lee County Homeless Coalition provides structured committees which address issues such as Community Education and Advocacy, Demographics and Homeless Management Information System (HMIS), and Prevention. The General Meetings provide monthly networking for the group.

# **Governing Board**

The Continuum of Care is overseen by a Governing Board, which is made up of community volunteers that represent different community sectors. The Board has members from the Lee County Department of Human Services and Lee County Homeless Coalition, and providers of housing, services, health care, education, mental health treatment, substance abuse treatment, and community advocates. The Governing Board meets quarterly, where they evaluate the performance of community programs and identify strategic planning initiatives.

Governance Charter

Meeting Minutes (May 6, 2015)

Meeting Minutes (August 5, 2015)

Meeting Minutes (November 4, 2015)

Meeting Minutes (February 3, 2016)

Meeting Minutes (May 4, 2016)

# **Funding**

The Lee County Department of Human Services also serves as the Collaborative Applicant to compete on a national level for Homeless Continuum of Care (COC) funds through the U.S. Department of Housing and Urban Development (HUD). The application includes over \$2 million in requests for renewal projects and new requests for projects (when available) that address the needs of Lee County's homeless. Funds support programs for permanent and transitional housing, emergency shelter, and services for the homeless are provided by the following funded agencies:

- HMIS Lee County
- Renaissance Manor, Inc.
- · SalusCare, Inc.

· The Salvation Army, a Georgia Corporation, Inc.

The 2016 Continuum of Care competitive funding cycle is currently underway. Local agencies may submit a new rapid re-housing or permanent supportive housing project as per the Notice of Funding Availability, by Friday, July 15, 2016. Currently funded Continuum of Care agencies must submit renewal applications by Monday, July 11, 2016. All applications will be reviewed and ranked by the local ranking committee on August 3, 2016, according to the Ranking Committee Procedures using the 2016 Ranking Tool.

In addition to the COC application, Lee County has competed state-wide for additional funding to support programs for the homeless. When available, the Florida Challenge Grant and the Florida Homeless Housing Assistance Grant have provided a variety of needed services and housing opportunities to various non-profit agencies in Lee County.

2015 Continuum of Care Application2015 Challenge Grant Application

### Ten Year Plan to End Homelessness

Lee County's Ten Year Plan to End Homelessness was developed by eight subcommittees, but many community groups are involved in its implementation, and are working to accomplish the goals set forth in the plan. Organizations enter accomplishments made toward the goals of the plan in the corresponding Ten Year Plan to End Homelessness Database. A quarterly report on the progress is presented to the Lee County Human Services Council.

Ten Year Plan to End Homelessness

Ten Year Plan to End Homelessness Database



# Lee County Continuum of Care (CoC) Ranking and Review Process for Renewal Applications

## Ranking and Review Committee

Members of the Homeless Coalition Board serve as the CoC Ranking and Review Committee. The Committee shall convene a minimum of one time per year to fulfill their purpose of ranking CoC applications.

The Collaborative Applicant will ensure that the committee members are provided, and familiar with, all relevant information related to:

- the HEARTH Act;
- the Continuum of Care:
- the role of the Ranking and Review Committee;
- the Policies and Procedures governing the renewal process; and
- the scoring tools and weighting information.

# Ranking and Review Priorities

The Ranking and Review Committee will rank all project applications according to the following priorities:

- 1. Project Performance Outcomes (from Ranking Committee Summary Sheet)
  - a. % permanent housing exit destinations
  - b. % increase in income
  - c. Length of Participation
- 2. Type of Project

(from Ranking Committee Summary Sheet)

- a. Permanent Housing (PH)
- b. Rapid Re-Housing (RRH)
- c. Homeless Management Information Systems (HMIS)
- d. Supportive Services Only (SSO)
- e. Temporary Housing (TH)

3. Project Prioritizations to Serve Specialized Populations

(from Ranking Committee Summary Sheet)

- a. Youth
- b. Person Experiencing Chronic Homelessness
- c. Families with Children
- d. Victims of Domestic Violence
- e. Veterans
- 4. Monitoring Criteria

(from most recent Monitoring Report)

- a. Participant Eligibility
- b. Timely Spending of Funds
- c. Utilization of Funds and Match Requirements
- d. History of Unspent Funds



# Lee County Continuum of Care (CoC) Ranking and Review Process for Renewal Applications

# Renewal Application Ranking Materials

Each agency seeking renewal funding is required to submit a Review Committee Summary Sheet to the Collaborative Applicant no less than 30 days from the CoC submission deadline. The Collaborative Applicant shall collect all Summary Sheets and schedule a Ranking and Review Meeting with the Homeless Coalition Board.

At least one week before the Ranking and Review Meeting, the following materials will be provided to the Ranking and Review Committee for review:

- 1. a ranking tool spreadsheet,
- 2. the most recent Program Monitoring Report for each project, and
- 3. the ranking committee summary sheet for each project.

Correspondence and ranking materials will be distributed by email from the Collaborative Applicant unless otherwise requested by the Ranking and Review Committee.

Unless there is an unforeseen delay, the Ranking and Review Committee shall have no less than seven days to review all project materials. During this time, each member of the Ranking and Review Committee shall complete an individual Ranking Tool spreadsheet, determining point levels for each application. Each member shall bring the Ranking Tool spreadsheet to the Ranking and Review Meeting.

# Ranking and Review Meeting

The Ranking and Review Meeting will be moderated by the Collaborative Applicant. Initial point averages will be determined, after which time general discussion on the Summary Sheets and average will occur. The Ranking and Review Committee shall determine the final point value and ranking of the projects.

# **Publication of Ranking and Review Process**

The Collaborative Applicant shall make this Ranking and Review Process for Renewal Applications available on the Lee County Department of Human Services' website not more than 15 days after the publication of the current year Continuum of Care Notice of Funding Availability. The posting of the process will remaining published on the Lee County Department of Human Services' website until the close of the funding competition.

The Collaborative Applicant shall make available the final ranking of the applications within three business days of the Ranking and Review Meeting on the Lee County Department of Human Services' website.

Last Updated: 07/01/2016

	Ol	jective Revie	w - Section 2					
Assign a score to each question based on the responses noted above and/or in the ranking committee summary sheet.	CASL Broadway	CASL S+C 1	CASL S+C 2	CASL Sans Souci	SalusCare Chrysalis	SalusCare Fresh Start II	SalusCare S+C	The Salvation Army RRH
Anche Carlo de Carlo	Ov	verall Agency						
Does the agency have representation at Coalition/CoC meetings?						1		
(5 Points 10+, 3 Points 5-9, 0 Points <5)								
Has the agency attended Coalition/CoC Task Forces? (1								
Point Yes, O No)						<u></u>		
Does the project fully participate in the coordinated assessment within the HMIS System?								
(5 Points Yes, 0 No)			<u> </u>			<u> </u>	<u> </u>	
	Pro	ject Perform	ance Outcome	28		·	T	1
Does the project meet or exceed HUD desired performance percentage for Measure 1: Housing Stability? (10 pts Exceed, 5 Meets, 0 Does not meet)								
Does the project meet or exceed HUD desired performance percentage for Measure 2: Increase								
Income? (10 pts Exceed, 5 Meets, 0 Does not meet)			ļ	<u> </u>		<b> </b>		
Does the project demonstrate an increase over the past two years for performance measure 3: Average Length of Participation? (10 pts increased by 30 days or more, 5 increased by 29 days for less, 0 Not reduced)			1					
increased by 25 days for less, o Not reduced		ject Type and	I I Prioritizațio	ns	<u></u>			
Is this a permanent housing or rapid re-housing project:		jeer rype and	1	T		1		
(3 Points Yes, 2 TH, 1 SSO)						<u> </u>		
Does the project use a Housing First approach and reduce barriers to housing, as per their policies and procedures summary?(5 Points Yes, 0 No	1							
Does the project have clear policies that prioritize those most vulnerable to returning to or remaining in homelessness without assistance (5 Points Yes, 0 No	) )							
Does the project prioritize specialized populations sucl as youth, chronically homeless persons, families with children, victims of domestic violence, and/or veterans?	1							
5 points Yes, 0 No If a permanent supportive housing project, does the project comply with CPD-14-012 by prioritizing beds fo chronically homeless persons (5 Points Yes, 0 No, 0 N/A	e r ?							
Do the projects policies and procedures aim to reduc the average length of time in homelessness and connec clients with mainstream benefits/services? (5 Points Yes O No	e t							

FY 2016 Application Ranking Tool - Tier 1  Objective Review - Section 1								
This portion of the ranking tool will be completed by the Collaborative Applicant (Lee County).	CASL Broadway	CASL S+C 1	CASL S+C 2	CASL Sans Souci	SalusCare Chrysalis	SalusCare Fresh Start II	SalusCare S+C	The Salvation Army RRH
1-417-								
Is this a permanent housing or rapid re-housing project?							paserga a series	
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meetings?	·		<u> </u>			Privat vestationale	anders and stand	
How many meetings were attended from June 2015 through June 2016?			[				ya ya sasagasin. Tarihi talayin i	
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Assign a score to each question based on the responses noted in the program monitoring report.	CASL Broadway		CASL S+C 2	CASL Sans Souci	SalusCare Chrysalis	SalusCare Fresh Start II	SalusCare S+C	The Salvation Army RRH
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client eligibility? (5 Points No, 0 Yes)								
Were the insufficiencies satisfactorily resolved in the						<u> </u>		
time period allowed? (5 Points Yes, 0 No, 0 N/A)								
Did financial monitoring reveal any shortfalls in timely			]			]		Į
spending, utilization of funds, or match requirements? (5								
Points No, 0 Yes)  Does the project have a history of unspent funds or							<del></del>	
failure to meet match requirements? (5 Points No, 0 Yes)								
Did the agency have any findings on the last monitoring								
of the project? (5 Points No, 0 Yes) Were the findings satisfactorily resolved in the time								
period allowed? (5 Points Yes, 0 No, 0 N/A)								
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10 with 10 being the highest score.	Diodoway	C/13C 3 1 C 1			<u> </u>			
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connection with mainstream benefits/services		1	1					
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to correct unmet measures, and demonstration o	f				Į			1
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.

### Sutton, Jeannie

From:

Sutton, Jeannie

Sent:

Monday, June 13, 2016 3:08 PM

To:

Karen Erickson; 'Rosemary Boisvert'; 'scott.eller@renaissancemanor.org'; 'shannon cherizier@uss.salvationarmy.org'; 'bob\_poff@uss.salvationarmy.org'

Cc: Subject: Gilkerson, Deanna; Boudreaux, Julie; Bell, Denise; Mercado, Roger 2016 Continuum of Care Project Reallocation Opportunity

Attachments:

Letters of Intent to Reallocate.pdf

### Good Afternoon,

The 2016 Continuum of Care competitive funding cycle will open soon, and HUD encourages the reallocation of underperforming or underutilized projects, as well as those that are not cost effective. Attached is information on the voluntary reallocation process in Lee County, which will be open for your review, consideration, and participation from today until Thursday, June 30, 2016. If you have any questions about the information in the attachment, please let me know.

Thank you, Jeannie Sutton

Grants Coordinator Lee County Human Services 2440 Thompson Street Fort Myers, FL 33901 Phone: (239) 533-7958

Fax: (239) 533-7960 E-mail: JSutton@leegov.com Website: http://leegov.com/dhs

Join our online public forum at www.leecountytownhall.com

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#### **Notice of Continuum of Care Project Reallocation**

Lee County is anticipating the opening of the U.S. Department of Housing and Urban Development (HUD) competitive Continuum of Care (CoC) funding cycle. HUD has indicated that existing projects currently funded through the CoC process should be strategically evaluated for performance and need in the community, and that reallocation of projects that better meet the needs of the local continuum of care is highly encouraged.

Currently Lee County is accepting Letters of Intent to Reallocate Funds from all currently funded projects on a voluntary basis. Any currently funded project may be reallocated into one of the following new projects:

- 1. New permanent supportive housing for chronically homeless individuals and families, including unaccompanied youth.
- 2. New rapid re-housing projects for homeless individuals and/or families (including unaccompanied youth) directly from the streets or emergency shelter or fleeing domestic violence situations

There are numerous resources available on program design, eligible costs, and requirements of each type of program at the HUD Exchange (<a href="https://www.hudexchange.info/coc/">https://www.hudexchange.info/coc/</a>). Please ensure agency staff is familiar with these requirements and any changes that may result from program reallocation prior to submitting a Letter of Intent to Reallocate Funds.

An agency may reallocate one or more existing funded projects into one new eligible project, but the maximum budget cannot exceed the 2015 award of the project(s).

All projects will be ranked, but all reallocated projects will receive higher points than renewal projects, regardless of the type of renewal project, and be automatically submitted for Tier 1 funding. Renewal projects will be ranked against other renewal projects. Priority will be given to any project that provides permanent housing. Because each continuum will not receive funding to equal the renewal demand, it is anticipated that not all projects will be ranked in Tier 1 or that all projects will be submitted for full 2015 funding levels. Reallocating projects into a new eligible project type provides the most assurance to any currently funded agency, both locally and nationally as HUD will be ranking each continuum using the same criteria.

A Letter of Intent to Reallocate Funds must contain:

- 1. The currently funded project(s) proposed for reallocation.
- 2. The total amount of funding to be reallocated.
- 3. The type of new project proposed for the reallocation, including the population served.

After review of the letters, each agency will be contacted for full program detail and completion of the 2016 Project Application. The above information must be submitted **by email** to **jsutton@leegov.com** by 3:00 pm on Thursday, June 30, 2016.

Any questions can be directed to Jeannie Sutton at jsutton@leegov.com or by phone at 239-533-7958.



# Lee County Continuum of Care (CoC) Reallocation Policy and Procedure

### **Background**

The U.S. Department of Housing and Urban Development (HUD) states that one of the primary responsibilities of the CoC is to develop a reallocation process for projects funded with CoC funds.

Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

Through the reallocation process, the CoC ensures that projects submitted with the CoC Collaborative Application best align with the HUD CoC funding priorities and contribute to a competitive application that secures HUD CoC dollars to address and end homelessness in Lee County. The CoC will make decisions based on alignment with HUD guidelines, performance measures, and unspent project funds. Reallocated projects will be encouraged to seek funders that will support the contributions these projects make to the CoC.

## Reallocation Policy

#### 1. Voluntary Reallocation

A recipient, as defined in 24 CFR §578.3, may voluntarily reallocate its existing project by reducing its project's annual renewal amount, as defined in 24 CFR §578.3, in whole or in part. A recipient that voluntarily reallocates its existing project awards and wishes to create a new project, as described in the **Eligible Projects** section of this document, may submit a new project application to the Lee County CoC. Solicitation for voluntary reallocation will be sent via email to the currently funded recipients prior to the opening of the CoC competition each year. After email notification of the voluntary reallocation process is sent, individual meetings will be scheduled with each currently funded recipient to discuss project performance, HUD CoC priorities, and other factors that may affect future funding for each project.

1 | Page Last Updated: 08/03/2016



# Lee County Continuum of Care (CoC) Reallocation Policy and Procedure

### 2. Involuntary Reallocation

The CoC will make a reasonable effort to ensure that projects are meeting performance standards and fulfilling the requirements of CoC guidelines prior to enforcing involuntary reallocation. If, after reasonable correction efforts have been made, there continues to be deficiencies in the projects performance, then the CoC Ranking and Review Committee may recommend the project for involuntary reallocation.

A determination for involuntary reallocation will be made based on the following criteria:

- a. Project performance, which takes into consideration the type of project, its performance relative to that type, community needs, and timely expenditure of funds;
- b. Utilization and effectiveness, which factors bed/unit operating capacity and cost effectiveness relative to project type and population served; and
- c. Extent of participation in HMIS, including, but not limited to, bed coverage and data quality.
- d. CoC funding priorities as detailed in the most recent CoC Notice of Funding Availability (NOFA) and/or other HUD published priority listings, such as CoC Competition Focus.

The CoC Ranking and Review Committee, as designated by the CoC Governing Board, will evaluate all projects requesting funding using the most recent CoC Program Competition Notice of Funding Availability (NOFA) and determine if any projects eligible for renewal should be reduced or eliminated to develop new projects, as described in the **Eligible Projects** section of this document. If the Ranking and Review Committee agrees that a project should be reduced or eliminated, such recommendation will be present to the CoC Governing Board, by DHS staff, to be formally voted upon.

Each project will be evaluated by reviewing Program Monitoring Reports, as completed by the Department of Human Services Contracts Program Area, and Ranking Summary Sheets, as completed by each project applicant. DHS staff will be present during the Ranking and Review Committee meeting to provide technical assistance by responding to questions of the Committee, correcting technical inaccuracies, and ensuring the Committee is aware of the requirements and

**2** | Page Last Updated: 08/03/2016



# Lee County Continuum of Care (CoC) Reallocation Policy and Procedure

priorities outlined in the HEARTH Act and most recent CoC Notice of Funding Availability (NOFA).

Project applicants who administer a project that has been selected for reallocation through CoC Governing Board vote will receive notification from the Department of Human Services in writing, outside of *e-snaps*, which will include the reasons for the reallocation, no later than 3 business days after the Ranking and Review Committee's final ranking of the application has been completed.

#### Reallocated Funds

CoC Program funds made available through involuntary reallocation may be used to develop one or more new projects, as described in the **Eligible Projects** section of this document. Should no viable, new project be identified, CoC Program funds made available through involuntary reallocation may remain available for the project(s) subjected to involuntary reallocation provided that the affected applicant(s) makes changes necessary to address project performance, improve utilization and/or effectiveness, align with current CoC funding priorities, and/or enhance its qualitative participation in HMIS.

#### **Eligible Projects**

The CoC may use reallocated funds to create the following projects:

- 1. New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families as defined in 24 CFR §578.3;
- 2. New rapid re-housing projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless in 24 CFR §578.3;
- 3. New Supportive Services Only (SSO) project specifically for a centralized or coordinated assessment system; and
- 4. New dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR §578.37 that must be carried out by the HMIS Lead Agency.

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## GOVERNANCE CHARTER OF

#### THE LEE COUNTY CONTINUUM OF CARE

#### **Organization**

The Lee County Continuum of Care includes:

- The Lee County Department of Human Services, the Collaborative Applicant for the U.S. Housing and Urban Development (HUD) Continuum of Care (CoC) competitive funding process, and the Homeless Management Information System (HMIS) lead agency, herein after referred to as "County."
- The Lee County Homeless Coalition, a nonprofit agency that advocates on behalf of the homeless, herein after referred to as "Coalition."
- The CoC Governing Board, which meets and monitors regulatory compliance of the CoC.
- Housing and service providers for the homeless population in Lee County, including all agencies funded through the CoC competitive funding process.

#### **Purpose**

This charter shall provide the structure and outline for the County, Coalition, and Governing Board to effectively operate the CoC in order to:

- 1. Ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations;
- 2. Promote the commitment to end homelessness;
- 3. Represent the relevant organizations and projects serving homeless subpopulations;
- 4. Support homeless persons in their movement from homelessness to economic stability and affordable permanent housing within a supportive community, as well as to promote access to and effective utilization of mainstream programs;
- 5. Ensure that the CoC is inclusive of all needs of Lee County's homeless population, including the special service and housing needs of homeless sub-populations;
- 6. Facilitate responses to issues and concerns that affect the agencies funded by the CoC that are beyond those addressed in the annual CoC application process; and
- 7. Promote funding to achieve CoC goals and objectives.

#### Responsibilities

The following sections outline the specific characteristics and CoC responsibilities of the Coalition, County, and Governing Board.

#### **The Coalition**

The Coalition will operate many facets of the CoC, and in that capacity, must:

- 1. Hold meetings of the full membership, with published agendas, at least semiannually;
- 2. Make an invitation for new members to join publicly available within the geographic area at least annually;
- 3. Adopt and follow a written process to initially select the first Governing Board members to act on behalf of the CoC. The process must be reviewed, updated, and approved by the full CoC membership at least once every five years;
- 4. Appoint committees, subcommittees, or task forces/workgroups to address CoC objectives and goals, including but not limited to:
  - a. Community Awareness and Education Task Force, whose mission is to provide community awareness and education to the general public, businesses, and government regarding the realities facing the homeless or near homeless. In addition to education and awareness activities, objectives include planning and coordination of annual events,

- including the Stand Down/Service Day, Candlelight Vigil, and activities for National Hunger and Homelessness Awareness Week.
- b. Demographics/HMIS User Group Task Force, whose mission is to develop an accurate picture of the number and characteristics of Lee County homeless persons in order to provide targeted assistance. In addition to collecting information and coordinating the point in time count, objectives include developing a provider survey to establish resources and identify gaps, and provide a user group for HMIS users for training and updates.
- c. Prevention, whose mission is to develop strategies based on research and best practices, which prevents residents from homelessness and supports the Lee County Continuum of Care, and whose objectives include addressing discharge planning and updating resource materials for community use.
- 5. In consultation with the County and Governing Board, develop and follow this governance charter, and Policies and Procedures relevant to this charter housed with the Coalition;
- 6. Plan for and conduct an annual point-in-time count of homeless persons within the geographic area that meets the following requirements:
  - a. Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
  - b. Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
  - c. Other requirements established by HUD by Notice.

#### **The County**

As the Collaborative Applicant and HMIS Lead Agency, the County will be responsible for:

- 1. Consulting with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- 2. Evaluating outcomes of projects funded under the Emergency Solutions Grants program (hereinafter referred to as "ESG") and the CoC program, and report to HUD;
- 3. Consulting with recipients of ESG funds to establish and operate a centralized and coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and service. After the system has been established, a policy to guide the operation of the system will be written, including how the system addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;
- 4. Consulting with recipients of ESG funds within the geographic area, to establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
  - a. Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance:
  - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
  - c. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;

- d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- e. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
- f. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.
- 5. Operating a single Homeless Management Information System (HMIS) for the geographic area as the eligible applicant, serving as the HMIS Lead;
- 6. Reviewing, revising, and approving a privacy plan, security plan, and data quality plan for the HMIS.
- 7. Ensuring consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
- 8. Ensuring the HMIS is administered in compliance with requirements prescribed by HUD.
- 9. Providing information required completing the Consolidated Plan(s) within the CoC's geographic area;
- 10. Consulting with state and local government ESG program recipients for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients, as applicable; and
- 11. Submitting the annual CoC competitive funding application to HUD as the Collaborative Applicant;

#### **The Governing Board**

As the entity meeting regulatory requirements for the CoC, the Governing Board must adhere to the following:

- 1. Each year at the summer semi-annual CoC meeting, available board positions will be outlined and the nomination process for the Board will be explained. A slate of potential Board members will be presented to and voted on by the CoC membership. No one organization shall have more than two votes. No organization may have more than one representative on the Board. Representatives who vacate a seat during their term will be responsible for replacing their seat with an appropriate board member. Notification of the replacement will be made to Lee County. The seat of any representative that is absent without cause for three consecutive meetings of the Board will be declared vacated. The representative who has vacated in this manner may still replace their seat with an appropriate board member. This process to select Board members shall be reviewed at least every five years.
- 2. **Board Membership.** The Board members shall consist of those filling permanently represented seats and those that are not.
  - a. The permanently represented seats shall be:
    - i. At least one homeless or formerly homeless individual. This position shall be considered to fill the role of "advocate," but may also meet the required representation of another community representative, such as a business.
    - ii. Lee County Department of Human Services Representative. This position shall be considered to fill the role of "governments," but also fills the role of "social service provider" in the event that non-permanent seat is vacated.
    - iii. Lee County Homeless Coalition Representative. This position shall be considered to fill the role of "advocate."
    - iv. Housing Authority of the City of Fort Myers. This position shall be considered to fill the role of "Public Housing Authority."

- v. SalusCare, Inc. Representative. This position shall be considered to fill the role of "mental health agency," but also fills the role of "nonprofit homeless assistance provider" and "social service provider" in the event those non-permanent seats are vacated.
- vi. Abuse Counseling and Treatment, Inc. (ACT) Representative. This position shall be considered to fill the role of "victim service providers (private, nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, including rape crisis centers, battered women's shelters, domestic violence transitional housing, etc.)."
- vii. Lee Memorial Health System Representative. This position shall be considered to fill the role of "hospitals."
- viii. Lee County Schools Representative. This position shall be considered to fill the role of "school districts."
- b. Other seats not permanently filled by the above mentioned representatives shall represent relevant organizations and projects serving homeless subpopulations, including:
  - i. Nonprofit homeless assistance providers;
  - ii. Governments;
  - iii. Faith-based organizations;
  - iv. Businesses;
  - v. Social service providers;
  - vi. Universities;
  - vii. Affordable housing developers;
  - viii. Law enforcement;
  - ix. Organizations that service veterans;
- 3. **Officers.** The officers, consisting of a Chair and a Co-Chair, shall be elected by the Board at the first regular meeting following the annual board member selection process for a one year term. Nominations will be taken at the beginning of the meeting and a majority vote on the officers shall determine the officers. Officers shall not be compensated for their services as such officers.
- 4. **Voting.** A number equal to the majority of those serving on the Board shall be the quorum of the Board. At all Board meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the members of the Board. Each representative will have one vote. No member may vote on any item which presents a real or perceived conflict of interest. All board members must sign a conflict of interest policy. Action that may be taken at any meeting of the Board will also be allowable in writing through email or letter if approved by the majority of the Board.
- 5. The Board shall provide semi-annual reports on activity to the full CoC membership;
- 6. The Board shall update annually this governance charter and related Policies and Procedures relevant to this charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD;
- 7. The Board shall review and adopt performance targets appropriate for population and program type, review monitor recipient and sub-recipient performance, evaluate outcomes, and recommend County action against poor performers;
- 8. The Board shall review outcomes of projects funded under the ESG program.
- 9. Administrative duties of the Governing Board shall be shared by the Coalition and County.

**Code of Conduct and Conflicts of Interest.** The Board is responsible for the development, update, and adherence to the following code of conduct and conflict of interest processes.

1. Conduct and Attendance. Governing Board members, committee members, and other CoC agents and employees must exercise care, diligence, and prudence when acting on behalf of the Lee County CoC. These individuals must timely complete work they have agreed to undertake on behalf of the CoC. In addition, they must attend Board and/or committee meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for three meetings within a calendar year, or repeated failure to complete work assignments, will be grounds for removal from the Board and/or committee assignments.

#### 2. Conflicts of Interest.

a. **Rules Regarding Conflict.** Governing Board members must abide by 24 CFR Part 578.95 as noted in this section to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. Failure to honor these rules will be grounds for removal from the Board and any of its committees.

#### b. Conflicts.

- i. *Individual conflict.* No Governing Board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- ii. Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance, or when a covered person's (see next section) objectivity in performing work with respect to any activity assisted is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under 24 CFR Part 578.49(b)(2) and 24 CFR Part 578.51(g), and housing quality inspections of property under 24 CFR Part 578.75(b) that the recipient, subrecipient, or related entity owns.
- iii. Other conflicts. For all other transactions and activities, the following restrictions apply:
  - (1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.
  - (2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria, provided that the recipient has satisfactorily met the threshold requirements:

- (i) *Threshold requirements.* HUD will consider an exception only after the recipient has provided the following documentation:
  - (A) Disclosure of the nature of the conflict, accompanied by a written assurance. If the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and
  - (B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.
  - (ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:
    - (A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
    - (B) Whether an opportunity was provided for open competitive bidding or negotiation;
    - (C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;
    - (D) Whether the interest or benefit was present before the affected person was in the position;
    - (E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;
    - (F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and
    - (G) Any other relevant considerations.
- c. Abstention from Decision-Making. Governing Board members must disclose if they have any conflicts of interest or potential conflicts of interest regarding any business included in the meeting agenda. Any matter in which Governing Board members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. If the abstention changes the quorum, additional votes may be accepted by email from disinterested members who are not present. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' and committee members' actual or potential conflicts of interest and their

- abstention. If email votes have been accepted, the minutes shall reflect the final vote including those votes.
- d. **Annual Conflict of Interest Acknowledgement Form.** Governing Board members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfillment of their duties as directors.

#### The Coalition and County shall work together to:

- 1. Collaborate with the Governing Board to develop and adopt a CoC plan that includes coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
  - a. Outreach, engagement, and assessment;
  - b. Shelter, housing, and supportive services;
  - c. Prevention strategies.
- 2. Conduct an annual gaps analysis of the homeless needs and services available within the geographic area.
- 3. Collaborate with the Governing Board on the process to receive applications for funding to the annual CoC competitive funding application to HUD, to include:
  - a. Development of priorities for funding projects;
  - b. Developing of application ranking criteria;
  - c. Development of a standing committee to review and rank applications according to the priorities and criteria;
  - d. Approval of the full application to the annual CoC competitive funding application to HUD.

This Charter and Policies and Procedures shall be maintained and available for review at the offices of the Coalition or the County.

#### **Conflict of Interest Disclosure Statement**

I have read and am fully familiar with the Lee County Continuum of Care's Conflict of Interest policy as

described in the Governance Charter. Except for the matters listed below, there is no situation in which I am involved in which my decision on behalf of the Lee County Continuum of Care may be influenced by my own gain or advantage, financial or otherwise. Please describe any existing or potential conflict of interest associated with any particular contract or transaction relating to your role within the Lee County Continuum of Care. If "none," please indicate in space below. I agree to promptly, in accordance with the requirements of the Lee County Continuum of Care Governance Charter and Conflict of Interest Policy, disclose any additional interest which may arise after the filing of this statement. Date: \_\_\_\_\_ Signature Print Name **Agency Name** 

# **Client Services Network of Lee County**

# **POLICIES AND PROCEDURES MANUAL**

**Updated: 12/01/2013** 

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## **OVERVIEW**

Congress has established a national goal that all communities should be collecting an array of data about homelessness, including unduplicated counts of individuals who are homeless, their use of services and the effectiveness of local assistance systems. In order to achieve this objective, the Department of Housing and Urban Development (HUD) encouraged communities to develop a Homeless Management Information System (HMIS) and has provided funding through the Supportive Housing Program, Continuum of Care (CoC) process to assist in the implementation of systems to collect this data. The Lee County Department of Human Services (DHS) serves as a collaborative hub for resources (federal, state, local, private, and non-profit) designated to aid economically disadvantaged individuals and families in our community. The Department of Human Services also serves as the lead agency for the Continuum of Care (CoC). The CoC is the community's strategic plan for organization and delivery of services to people who are homeless in Lee County. The result of the CoC process is a coordinated, multi-agency system of services addressing many of the housing and supportive services needs of individuals and families experiencing homelessness The Department of Human Services serves as a collaborative hub for resources (federal, state, local, private, and non-profit) designated to aid economically disadvantaged individuals and families in our community.

Bell Data Systems, Client Services Network (CSN) software was selected for implementation of the HMIS to meet the requirements for participants within the Lee County collaborative, known herein as Client Services Network (CSN) of Lee County. Through the HMIS data can be employed to better understand the characteristics of persons experiencing homelessness in the community, improve the delivery of housing and services, and document the community's progress in reducing homelessness. CSN maintains confidential client records in a secure environment to insure information is not misused or accessed by unauthorized people. The following Policies and Procedures have been developed to establish standards for the collection, storage and dissemination of confidential information through HMIS.

## **Governing Principles**

Described below are the overall governing principles upon which all other decisions pertaining to The Client Services Network of Lee County.

The Client Services Network of Lee County will be:

- A confidential and secure environment for the collection and use of client data.
- A benefit to individual clients through enhanced service delivery.
- A Tool for the provider Agencies in managing programs and services.
- A guide for the CoC through the compilation of aggregate data regarding community resource needs and service delivery.

### **IMPLEMENTATION**

The Client Services Network of Lee County implementation structure includes a Project Team and a User Group.

The Project Team is comprised of staff from the DHS, HMIS System Administrator, and Bell Data Systems (CSN software provider).

The User Group is comprised of staff from each participating agency in the Client Services Network of Lee County collaborative. User group meetings are held regularly to serve as a forum for collaborative members to discuss their implementation needs and status, raise questions, participate in problem resolution regarding system implementation and on-going operations, and to participate in the policy setting process.

The Client Services Network of Lee County Policies and Procedures Manual is designed to support implementation and on-going operation of the system to ensure strict client confidentiality, security of information, and consistent application of the functions provided by Client Services Network. The Project Team and User Group will continue to update these Policies and Procedures as needed.

For information regarding the implementation of Client Services Network, contact Eric Pateidl, Lee County Department of Human Services, at EPateidl@leegov.com or (239) 533-7925.

#### GLOSSARY OF TERMS

- 1. **Anonymous client:** A client entered into the database with a unique computer generated identifying code acting as a reference for that client.
- 2. **Client:** Any person who received, applied for, or was denied services by a Provider Agency.
- 3. **Client Identifying Information:** Any information or a combination of data that would allow an individual client to be identified, including, but not limited to name, nick name, Social Security number, military identification number, health insurance carrier number.
- 4. **Client Services Network:** A web-based information management system for service providers of an agency, coalition, or region which provides client tracking, case management, and reporting all in a real-time environment.
- 5. **Client's guardian:** Any person legally responsible for a minor or an adult, according to Florida Statutes. All references to "client" in this policy also apply to "client's guardian."
- 6. Close to real-time: Data entry within one business day.
- 7. **Computer virus:** A self-replicating piece of computer code, which resides in active memory and partially or fully attaches itself to files and/or applications.
- 8. **Computer worm:** Similar to viruses, worms reside in active memory of computers and replicate themselves and will usually interfere with normal computer use or a computer program. Unlike viruses, worms exist as separate entities and do not attach themselves to other files or programs.
- 9. **Consultation:** A discussion, usually by phone, reminding the End-user or Provider Agency of proper security and/or confidentiality practices(s) following confirmed inappropriate action(s).
- 10. End-user: Any person given access to CSN including staff and volunteers
- 11. Error: A documented occurrence that prevents and end-user from proceeding further.
- 12. **Firewall:** A system or group of systems that enforces an access control policy between two networks. The system may contain a pair of mechanisms: one that exists to block Internet traffic, and the other that exists to permit Internet traffic.
- 13. Homeless Management Information System (HMIS): A software application used to track information regarding services provided to homeless individuals and families as required by HUD and for other client tracking and service provision purposes.
- 14. **Malicious code:** An illegitimate computer code, which produces an undesired effect including Trojan horses, viruses, and worms.
- 15. Outside source(s): Organization(s) who are not current Provider Agencies...
- 16. **Performance:** The lack of execution and/or operation of the software.
- 17. **Probation:** A trial period of time, not greater than one hundred and eighty days (180), in which an End-user or Provider Agency addresses and corrects inappropriate actions(s).
- 18. **Provider Agency:** An agency authorized to participate in CSN.
- 19. **Quality of Data Issue:** Any concern that decreases the accuracy and completeness of the data as defined by the Minimum Data Requirement.
- 20. **Real-time:** Immediate data entry upon seeing a client.
- 21. **Reinstatement Corrective Action Plan:** A modified Corrective Action Plan developed specifically for the purpose of preparing and assessing the appropriateness of reinstating a previously terminated Agency as a Provider Agency.
- 22. **Restricted client:** A client whose name is known by only the entering Provider Agency, the Group Administrator, and those agencies the client grants access to his/her name and information.
- 23. Sanctions: Penalties for noncompliance specified by the Project Team and Steering Committee.
- 24. **Self-replicate:** Makes copies of itself.
- 25. **Technical Support Staff:** Include, in ascending order, HMIS System Administrator, HMIS Support Specialist, and Bell Data System support personnel

# **Roles and Responsibilities**

## **Agency & Stakeholder Involvement**

**Policy:** CSN implementation and ongoing operations provides agency and stakeholder involvement at all levels to ensure broad community participation.

Purpose: To define participants' roles and responsibilities in the Client Services Network of Lee County

#### Lee County Department of Human Services (DHS):

As the recipient of the HUD funds and other matching funds and the legal contractor for access to the software, the DHS oversees implementation, management, and maintenance of Client Services Network.

#### Responsibilities:

- Acquires HMIS software, which meets HUD requirements
- Oversees the preparation of a detailed implementation plan
- Participates in Project Team and User Group
- Determines guiding principles for Agencies and client participation with regard to implementation
- Establishes minimal data elements to be collected by all Agencies consistent with the HUD data standards
- Oversees security, confidentiality and accountability of CSN
- Provides staff support to CSN users
- Identifies and applies for public and private funds to continue future operations
- Works with the user group in developing strategies to market CSN to other services providers
- Encourages client, services provider, and community involvement
- Responds to community questions regarding the CoC

## User Group

Comprised of voluntary provider agency representatives and project team members.

#### Responsibilities:

- Provides policy assistance
- Develops and assists in:
  - Policies and procedures
  - Information sharing agreements
  - Decisions on data access by external parties
  - Information sharing agreements
  - Decisions on data access by external parties
  - Soliciting feedback from all users for proposed system changes
- Provides review in regards to provider agency violations and grievances
- Assists project team in developing and implementing strategies to market CSN
- Defines criteria, standards, and parameters for releasing aggregate data
- Oversees security and confidentiality in the CSN Policies and Procedures manual
- Reviews reports and makes decisions about training, system, and/or oversight issues

# **HMIS System Administrator**

#### **Position Purpose:**

Administer a SQL server environment for Lee County's HMIS through Bell Data Systems client management software, CSN, a web based client management system utilized by the Department of Human Services and CoC Provider agencies. Serve as a spokesperson and community advocate for HMIS, to assure continued growth of the system through forged alliances, relationships and implementing shared strategies to support the success and future growth of the project.

#### Responsibilities:

#### **Database**

- Oversees CSN and or Lee County ITG in the following areas: Monitor functionality, speed, and database backup procedures of SQL server 2005 database
- Provide data analysis and statistics for federal and state reporting, grant funding applications, and community awareness
- Audit Usage and access of database
- Responds to system needs as needed to implement disaster recovery plan
- Developing and maintain database hierarchy and structure
- Maintain data quality and integrity within the system

#### **Implementation**

- Serve as a spokesperson and community advocate for HMIS to assure continued growth of the system through forged alliances, relationships and implementing shared strategies to support the success and future growth of the project
- Provide guidance and leadership to maximize resource utilization, efficient use of funds, system productivity, and ensure quality and accountability of services
- Manage new agency recruitment by initiating meetings, demonstrating software, and assessing agency resources, requirements, and needs.
- Advises agencies of implementation schedule and technical issues

#### **Training**

- Conduct software and security trainings on a continual basis in addition to regular steering committee user groups to discuss system utilization, data quality, security, and elicit end-user feedback
- Oversees, coordinates, and provides training to HMIS Support Specialist, Agency Administrators, and End-users

#### Support

- Maintain contact with CSN software vendor to ensure consistent and uniform communication among and between product support personnel and regional collaboration communities
- Research, interpret, and prepare information for grant applications and other funding sources as needed
- Provide first-line technical support in response to elevated customer trouble calls
- Act as point of contact for HMIS questions and concerns of program management for contributing programs
- Establish and maintain cost estimates, budgets, hardware inventories, policies, procedures, and security requirements governing the system
- Advise and provide technical advice for new IT endeavors and projects
- Provides support to Agency Administrators/User and coordinates with CSN Staff
- Supervises internal and external security protocols
- Addresses technical operation issues

#### **Data Integrity**

- Monitors CSN operation and data entry
- Monitors and evaluates the quality, timeliness, and accuracy of data input
- Identifies and addresses potential operational issues with individual agencies and users

#### Reports

- Provide data analysis and statistics for federal and state reporting, grant funding applications, and community awareness
- Oversees system-wide reporting
- Assists Agencies with query and report development and documentation

# **HMIS Support Specialist**

#### **Position Purpose:**

To assist the HMIS System Administrator in the daily operations

#### Responsibilities:

- Administration
  - Assist in development of policies and procedures governing HMIS
  - Monitor HMIS Contributors for compliance with HUD's HMIS standards and guidelines

- Collect and maintain homeless service provider descriptor data in HMIS
- Conduct regular HMIS data quality checks as defined by HMIS policies and procedures.
- Training and Help Desk Support
  - Act as initial point of contact for HMIS help desk support for all users, elevating advanced issues or problems appropriately.
  - Provide technical assistance and user support for HMIS software, including agency account set-up, system monitoring and testing, problem diagnosis and resolution, routine software and information maintenance.
  - Provide and coordinate on-going training in the use of HMIS.
  - Coordinate, conduct, and participate regular end user meetings to discuss HMIS issues and elicit end user feedback
- Reporting
  - Assist in the creation and development of custom reports and gueries.
  - Monitor the dissemination of data collected through the HMIS.
- Other duties
  - Perform any such other duties as may be required to ensure that the HMIS operates smoothly and that data input and retrieval meet HUD's requirements.
  - Other duties as assigned by the HMIS Program Manager

# Provider Agency's Executive Director or Designee

Each Provider Agency may choose an Executive Director to administer the following responsibilities. If there is not a designated Executive Director or if they delegate the responsibilities, these tasks fall to the Agency Administrator. Position may not be appropriate in agencies with minimal staffing; in this event the HMIS support staff will assume administrator responsibilities.

#### Responsibilities

- Assumes responsibilities for integrity and protection of client information entered into CSN
- Establishes and ensures business controls and practices which will adhere to the CSN Policies & Procedures
- Develops internal policies and procedures to ensure:
  - Staff training
  - Timely and accurate input of data into CSN
  - Personnel procedures addressing violation of CSN code of Ethics and Policies & Procedures
  - Protocols for data access and reporting
- Communicates security and confidentiality requirements to End-users.
- Monitors End-user compliance in regards to security, confidentiality, and data integrity
- Is responsible for insuring appropriate system usage by agency end-users
- Allows CSN access only to qualified, trained end-users based upon job description and need to access
- Addresses CSN concerns with System Administrator and User Group as appropriate, in a timely and professional manner

# **Agency Administrator**

Each Provider Agency appoints one to two persons (Maximum) as Agency Administrator. If staffing unavailable the HMIS support staff will assume the position and responsibilities.

#### Responsibilities

- Creates User Id's and initial password for personnel authorized to access the system by the Agency Executive Director
- Assures new staff training on CSN
- Reviews CSN Policies and Procedures
- Reviews security and confidentiality of client information with authorized staff
- Allows access to CSN only after authorized staff complete necessary training and sign User Policy agreement
- Notifies all agency End-users of interruptions in service
- Updates Agency and End-users on decisions made during User Group Meetings
- Administers and monitors access to CSN
- Provides technical support assistance to agency's End-users.

## **End-User**

The Agency End-user is defined as only those parties authorized to access CSN for the following reasons:

- Providing client management
- To enter, edit, or review client records
- Generating reports
- Other essential activities associated with provider agency business use.

#### Responsibilities

- Adhere to CSN and Agency Policies & Procedures
- Protect CSN and Agency data and information
- Prevent unauthorized disclosure of data
- Report security violation to Agency Administrator or System Administrator
- Remain accountable for all action undertaken with his/her user name and password

## **Privacy Officer**

Privacy Officer responsibilities have been assigned to CSN's HMIS System Administrator. It is the responsibility of the HMIS Administrator to outline network risk, monitor client privacy in the system, work on policy and procedure creation to protect client data, work to improve privacy trainings, and field complaints regarding privacy and security violations. The HMIS Support Specialist works in tandem with the Administrator in addressing any privacy concerns. All concerns regarding privacy should be sent to <a href="mailto:EPateidl@Leegov.com">EPateidl@Leegov.com</a> or call 239.533.7925.

## **Data Security Officer**

Data Security Officer responsibilities have been assigned to CSN's HMIS System Administrator. It is the resposibility of the administrator to monitor system and data security, work to improve security within the network members, and work to mandate training regarding system and data security. The HMIS Support Specialist works in tandem with the Administrator in addressing any security concerns. All concerns regarding security should be sent to EPateidl@Leegov.com or call 239.533.7925.\

## **Annual Projects**

CSN is required to coordinate and/or participate in numerous projects annually regarding data collection and reporting. Below is a list of projects that UIN is involved in:

#### Annual Homeless Assessment Report (AHAR) - The Annual Homeless

Assessment Report (AHAR) is a report submitted to the Department of Housing and Urban Development (HUD), who presents the data in a report to the U.S. Congress detailing the extent and nature of homelessness in the United States. It provides counts of the homeless population and describes their demographic characteristics and service use patterns. The AHAR is based primarily on data from Homeless Management Information Systems (HMIS) in the United States.

**Emergency Food and Shelter Program (EFSP)** - These funds originate from the Federal Emergency Management Agency (FEMA), but are overseen by a National EFSP Board. The Emergency Food and Shelter Program (EFSP) is a national program that provides additional funds to existing shelters, food pantries, soup kitchens and financial assistance providers.

**Housing Inventory Chart (HIC)** - An annual report submitted to the Department of Urban Development (HUD) that lists all homeless emergency, transitional, safe haven, shelter plus care, and permanent supportive housing beds in our Continuum of Care (CoC) and how they were used over the reporting period.

**Homeless Point in Time (PIT) Count** – A bi-annually count and survey of the homeless client population where data is collected on a given day and is submitted to local, State and Federal Government entities and other community planners. This data is used to estimate the number of homeless in our community and allocate funding based on those estimates.

**Additional monthly, quarterly, and annual reports** – Additional reporting for various federal, state, and locally funded projects are continually mandated throughout the year. It is the responsibility of the CSN Support Team to ensure that these reporting requirements are met.

## **DATA AND SYSTEM INTEGRITY**

## HIPAA Agreement

CSN's Agency Partner Agreement and Confidentially policy details the basic business practices of the HIPAA rules to be followed. The document further explains that each CSN partner agencies may be working with other CSN partner agencies providers who are HIPAA covered entities. Therefore, all CSN end users will adhere to the basic business practices under HIPAA as it relates to client confidentiality, privacy and security.

- The Agency's Executive Director (or legal authorized officer) will sign two copies of the Agency Partner Agreement and Confidentially document and provide them to DHS.
- Upon receipt of the signed document, it will be signed by the HCHC Executive Director.
- One copy of the Agency Partner Agreement and Confidentially document will be scanned and filed electronically with DHS.

## **Background Checks**

All CoC funded agency users are required to have passed background checks to ensure that clients are protected from fraud and/or identify theft.

## **Database Access and Data Entry**

Policy: Participating Agencies and/or System Administrator will regulate and monitor End-User access and data entry into CSN

## **Participating Agencies**

#### Responsibilities

#### **CSN Access Participating Agencies will**

- Sign CSN Agency Participation Agreement
- Set up End-user identification and grant access to the CSN based on job description
- · Never transmit End-user ID and password in any form of communication. They must be transmitted separately
- Inactivate and End-user including the Agency Administrator immediately upon termination of his/her employment or a change in job duties/position
- Notify the System Administrator when the Agency Administrator is leaving the position

## Security Participating Agencies will

- Monitor End-user access to CSN
- Provide reviews of security procedures
- Assume responsibility for staff and End-user's compliance with security
- Notify the designated Agency Administrator or System Administrator immediately of any suspected security breach
- Update virus protection software on agency computers used to access CSN
- Participating agencies will provide client consent form(s) as required by the Agency, State and/or Federal laws and CSN standards

#### Data Entry Participating Agencies will:

- responsibility for End-user's data entry and accuracy
- View, obtain, disclose, or use CSN data only for business purposes related to serving the agency's clients
- Monitor End-user data entered into CSN, in accordance with Agency's policies and CSN Data Standards
- Correct duplicate client entries
- Correct inaccurate information and missing required data elements

Not misrepresent the number of clients served or the types of services/beds provided

#### **Legal Parameters**

- Agencies will not transit any material in violation of US Federal or State law which includes, but is not limited to: copyright material, material legally judged to be threatening or obscene, and material considered protected by Trade
- Agencies will not use CSN with intent to defraud the Federal, State, or local government or an individual entity, or to conduct any illegal activity

## **End User's**

#### CSN Access End-user's will

- Be given limited access to CSN based upon End-user's job description
- Read and abide by CSN User Policy Agreement
- Create a unique password for CSN
- Not shared ID and or password with any person for any reason
- Not transmit ID or password in any form (Verbal, written, or electronic)

#### **Security** End-user's will

- Access CSN only from authorized workstations
- Change their password to a unique password between 8 and 16 characters, combination upper and lower case, including a number and or special character. Passwords must not include the user's name, date of birth, or any other password that can be easily guessed by others.
- Log-off CSN and close the Internet browser before leaving a work terminal
- Log-off CSN and close the Internet browser prior to browsing the Internet
- Never leave and open CSN screen unattended
- Notify Agency Administrator or System Administrator immediately of any suspected security breach

#### Data Entry End-user's will

- Offer the client the opportunity to input and share additional client information with other Agencies beyond basic identifying data and non-confidential service information
- Only view, obtain, disclose or use CSN data for business purposes related to service the Agency's clients
- Enter data into CSN in accordance to the Agency's policies and CSN minimum data standards
- Not enter any fictitious or misleading client data
- Save data entered at regular intervals. (If the system remains inactive for longer than twenty-minutes, it will automatically log the End-user off)
- Strive for real-time or close to real-time data entry. Data entry is required to be entered within one week of client intake. Exceptions can be made for agencies lacking appropriate staffing.
- Not enter offensive language or profanity into CSN unless direct client quotes are deemed essential for assessment, service and treatment purposes

#### Legal Parameters End-user's will

- Obtain or confirm the presence of signed client consent form(s) as required by the Agency, State and/or Federal Laws and the CSN standards prior to entering client data into CSN
- Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- Obtain client consent for additional client information and communicate what information will be shared and with whom.
- Will not transmit any material in violation of US Federal, or State law which includes, but is not limited to: copyrighted material, material legally judged to be threatening or obscene, or material considered protected by trade secret
- Will not use CSN with intent to defraud the Federal, State or local government or an individual entity, or to conduct any illegal activity

#### Agency Administrator (Also follow all End-User and Agency procedures)

#### Requirements

Notify System Administrator of duplicate client records that need to be deleted

Monitor possible duplication of records, at least every two weeks

System Administrator (Also follow all End-User and Agency procedures)

#### Requirements

· Generate, periodically, a Client Duplication Report and assist Agency Administrators in correcting duplications

## **Management of End-User Access Privileges**

#### **Administration of End-user Access**

- Determine End-user's database access level based upon End-user's job description
- Authorize Agency Administrator to generate user ID
- Assume responsibility for adding, updating, inactivating, and re-activating user ID and password

#### **End-user ID format**

- User ID's will include the initial of the first name and the full last name. Example John Smith JSmith
- If client name already exists in system include middle initial

#### **Passwords**

- CSN automatically generates a temporary password for the new End-user
- Agency or System administrator exchanges the password to the new End-user
- End-user will be required to change password after initial log on
- The End-user creates a unique password between 8 and 16 characters, combination upper and lower case, including a
  number and or special character. Passwords must not include the user's name, date of birth, or any other password
  that can be easily guessed by others

#### **Termination or Extended Leave from Employment**

- The Agency Administrator or System Administrator will inactivate the End-user account immediately
- When user returns from extended leave reactivate user account

## **End-User Access Levels**

CSN has system-wide access levels and agency-defined access levels. Only agency staff and volunteers who need access to CSN for client data entry qualify for an End-user license. The level determines the information the End-user has access to and whether or not the user can add, edit, or delete records. The System Administrator and/or Agency Administrator will determine the level of access an End-user requires

## Local Data Storage

**Policy:** Any client information held in a location other than CSN is the responsibility of the Agency (Including: information stored on Agencies computers, files, and reports). CSN and DHS assume no responsibility for the management, protection, and transmission of client-identifying information stored on Agencies computers, files, and reports.

#### Responsibility

 Agency will develop a policy for protection and management of client information that meets security policies outlined in CSN Policies and Procedures Manual

## Virus Control Management

**Policy:** Lee County ITG will provide and maintain virus protection software and maintain secure firewall on all CSN servers. Participating Agencies will maintain their own virus protection on all workstations accessing CSN.

## **Monitoring Provider Agency Compliance**

**Policy:** Lee County DHS and CSN monitor and review participating Agencies and assure that they adhere to CSN security, confidentiality regulations, and quality standards.

#### **Agency Administrator**

#### Responsibilities

- Assist participating Agencies with compliance when necessary
- Monitor participating Agencies to assure they are complying with CSN Policies and Procedures
- Produce quality assurance reports and data quality reports

## *Infractions*

**Policy:** In the event an individual uses CSN inappropriately depending on the severity of the situation the individual may loose privileges to access CSN. If the infraction leads to access loss it will be the decision of the System Administrator and participating agency involved to readmit individual to CSN. Depending on the severity of the infraction it will be the discretion of the System Administrator to notify DHS staff and/or User Group.

## **Disaster Recovery**

Policy: It is the responsibility of Lee County ITG to develop, maintain, and initiate a disaster recovery plan.

## **Privacy and confidentiality**

## Maintenance of Client Confidentiality

**Policy:** Participating Agencies will adhere to relevant Federal, State and local confidentiality regulation and laws that protect client records and only releases confidential client record with written consent by the client, or the client's guardian, unless otherwise provided for in Federal, State or local regulations or laws.

## **Participating Agencies**

#### Responsibilities

## **Laws and Regulations:**

- Participating Agencies will abide by:
- All Federal Confidentiality Regulations including those contained in the Code of Federal Regulations, 42 CFR
   Part 2 (regarding disclosure of alcohols and/or drug abuse records)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) when applicable
- Florida State Statutes and Federal laws related to confidentiality and security of medical, mental health and substance abuse information

## Client Consent

#### Participating Agencies will:

• Provide verbal explanation of CSN and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s)

- Be prepared to explain (to the client) security measures used to maintain confidentiality
- Explain the client's right to entered as an anonymous client or as client or as a restricted client, if client denies authorization to share basic identifying information or non-confidential service date
- Obtain from the client a current, signed Client Acknowledgement of Data Entry into the CSN form, when applicable to Participating Agency's policy and procedures
- Prior to release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the participating Agencies standard release of medical, financial and/or any other information regarding the client
- Place all client authorization forms in an on-site filing system for periodic audits
- Retain all client authorization forms for a five-year period upon expiration
- Insure that all Participating Agencies End-Users will comply with the requirements for informed consent and client confidentiality

## Client Information/Data

## Participating Agencies will:

- Enter client information into CSN only after obtaining current a signed client consent form
- Share client information in CSN with other participating Agencies only after obtaining a signed client consent form
- Not solicit or input client information into CSN unless the information proves to be useful in providing services, developing reports and providing data, and /or conducting evaluation and research
- Not divulge any confidential information received from the client or CSN to any organization or individual without a current client release form, unless otherwise permitted by relevant regulations or laws.
- Participating Agencies will enter in the minimum data required by the CSN. Any or all client data including client identifiable and confidential information may be restricted to other Participating Agencies.

## SOFTWARE SUPPORT

## **Hours of System Operation**

**Policy:** The System Administrator, CSN technical staff, and Lee County ITG assure minimal CSN down time and will post all downtime and maintenance. The CSN database will be backed up and stored on a regularly bases by Lee County ITG. CSN will be available through internet access twenty-four hours a day, seven days a week.

## **Technical Support**

**Policy:** The System Administrator oversees support to all Participating Agencies.

#### Requirements

- Non Emergency issues including questions, technical/task assistance, data correction, training concerns, reportable
  database problems and suggestions for future enhancements will be addressed to the System administrator through
  email, phone and primarily through the CSN ticketing system
  - The CSN ticketing system will be used as the primary source for all CSN related problems

## **Emergency Technical Support**

**Policy:** The System Administrator and CSN support staff provide emergency CSN technical support to Participating Agencies.

A situation where an emergency response is required is defined as "any major system or component failure, which proves critical to a CSN Participating Agency's business practice not including trouble shooting issues due to the Participating Agency's network, Internet connectivity, browser issues, individual PC problems, or other specific non CSN issues.

#### In the event of an Emergency

The System Administrator should be contacted immediately.

## **System Hardware**

## **Hardware Acquisition**

**Policy:** The Lee County Department of Human Services and HMIS System Administrator assist CSN Participating Agencies in acquiring computer hardware on an as needed basis during the CSN implementation process. The available funding has the ability supplement those agencies with inadequate or obsolete hardware but will not fulfill all of a Participating Agencies computer hardware needs.

#### **Hardware Acquisition Process:**

#### The System Administrator will

- Conduct and inventory of hardware at Participating Agency prior to implementation of CSN
- Find the total need for hardware, network equipment, and software licenses
- Create a cost estimate for approval by DHS staff
- Upon approval purchase equipment and after shipment distribute to Participating Agency

#### Participating Agency will

 Acknowledge that Lee County HMIS is not responsible for ongoing operating cost or replacement costs for the equipment

## **Clients' Rights**

Partnering Agencies must obtain consent from all client entering or accessing client data in CSN. No client shall be entered into CSN without obtaining the client's written consent for their information to be entered or accessed in CSN. The CSN partner agency agrees to get permission signed through the Client Informed Consent & Release of Information Authorization form. All consent forms are not system-wide, but specific to the program/service they are receiving. Any documents can be scanned and added to the client record in CSN.

Verbal Release: In CSN, verbal releases of information are only valid for homeless street outreach teams doing direct client contract and engagement on the street or for call centers. No other provider in the network is authorized form getting only a verbal release from a client.

## Release of Information (ROI)

The CSN Release of Information form is used to record a client's authorization for their data to be shared with other CSN Partner Agencies. The original signed Release of Information form should be kept by the CSN Partner Agency and protected from theft or loss. Member Agencies are required to use the CSN Release of Information form provided. The Release explains to clients their rights and gets consent for data to be retained and shared with other CSN Member Agencies. If the client requests a copy of the data record entered into CSN, the CSN Partner Agency Administrator is required to provide the copy to the client. CSN End Users should strive to communicate the release in a language the client understands. The form must be signed by each member of the household receiving services who is over the age of 18. The head of the household may sign for any children or members of the household under the age of 18 on a separate form. Once the signed Release is obtained, it must be recorded in CSN and is valid for 7 years. The CSN Partner Agency is responsible for retaining the document for 7 years. After it expires all clients still receiving services will need to sign another CSN Release of Information Form and the data will need to be updated in UNITY. It is important to understand agencies cannot deny services to individuals solely on the basis of the individual deciding not to share information in CSN. There is an exception for those agencies providing financial assistance to clients as well as agencies that are required to share data required by certain funding sources.

## **Notice of Uses and Disclosures**

The CSN Notice of Uses and Disclosures form is used to inform clients of why their information is collected and how their

information can be used. It should be kept by CSN Partner Agency and protected from loss or theft. CSN Partner Agencies are required to use the CSN Notice of Uses and Disclosures form provided. CSN End Users should strive to communicate the Notice of Uses and Disclosures in a language the client understands. The form must be signed by each member of the household receiving services who is over the age of 18. The head of the household may sign for any children or members of the household under the age of 18 on a separate form. The CSN Partner Agency is responsible for retaining the document for 7 years. If the client requests a copy of the data record entered into CSN the CSN Partner Agency Administrator is required to provide the copy to the client.

## Filing a Grievance

Clients have the right to file a grievance with the CSN staff about any CSN Partner Agency related to violations of data access in CSN, violations of CSN policies and procedures, or data discrepancies

CSN staff will entertain any client who wishes to file a grievance against any CSN Partner Agency related to the items above. Any complaints of a non-CSN nature will be forwarded to the CoC Lead Agency. CSN staff will contact the client by phone, email or regular mail regarding the nature of the complaint. If the client requests a copy of the record, the CSN staff will follow the process in 5.2. Once the client has been contacted, validated, and the nature of the complaint understood, the CSN Staff will investigate the complaint and provide its findings to the client who lodged the grievance. CSN will notify the parties involved and the appropriate community planners about the alleged incident reported. If the client is not satisfied with the findings of the grievance, the client must submit a grievance request in writing to the CoC Lead Agency. All findings of the CoC Lead Agency will be final.

Other CSN Partner Agencies have a right to file a grievance with the CSN staff about any CSN Partner Agency related to violations of access in CSN, violations of CSN policies and procedures, or violations of any law.

Procedure: CSN staff will entertain any CSN Partner Agency who wishes to file grievance against any other CSN Partner Agency. In cases where a client leaves one CSN Partner Agency to receive services from another CSN Partner Agency and the client reports a suspected violation, the new CSN Partner Agency does have a right to file a grievance or duty to warn the CSN staff on behalf of the client as long as the client grants their permission to file a grievance on their behalf. CSN staff will request a CSN Client Grievance Form be completed by either the client or the CSN Partner Agency. The form can be obtained by contacting the CSN staff by phone, email or regular mail. Once completed and submitted by the client, CSN Staff will investigate the complaint and provide its findings to the client who lodged the grievance. CSN will notify the parties involved and the appropriate community planners about the alleged incident reported. If the client is not satisfied with the findings of the grievance, the client must submit a grievance request in writing to the CoC Lead Agency. All findings of the CoC Lead Agency will be final.

## Client Records Requests

Clients have a right to request a copy of their information in the system and be provided that information in a timely manner.

All CSN Partner Agencies are required to provide a copy of their client record from CSN upon written request by the client. No CSN Partner Agency should refuse the request. The client should be able to see any and all information entered into the system about them, even case notes. The information should be provided to the client in a timely manner from the date of the request. Best practice is less than 72 hours.

## Revoking Authorization for CSN Data Collection

All clients who initially agree to participate in CSN have the right to rescind their permission for data sharing in CSN with the exception of those who have been entered into a financial assistance program, or a program prohibiting this because of funding sources.

Clients who choose and are permitted to revoke their information sharing authorization must complete a new Release of Information. The new Release of Information should be sent by the Agency Administrator who will notify the CSN Staff that the client record is to be "closed" in the system. The CSN staff will be responsible for closing the client record from view. Once

"closed", the CSN Partner Agency will no longer be sharing the currently collected set of client data being entered into CSN with other Partner Agency providers. The previously viewable data will still be seen and shared with other Partner Agency providers. The new Release of Information should be kept on file by the Partner Agency. In the case that after a Release of Information is signed revoking data sharing and a client is accepted into a CSN-participating financial assistance program, the client must sign a CSN Release of Information form and CSN staff must be notified to re-open the client record for sharing.

## **Universal Data Elements**

## Summary of Project Descriptor Data Elements

			When collecte	d
Data Elements	Project Applicability	Assigned once	Assigned once; reviewed annually	At least annually or more frequently if changes
1. Organization Identifier	All CoC Projects	Х		
2. Organization Name	All CoC Projects		Χ	
3. Project Identifier	All CoC Projects	X		
4. Project Name	All CoC Projects		Χ	
5. Direct Service Code	(optional)	X		
6. Site Information	All CoC Projects		Χ	
7. Continuum of Care Code	All CoC Projects		Χ	
8. Project Type	All CoC Projects and Non-CoC Projects		Х	
9. Bed and Unit Inventory Information	All CoC Lodging Projects <sup>1</sup>			X
10. Target Population A (Optional for all projects)	All CoC Projects		Χ	
11. Target Population B	All CoC Lodging Projects		Х	
12. Method for Tracking Residential Project Occupancy	All CoC Lodging Projects		Х	
13. Federal Funding Source(s)	All CoC Projects		Χ	

<sup>&</sup>lt;sup>1</sup> CoC Lodging Projects include the following Project Types: Emergency Shelter, Transitional Housing, Safe Havens, Permanent Supportive Housing, and Permanent Housing Only

## **Summary of Universal Data Elements**

			Subjects			When Collecte	d
Data Elements	Project Applicability	All Clients	All Adults	Heads of Household and Adult Household Members	Initial Project Entry Only	Every Project Entry	Every Project Exit
1. Name <sup>1</sup>	All CoC Projects	Χ			Χ		
2. Social Security Number <sup>1</sup>	All CoC Projects	Χ			Χ		
3. Date of Birth <sup>1</sup>	All CoC Projects	Χ			Χ		
4. Race <sup>1</sup>	All CoC Projects	Χ			Χ		
5. Ethnicity <sup>1</sup>	All CoC Projects	Χ			Χ		
6. Gender <sup>1</sup>	All CoC Projects	Χ			Χ		
7. Veteran Status	All CoC Projects		Χ			Χ	
8. Disabling Condition	All CoC Projects	Χ				Х	
Residence Prior to Project Entry	All CoC Projects			X		Χ	
10. Housing Status	All CoC Projects	Χ				X	
11. Project Entry Date	All CoC Projects	Χ				Х	
12. Project Exit Date	All CoC Projects	Χ					Х
13. Destination	All CoC Projects	Χ					X
14. Personal Identification Number	All CoC Projects	Х			Х		
15. Household Identification Number	All CoC Projects	Χ				Χ	
16. Head of Household	All CoC Projects	Χ				X	

<sup>&</sup>lt;sup>1</sup>One or more of these personal identifiers may need to be asked on subsequent visits to find and retrieve the client's record. However, this information only needs to be recorded in HMIS during an initial entry.

Exhibit 1-3: Summary of Project -Specific Data Elements

			HUD Pro	gram App	olicability				Whe	n Collected		
Data Elements	CoC <sup>1</sup>	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
1. Zip Code of Last Permanent Address	Х	X	X	Х	X	X	Heads of Household and Adult Household Members	X				
2. Income and Sources	X				X	X	Heads of Household and Adult Household Members	X		X	X	
3. Non-Cash Benefits	X				X	X	Heads of Household and Adult Household Members	X		X	Х	
4. Health Insurance	X				X	X	Heads of Household and Adult Household Members	X		Х	Х	
5. Employment Status	Х				Х	X	Heads of Household and Adult Household Members	X		X	X	
6. Physical Disability	Х				Х	Х	All Clients	Х		Х	Х	
7. Developmental Disability	Х				Х	Х	All Clients	Х		X	Х	

			HUD Pro	ogram App	olicability				Whe	n Collected		
Data Elements	CoC <sup>1</sup>	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
8. Chronic Health Condition	Х				Х	Х	All Clients	Х		Х	Х	
9. HIV/AIDS	Х				X	Х	All Clients	X		Х	Х	
10. Mental Health	Х				Х	Х	All Clients	Х		Х	Х	
11. Substance Abuse	Х				X	Х	All Clients	Х		Х	Х	
12. Domestic Violence	X	X	Х	X	X	X	Heads of Household and Adult Household Members	X				
13. Contact	X <sup>4</sup>						All Clients					Χ
14. Date of Engagement	X <sup>4</sup>						All Clients	Х				
15. Veteran's Information	Х				Х	Х	All Veterans	Х				
<b>16.</b> Services Provided	Х	Х	Х	Х	Х	Х	All Clients					Х
17. Financial Assistance Provided	X			X	X	X	All Clients					Х

			HUD Pro	gram App	olicability				Whe	n Collected		
Data Elements	CoC <sup>1</sup>	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
18. Area Median Income (AMI) Percentage Used for Eligibility						Х	Heads of Household and Adult Household Members	X		X		
19. Sexual Orientation							Heads of Household and Adult Household Members	X				
20. Last Grade Completed							All Clients	X				
21. School Status							All Clients	Х				
22. General Health Status							All Clients or Heads of Household and Adult Household Members	Х		Х		
23. Pregnancy Status							All Females of Child- bearing Age	Х				
24. Funding Source for Residence Prior to Project Entry						X	Heads of Household and Adult Household Members	X				
25. Funding Source for Destination						X	Heads of Household and Adult Household Members				Х	

			HUD Pro	gram App	olicability				Whe	n Collected		
Data Elements	CoC1	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
<b>26.</b> Referrals Provided						Х	All Clients					Х
27. Reason for Leaving							Heads of Household and Adult Household Members				X	
28. Project Transition						X	Heads of Household and Adult Household Members				X	
29. Project Completion Status							Heads of Household and Adult Household Members					
30. Family Reunification Achieved							Heads of Household and Adult Household Members					
31. Physical Health Status							Heads of Household and Adult Household Members				Х	
32. Referral Source							Heads of Household and Adult Household Members					

			HUD Pro	gram App	olicability				Whe	n Collected		
Data Elements	CoC <sup>1</sup>	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
33. Transitional, Exitcare, or Aftercare Plans and Actions							Heads of Household and Adult Household Members				Х	
34. Project Completion Status							Heads of Household and Adult Household Members				Х	
35. Family Reunification Achieved							Heads of Household and Adult Household Members				Х	
36. Physical Health Status							Heads of Household and Adult Household Members				Х	
37. Dental Health Status							Heads of Household and Adult Household Members				X	
38. Mental Health Status							Heads of Household and Adult Household Members				X	

			HUD Pro	gram App	olicability				Whe	n Collected		
Data Elements	CoC <sup>1</sup>	ESG Street Outreach	ESG Emergency Shelter	ESG Homelessness Prevention	ESG Rapid Re-Housing	HOPWA	Subjects	During Client Assessment Near Entry	At Least Once Every Three Months During Project Enrollment <sup>2</sup>	At Least Once Annually During Project Enrollment <sup>3</sup>	Every Exit	At Every Contact/ Service/ Referral
39. Housing Category							Heads of Household and Adult Household Members	Х				
<b>40.</b> Percent of AMI							Heads of Household and Adult Household Members	X				
<b>41.</b> Formerly Chronically Homeless							Heads of Household and Adult Household Members	X				
<b>42.</b> Federal Funding Source for Project Enrollment	X	Х	X	Х	X		Heads of Household	Х				

CoC programs include the Supportive Housing Program (SHP), Shelter Plus Care, and the Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program, and the new CoC Program authorized under the McKinney-Vento Act as amended by the HEARTH Act of 2009.
 Only collected at least once every three months if the period between entry and exit exceeds three months.
 Only collected at least once annually if the period between entry and exit exceeds 1 year.
 Only street outreach projects funded by a CoC program.

## CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

For Client Services Network of Lee County (CSN)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT THE CSN SYSTEM ADMINISTRATOR AT (239) 533-7925.

In order to best serve your needs at (<u>Insert Agency's Name Here</u>) to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, (<u>Insert Agency's Name Here</u>) and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

#### I understand that:

- This Agency may not condition the provision of services to me on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies).
- This form specifically authorizes the use of information about me in research conducted using information maintained in CSN. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the CSN allows information about me, including my photograph, to be shared with other CSN Partner Agencies. This may include, but is not limited to, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
- Agencies that join CSN after I sign this consent/authorization also will have access to the personal information that I
  authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of CSN
  Partnering Agencies.
- I understand that I have the right to inspect, copy, and request all records maintained by Agency relating to the provision of services provided by Agency to me and to receive copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive. I understand that this release is valid for one year.

I give my consent to the exchange of information on CSN: Yes  $\square$  No  $\square$ 

			- <u> </u>
Signature of client or guardian:	Date:	Signature of witness:	Date:
Delated and the second		Drinks I was a factor and	
Printed name of client or guardian:		Printed name of witness:	
<u>C</u>	<u>Eurrent Partnei</u>	ring Agencies in CSN	
After the Rain 2580 First Street, Fort My	ers		(239) 334-6261
American Red Cross 7051 Cypress Terra	ace Circle #110, Fo	ort Myers	(239) 278-3401
Ann's Restoration House 599 Carolina A	ve, Fort Myers	<u> </u>	(239) 694-0877
<b>Community Cooperative Ministries Inc.</b>	. P.O. Box 2143 Fo	ort Myers	(239) 332-7687
<b>Eternal Homes We Care Outreach</b> 4231		,	(239) 693-7311
<b>House of Hope</b> 2314 Unity Ave, Fort My	ers		(239) 810-5917
Lee County Department of Human Serv	vices 2440 Thomps	on Street, Fort Myers	(239) 533-7930
Renaissance Manor 2789 Ortiz Ave, For		· · · · ·	(239) 334-2600
SalusCare, Inc. 3763 Evans Avenue, Fort	t Myers		(239) 332-6937
The Salvation Army 2400 Edison Avenu			(239) 334-3745
<b>Triage Outreach Center</b> 2789 Ortiz Ave	, ,		(239) 791-1543
United Way 211 7275 Concourse Drive, I			(239) 433-3900
· ·	•	South Lee) 17592 Rockefeller Cir, Fort Myers	(239) 267-3510

## **USER POLICY, RESPONSIBILITY STATEMENT, & CODE OF ETHICS**

For Client Services Network of Lee County

#### **USER POLICY**

Partner Agencies shall share information for provision of services to clients with their informed consent through a networked infrastructure that establishes electronic communication among the Partner Agencies. Partner Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in Client

Services Network. Partner Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release.

It is a Client's decision about which information, if any, entered into Client Services Network shall be shared and with which Partner Agencies. The Client Services Network Client Consent/Release of Information shall be signed if the Client agrees to share information with Partner Agencies.

Minimum data entry on each consenting Client will be:

- Basic demographic information including name, date of birth, Social Security Number, gender, etc.
- Data necessary for the development of aggregate reports of services, including services requested, services provided, referrals and Client goals and outcomes should be entered to the greatest extent possible.

Client Services Network is a tool to assist agencies in focusing services and locating alternative resources to help homeless and other clients. Therefore, agency staff should use the Client information in Client Services Network to target services to the Client's needs.

#### USER RESPONSIBILITY

Your User ID and Password give you access to Client Services Network. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Client Services Network.

 My User ID and Password are for my use only and must not be shared with anyone.
 I must take all reasonable steps to keep my Password physically secure.
 I understand that the only individuals who can view information in Client Services Network are authorized users and the Clients to whom the information pertains.
I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
 If I am logged into Client Services Network and must leave the work area where the computer is located, <b>I must log-off</b> of Client Services Network and the Internet Browser before leaving the work area.

	A computer that has Client Services Network running" shall never be left unattended.	vork or the Internet Browser "open and
	Failure to log off of Client Services Netw appropriately may result in a breach of cl	
	Hard copies of Client Services Network p	printouts must be kept in a secure file.
	When hard copies of information generat needed, they must be properly destroyed	ed using Client Services Network are no longer to maintain confidentiality.
	If I notice or suspect a security breach, I for Client Services Network or the System	must immediately notify the Agency Administrator n Administrator (DHS).
USER COL	DE OF ETHICS	
A. Client So	ervices Network Users must treat Partner Ag	gencies with respect, fairness, and good faith.
	ient Services Network User should maintain as a Client Services Network User.	high standards of professional conduct in their
C. Each Cli	ient Services Network User has primary resp	onsibility for his/her Client(s).
	ervices Network Users have the responsibili professional consideration.	ty to relate to the Clients of other Partner Agencies
I understand	and agree to comply with all the statements	listed above.
Client Servi	ces Network User Signature	Date
Agency/Sys	stem Administrator	Date
NOTE: Network Us Staff	e ,	User Policy forms for the agency's Client Services sign the User Policy forms for Agency

## AGENCY PARTNER AGREEMENT

## For Client Services Network

Client Services Network is a client information system that provides a standardized assessment of consumer needs, creates individualized service plans, and records the use of housing and services which communities can use to determine the utilization of services of participating Agencies, identify gaps in the local service continuum, and develop outcome measurements.

The signature of the Executive Director of the Partner Agency indicates agreement with the terms set forth before a Client Services Network account can be established for (Insert Your Agency's Name Here).

The Lee County Department of Human Services is the primary coordinating Agency and shall be the group administrator. In this Agreement, Human Services is an Agency participating in The Client Services Network of Lee County, and (Insert Your Agency's Name Here) is a consumer of services.

## I. Confidentiality

- A. (Insert Your Agency's Name Here) shall uphold relevant Federal and State confidentiality regulations and laws that protect Client records and (Insert Your Agency's Name Here) shall only release client records with written consent by the client, unless otherwise provided for in the regulations.
  - 1. (Insert Your Agency's Name Here) shall abide specifically by Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 and or HIPAA regulations, whichever are more stringent, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal and HIPAA rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. (Insert Your Agency's Name Here) understands the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
  - 2. (Insert Your Agency's Name Here) shall provide to each client a verbal explanation of the use of Client Services Network, the terms of consent, and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form.
  - 3. (Insert Your Agency's Name Here) <u>shall not</u> solicit or input information from Clients into Client Services Network unless it is essential to provide services, or to conduct evaluation or research.
  - 4. (Insert Your Agency's Name Here) agrees not to release any confidential information received from the Client Services Network of Lee County to any organization or individual without proper Client consent.
  - 5. (Insert Your Agency's Name Here) shall ensure that all staff, volunteers, and other persons issued a User ID and password for Client Services Network receive basic confidentiality training.
  - 6. (Insert Your Agency's Name Here) understands the file server, which will contain all Client information, including encrypted identifying Client information, will be co-located at Lee County Information Technology Group offices at 3434 Hancock Bridge Parkway, North Fort Myers, Florida.
  - 7. (Insert Your Agency's Name Here) shall maintain appropriate documentation of Client consent to participate in Client Services Network.
  - 8. (Insert Your Agency's Name Here) shall not be denied access to Client data entered by (Insert Your Agency's Name Here) Partner Agencies are bound by all restrictions placed upon the data by the

- client of any Partner Agency. (Insert Your Agency's Name Here) shall diligently record in Client Services Network all restrictions requested. (Insert Your Agency's Name Here) shall not knowingly enter false or misleading data under any circumstances.
- 9. If this Agreement is terminated, remaining Partner Agencies shall maintain their right to the use of all Client data previously entered by the terminating Partner Agency; this use is subject to any restrictions requested by the Client.
- 10. (Insert Your Agency's Name Here) will utilize Client Services Network Client Consent/Information Release form, as developed in conjunction and coordination with Partner Agencies, for all clients providing information for the Client Services Network database. The Client Consent/Information Release form, once signed by the Client, authorizes Client data to be entered into Client Services Network and authorizes information sharing with Client Services Network Partner Agencies.
- 11. If a Client withdraws consent for release of information, (Insert Your Agency's Name Here) remains responsible to ensure that Client's information is unavailable to all other Partner Agencies from that point forward.
- 12. (Insert Your Agency's Name Here) shall keep signed copies of the Client Consent Form/Information Release forms for Client Services Network for a period of three years.
- 13. (Insert Your Agency's Name Here) shall not require or imply that services are contingent upon a Client's authorization to share their information with Partner Agencies in Client Services Network.

## II. Client Services Network of Lee County Use and Data Entry

- A. (Insert Your Agency's Name Here) shall follow, comply with and enforce the User Policy, Responsibility Statement & Code of Ethics (Attachment A). Modifications to the User Policy, Responsibility Statement & Code of Ethics shall be established in consultation with Partner Agencies and may be modified as needed for the purpose of the smooth and efficient operation of Client Services Network. The Department of Human Services will announce approved modifications in a timely manner via NewsFlash in Client Services Network or via e-mail.
  - 1. (Insert Your Agency's Name Here) shall only enter individuals in Client Services Network that exist as Clients under (Insert Your Agency's Name Here) jurisdiction. (Insert Your Agency's Name Here) shall not misrepresent (Insert Your Agency's Name Here) its Client base in Client Services Network by entering known, inaccurate information.
  - 2. (Insert Your Agency's Name Here) shall use Client information in Client Services Network, as provided to them or Partner Agencies, to assist in providing adequate and appropriate services to the Client.
- B. (Insert Your Agency's Name Here) shall consistently enter information into Client Services Network and will strive for real-time, or close to real-time<sup>1</sup> data entry.
- C. (Insert Your Agency's Name Here) <u>will not</u> alter information in Client Services Network that is entered by another Agency with known, inaccurate information. (I.e. Agency will not purposefully enter inaccurate information to over-ride information entered by another Agency).
- D. (Insert Your Agency's Name Here) shall not include profanity or offensive language in Client Services Network.

<sup>&</sup>lt;sup>1</sup> Real-time or close to real-time is defined by either immediate data entry upon seeing a Client, or data entry into the Client Services Network of Lee County database within three (3) business days.

- E. (Insert Your Agency's Name Here) shall utilize Client Services Network for business purposes only.
- F. The Department of Human Services may provide or coordinate initial training and periodic updates to that training to select Agency Staff on the use of Client Services Network.
- G. The Department of Human Services will be available for technical assistance within reason (i.e. troubleshooting and report generation). There will also be an on-line work order system.
- H. The transmission of material in violation of any Federal or State regulations <u>is prohibited</u>. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, pornography, and material considered protected by trade secret.
- I. (Insert Your Agency's Name Here) <u>shall not</u> use Client Services Network with intent to defraud Federal, State or local governments, individuals or entities, or to conduct any illegal activity.

## III. Reports

- A. (Insert Your Agency's Name Here) shall retain access to identifying and statistical data on the Clients it serves.
- B. (Insert Your Agency's Name Here) access to data on Clients it does not serve shall be limited to non-identifying and statistical data via reports generated at the Group or System Administrator level.
- C. (Insert Your Agency's Name Here) may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to clients. However, such aggregate data shall not directly identify individual Clients.
- D. The Lee County Department of Human Services will use only unidentified, aggregate Client Services Network data for homeless policy and planning decisions, in preparing Federal, State or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs and to obtain a system-wide view of program utilization in the State.

## IV. Proprietary Rights of Client Services Network, Inc.

- A. (Insert Your Agency's Name Here) <u>shall not give</u> or share assigned passwords and access codes of Client Services Network with any other Agency, business, or individual.
- B. (Insert Your Agency's Name Here) <u>shall not</u> cause in any manner, or way, corruption of Client Services Network in any manner.

## VI. Terms and Conditions

- A. No Partner Agency shall transfer or assign any rights or obligations without the written consent of the other parties.
- B. This Agreement shall be in-force until revoked in writing by either party provided funding is available.
- C. This Agreement may be terminated with 30 days written notice.

Signature of Executive Director	D	Date
AGENCY		
STREET ADDRESS FL		
CITY	ZIP CODE	
MAILING ADDRESS LEAVE BLANK IF SAME AS ABOVE		
FL		
CITY	ZIP CODE	

## Lee County Coordinated Entry Policy and Procedures Manual

## **Overview:**

Coordinated Entry is designed to coordinate housing and services for individuals experiencing homelessness. Coordinated Entry represents a standardized access and assessment for all individuals, as well a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

The Coordinated Entry process has three goals:

- Help people move through the homeless service system faster.
- Reduce new entries into homelessness through prevention and diversion resources.
- Improve data collection and quality to provide accurate information on what assistance consumers need.

#### **Release of Information:**

Before conducting a Coordinated Entry, the Client Informed Consent and Release of Information Authorization form must first be signed, and the client must give consent to the exchange of information on Client Services Network (CSN). Individuals who do not sign the release of information should not have a Coordinated Entry completed.

#### **Assessment:**

All Homeless Management Information System (HMIS) participating agencies making client referrals into the system will be required to first complete the Coordinated Entry screen. On completion of the screen, the system will notify the user if a Vulnerability analysis is required. Individuals that are determined to be a homeless veteran, chronically homeless, or homeless household's children are required to complete a full vulnerability analysis. The vulnerability analysis score will determine the client's and/or households needs and eligibility for permanent supportive housing and/or rapid rehousing.

## **Entry into HMIS:**

Whether the Coordinated Entry is first conducted on paper or directly input in HMIS, all assessments must be recorded in HMIS within 48 hours of when the information was first collected. At each Lee County Homeless Coalition Demographics Task Force meeting, the results will be provided and reviewed.

## **Housing Navigation:**

Housing navigators are those who currently work for agencies participating in Coordinated Entry and will serve as the primary point of contact when a high-priority individual has been matched to housing. The navigator will facilitate meetings between the individual and assigned housing agency and help collect any documentation needed for a voucher. Prior to and throughout the housing assignment process, the

navigator may also conduct outreach to an individual in an effort to build rapport with him or her. To assign housing navigators, the vulnerability analysis report will be filtered from highest to lowest vulnerability analysis score. All individuals scoring 13+ will be assigned a housing navigator. If a housing navigator is unable to make contact with the individual following assignment, the individual may be unassigned from the housing navigator after noting in CSN that they were unable to locate the client. After 90 days without client contact the referral will automatically be marked as unable to locate client and removed from the referral list.

Housing navigator assignment will be prioritized as follows:

- 1. Agency conducting the Coordinated Entry
- 2. Additional agency involvement recorded through Coordinated Entry process
- 3. Agencies that identify relationships with the individual outside of the Coordinated Entry assessment
- 4. Agencies with housing navigation assessment resources

## Housing Prioritization Process for Permanent Supportive Housing and Rapid Rehousing:

The Coordinated Entry screen will advise users if a vulnerability analysis should be conducted. Homeless veterans, chronically homeless, and homeless households with children have prioritization. Once a vulnerability analysis has been completed, a vulnerability analysis score will be given to the client. That score will be used to categorize individuals into the appropriate intervention.

Individuals scoring 10 or above indicates a need for permanent supportive housing. Individuals will be prioritized based on the following criteria (only going to the next level as needed to break a tie between two or more individuals):

- 1. Medical Vulnerability: The first prioritization criteria will expedite placement into housing for individuals with severe medical needs who are at greater risk of death. This score would be based on questions 22-34 of the vulnerability analysis, with a maximum score of 5.
- 2. Overall Wellness: The second prioritization factor targets individuals with similar medical needs as criteria number 1, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 21 through 50 of the vulnerability analysis (i.e., the "Wellness Domain").
- 3. Unsheltered Sleeping Location: The third prioritization criteria is the location where the individual sleeps, based on question 13 of the vulnerability analysis. Unsheltered individuals will be given priority over sheltered individuals.
- 4. Length of Time Homeless: The fourth prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest (based on question 1 of the vulnerability analysis).
- 5. Date of vulnerability analysis assessment: The final prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

## Individuals scoring 5-9 prioritize a client for rapid rehousing placement:

For individuals that score 5 through 9 on the vulnerability analysis, which signals need for Rapid Rehousing, individuals will be prioritized based on the following criteria (only going to the next level as needed to break a tie between two or more individuals):

- 1. Date of Assessment: The first prioritization criteria will be the date of the individual's assessment, giving priority to the most recent date of assessment.
- 2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps, based on question 13 of the vulnerability analysis. Unsheltered individuals will be given priority over sheltered individuals.
- 3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest (based on question 1 of the vulnerability analysis).
- 4. Overall Wellness: The fourth prioritization factor targets individuals with medical needs, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 21 through 50 of the vulnerability analysis (i.e., the "Wellness Domain").
- 5. Medical Vulnerability: The final prioritization criteria will expedite placement into housing for individuals with severe medical needs who are at greater risk of death. This score would be based on questions 22-34 of the vulnerability analysis, with a maximum score of 5.

For veterans served through Supportive Services for Veteran Families (SSVF), for the time being, direct referrals will also be made due to the amount of funding currently available for the program. But SSVF will continue to prioritize placements based on the vulnerability analysis scores, and continue to work with providers to streamline processes in order to make progress towards accepting referrals.

## **Housing Assignment Review Panel**

A review panel may be used to allow for some element of individual attention and conversation in this process, but at the same time still maintain a uniform, transparent process. The following represent parameters for this review panel:

The purpose is to provide a safety net for individuals where the tool did not reveal the full depth and/or urgency of the situation, not a side door to the process. Assessors/case managers will have to demonstrate professional judgment in this process. Those that repeatedly refer a large percentage of individuals to the review panel may be subject to additional training and/or other measures.

A client MAY be referred to the review panel if one or more of the following conditions are met:

- 1. A severe medical condition. For purposes of referral to the review panel, a severe medical condition is defined as:
- a. End Stage Renal Disease or Dialysis
- b. End-State Liver Disease or Cirrhosis
- c. History of Frostbite, Hypothermia, or Immersion Foot
- d. HIV/AIDS

- e. Congestive Heart Failure
- f. Cancer
- g. Diabetes
- 2. A severe mental health condition. This may either be diagnosed or observed by the assessor/case manager/outreach worker.
- 3. Evidence of self-neglect. Observation by the assessor/case manager/outreach worker is sufficient to meet this condition.
- 4. Old age. The individual is 65 years of age or older.

It is important to note that a client may be referred to the review panel for any of these reasons regardless of whether the individual participated in the vulnerability analysis process.

The review panel process will be person-centric, not program-centric (i.e., the end result will not always be PSH placement, but rather to match a highly vulnerable person to the appropriate housing resource). For example, an individual with extreme medical needs may be referred to the review panel because he/she is at risk of dying, but if only a housing subsidy is needed (without intensive wraparound services), the individual should not be placed in PSH but rather prioritized for an intervention such as Section 8.

## **Review Panel Representation**

The review panel will be comprised of a regular group of members who will meet as necessary or as requested. The team will include a minimum of four members. (At least one member of the review panel must have medical training to aid in the evaluation process.)

The only guarantee related to the review panel process is that the individual will receive a review. Not all cases will have immediate placement. In some instances, the review panel may determine that the initial score and position on the registry is correct given the severity of other cases. In other situations, the review panel may determine that a higher score is warranted, though immediate placement is still not feasible. In still other situations, the review panel may determine that immediate placement is needed to reduce risk of death.

## PHA 5-Year and Annual Plan

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information								
	PHA Name: _Housing Authority of the City		rs	PHA Code:F	L047				
		Performing	☐ Standard	HCV (Section 8)					
	PHA Fiscal Year Beginning: (MM/YYYY):	_4/2015							
2.0	Inventory (based on ACC units at time of F	Y beginning	in 1.0 above)						
	Number of PH units: _822	_		umber of HCV units:2094					
3.0	Submission Type		N 01	5 W DI O I					
	5-Year and Annual Plan		Plan Only	5-Year Plan Only					
4.0		NILL C	(01 11 16 1 141 111	. DI	1)				
	PHA Consortia	'HA Consorti	a: (Check box if submitting a join	nt Pian and complete table be					
		PHA Program(s) Included in the Programs Not in the Program			ts in Each				
	Participating PHAs	Code	Consortia	Consortia	Program				
		Couc	Consortia	Consortia	PH	HCV			
	PHA 1:								
	PHA 2:								
- 0	PHA 3:	1 . 5 37	DI 1.						
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ily at 5-Year	Plan update.						
<i>5</i> 1	Mission. State the PHA's Mission for servi	ng the needs	of low-income, very low-income	and extremely low income t	families in the P	'HA's			
5.1	jurisdiction for the next five years: N/A - no			, and extremely low meome i	diffines in the 1	111.5			
	junisaretten for the next five years. 1911 in		•						
5.2	Goals and Objectives. Identify the PHA's	quantifiable g	goals and objectives that will ena	ble the PHA to serve the need	is of low-incom	e and very			
	low-income, and extremely low-income fam			on the progress the PHA has i	made in meeting	g the goals			
	and objectives described in the previous 5-Y	ear Plan. N	/A – not 5-Year Plan						
	PHA Plan Update								
	( ) II - ('C - II DIIA Di I	1	d be the DIIA since its last Amou	al Dian submission:					
(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  (b) Identify the specific location(s) where the public may obtain copies of the 5-Verrand Annual PHA Plan. For a complete list (						IA Plan			
		entify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan ments, see Section 6.0 of the instructions.							
	ciements, see section 0.0 of the instructions.								
	The Plan may be obtained by the public at the main administrative office, 4224 Renaissance Preserve Way, Fort Myers, FL 33916; and Southward								
	Village, Royal Palm Tower Apartments,	Horizons, an	d our website at www.hacfm.org	. Other policies and procedur	es available at o	our			
	administrative offices and/or website: E	ligibility/Sele	ection/Admissions policies; rent	determination (also see Appe	ndix A); Operat	Crime			
	Provention Policy: Pet Policy: Civils Pic	policy; Grievance Procedures; Community Service and Self-Sufficiency Policy; Safety and Crime ghts Certification (signed attachment); Fiscal Year Audits; VAWA.							
	Community Services and Self-Sufficiency. I	ESS nublic he	using now administered by Clier	nt Services Department, and I	SS Section 8 pr	rogram being			
	administered by Section 8 Department.	os paerre ne		,	,				
6.0	Eligibility, Selection and Admission Policie	s, Including V	Vait List procedures - no change	S.					
	Financial Resources (see attachment – Plann	ned Sources a	nd Uses, HACFM).		2014 FI				
	Rent Determination: HACFM implemented now calculated on not less than 80% of	a Flat Rent p	roposal and new utility allowance	e; both were effective as of Ja	muary 2014. Fla	is lower			
	than the assigned Flat Rent. Flat Rent an	ne Fair Mark	et Rents. HACTM is not required	Howance	year if the Pivik	c is lower			
	Operation and Mgt: HACFM is a HUD High			no vance.					
	No changes in the Grievance Procedures. N	o changes in	Community Service and Self-Sut	fficiency.					
	Designated Housing for Elderly and Disable	d Families -	no changes. HACFM continues t	o have 96 Designated Elderly	ACC units at F	Renaissance			
	Preserve Senior; 100 units at Royal Palm	n and 100 uni	ts at Bonair Tower for seniors.	taut to add Naighborbo	ad Watah for an	ah			
	Crime and Safety Prevention: HACFM cont development since 2011. A unit for a po	lice officer of	Ropair Tower has been designate	ed to ensure a safe and secur	e development	.011			
	Pets: No changes. Civil Rights: No changes			sea to elisare a sare and seem	pment.				
	Fiscal Year Audit: The HACFM Audit cove	ring 4/1/13 th	rough 3/31/14 was submitted to	HUD. There were no finding	S.				
	Asset Mgt.:								
	Palmetto Court/East Point Place	- partnered w	ith private developer, Pinnacle H	Iousing Group, to demolish a	nd rebuild the d	evelopment			
	under a tax credit allocation under Florida Housing Finance Tax Credit program redevelopment category. The number of units was reduced from 100 to 86. Construction was completed in the summer of 2014 and the project is fully occupied.								
		ot - The I FE	Descripted project is Section 8 C	ontract-hased. Completed in	2014.				
	Sabal Palm/Landings at East Pon	nt - THE LEE	5-certified project is section & C	ontact basea. Completed in					

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.  Phase I — 96 public housing and 24-tax credit units — completed Phase II — 72 ACC public housing units and 24 Section 8 project-based units — completed 2012 Phase III — 66 ACC public housing units and 22 Section 8 project-based units — completed 2012 Phase IV — 66 ACC public housing units and 22 Section 8 project-based units — completed 2014 Phase V — 170 public housing units (Horizons). 8 units were demolished and 8 units were taken offline. Completed 2011.  Sabal Palm/Landings at East Point - Pinnacle and HACFM implemented a development program which involved gutting the buildings entirely and totally renovating, reducing the total number of units from 200 to 126. The unused remaining rental assistance was then transferred to support another HACFM/Pinnacle redevelopment, and the resulting "like new" development offers a spacious, LEED-certified 21st Century living environment for its residents. The project is Section 8 Contract-based. Completed in 2014 and the project is fully occupied.  East Point Place/Palmetto Court - Pinnacle and the Housing Authority of the City of Fort Myers co-developed this property. East Pointe Place is the new construction of 86 units, replacing the obsolete 100 unit Palmetto Court public housing complex. The development will offer project-based operating subsidy under both the public housing program and the Section 8 program. The development will contain the state-of-the-art improvements and amenities that Pinnacle and HACFM are known for, including an anticipated LEED Platinum certification. Pinnacle's effective land planning will yield a future second phase of 64 units.  NSP Projects — Currently there are 82 NSP units completed — 70 units for families and 12 units for elderly.						
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.						
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.  Being sent separately by our Director of Finance.						
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.						
8.3	Being sent separately by our Director of Finance.  Capital Fund Financing Program (CFFP).  Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred t finance capital improvements.						
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.  N/A since we are a High-Performing HA, but in general, HACFM focuses on meeting low-income and special needs housing throughout the City of						
	Fort Myers and Lee County, Florida. The need for more affordable housing for very-low to low-income families, youth aging out of foster care, veterans, and the special needs populations is both significant and growing. In accordance with the City of Fort Myers/Lee County Consolidated Plans, identified needs include affordable permanent supportive housing to serve the homeless population, comprised of both individuals and families with children. The homeless subpopulations are chronically homeless, severely mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, survivors of domestic violence, and youth under the age of 18 years. As rents climb higher and higher in Lee County, affordable rental units are among the biggest housing need.  The 2013 homeless statistics for the Continuum of Care summarized the following: 871 homeless individuals; 572 males and 299 females. Of						
	those, 92 were under the age of 18; 660 were between 18-60; and 106 were elderly (over 60). 120 were homeless vets; 62 homeless families were identified with 189 family members. The Census data indicates that in the City of Fort Myers in 2012, the per capita annual income was \$22,801; median household income was \$37,320; and 26% of residents live below the poverty level.						
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.  N/A - We are a High-Performing PHA so we don't need to respond to this question, however, we have made some changes we would like to report:						
	HACFM has adopted HUD's Utility Allowance change per the January 2014 Housing Act, participants will only be given the Utility Allowance for the unit size they quality for and not necessarily what they chose to rent.						
	NSP – HACFM will apply for special purpose vouchers targeted to family units with added services for the families, should they become available.						
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested.						
10.0	<ul> <li>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</li> </ul>						
	N/A - HACFM is a High-Performing PHA, a status that was obtained in 2014. Please see the housing descriptions in 7.0 for progress in meeting our development and housing goals.						

# L047 – Annual Plan FY2014 Section 6.0 – Financial Resources Planned Sources and Uses – Housing Authority of the City of Fort Myers

Sources	Planned \$	Planned Uses
1. Federal Grants 2015		-
a) Public Housing Operating Fund	3,350,000	
b) Public Housing Capital Fund	914,000	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	15,090,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self- Sufficiency Grants	129,700	
h) Community Development Block Grant	0	
i) HOME	0	
2. Prior Year Federal Grants (unobligated funds only – list below)		
CFP FFY 2014	641,000	
CFP FFY 2013	573,000	
3. Public Housing Dwelling Rental Income	1,450,000	
4. Other Income (list below)	0	¥
5. Non-Federal Sources (list below)	0	
Total Resources	\$22,127,700	

## Housing Authority of the City of Fort Myers, Lee County, Florida List of Developments – 2014/2015

Southward Village Low Income Family Housing 2990 Edison Avenue Fort Myers, FL 33916

Royal Palm Tower 2424 Edwards Drive Fort Myers, FL 33901

Bonair Tower 1915 Halgrim Avenue Fort Myers, FL 33901

Horizon Apartments 5360 Summerlin Road Fort Myers, FL 33919

Renaissance Preserve Senior Apartments 4221 Othello Lane Fort Myers, FL 33916

Renaissance Preserve Family I 4221 Othello Lane Fort Myers, FL 33916

Renaissance Preserve Family II 4221 Othello Lane Fort Myers, FL 33916

Renaissance Preserve Family III 4221 Othello Lane Fort Myers, FL 33916

#### Appendix A

## Flat Rent Significant Amendment

The Housing Authority of the City of Fort Myers (HACFM) hereby amends its flat rent policies to comply with the statutory changes contained within, Public Law 113 - 76, the Fiscal Year 2014 Appropriation Act.

The Housing Authority of the City of Fort Myers will set the flat rental amount for each public housing unit that complies with the requirement that all flat rents be set at no less than 80 percent of the applicable Fair Market Rent (FMR) adjusted, if necessary, to account for reasonable utilities costs. The new flat rental amount will apply to all new program admissions effective June 1st, 2014. For current program participants that pay the flat rental amount, the new flat rental amount will be offered, as well as the income-based rental amount, at the next annual rental option.

The Housing Authority of the City of Fort Myers will place a cap on any increase in a family's rental payment that exceeds 35 percent, and is a result of changes to the flat rental amount as follows:

- Multiply the existing flat rental payment by 1.35 and compare that to the updated flat rental amount;
- The PHA will present two rent options to the family as follows:
  - o the lower of the product of the calculation and the updated flat rental amount; and
  - o the income-based rent.



The Housing Authority of the City of Fort Myers

Wednesday December 10, 2014 9:00 am to 11:00 am

Client Service Department 4211 Romeo Lane Fort Myers, FL 33916

## FY 2015 ANNUAL PLAN RESIDENT MEETING

Sign- in sheet 12/10/2014 MAEFRI

## FL047NO1 HOUSING AUTHORITY OF THE CITY OF FORT MYERS

## **RESIDENT ADVISORY BOARD MEETING 5-YEAR AND ANNUAL PLAN**

RAB MEETING for the FY 2014 Annual Plan was convened on Wednesday, December 10, 2014 at 9:10 AM held in the HACFM Community Supportive Services Building, 4211 Romeo Lane Suite 103, Fort Myers, FL 33916.

Attendance: Twaski Jackson - Director of Client Services- Mediator, Sherri Campanale - Director of Housing/Section 8/ Maintenance, Lori Rosado - CSS Supervisor, Cynthia Caughey - HACFM Contractor Grant Writer, Jeanne Dufresne - HACFM Procurement Officer, Zeniada Uribina - Norstar Accolade Property Manager Renaissance Senior & Family, Edith Gonzales - Norstar Accolade East Pointe Place, Vivian Watkins - HACFM Elderly Services Coordinator, Lori McNamara - HACFM Florida Gulfcoast University Intern, Ardia Benjamin - Parliamentarian, Lula Davis - President Bonair Towers Resident Council, James Hineman - President Royal Palm Towers Resident Council. LaQuasha Jones - Acting President Horizon Apartments.

Meeting was called to order by Twaski; all attendees introduced themselves. Twaski explained the annual plan has a two-fold purpose - the 5-year and the annual plan to include resident input from active resident councils. The information is reviewed by the HACFM Executive Director and the Board of Commissioners for approval. The annual plan is submitted to HUD for final approval.

Sherri Campanale - Director of Housing/Section 8/Maintenance, stated policy implementation is limited to PHA's, however HUD gives the PHA's the authority to adopt and input restrictions within reason. HUD publishes fair housing rent incomes annually in October. The HACFM adopted a rate increase for Flat Rent to include 80% of the fair market rent amount. According to Sherri Campanale, the increase is not a huge difference. In addition, the HACFM has requested that units under the Neighborhood Stabilization Properties (NSP) will have project based vouchers. Finally, Sherri stated it's important for the presidents of each resident council to seize every opportunity to encourage the residents in assisting with the upkeep of each property.

Jeanne Dufresne, HACFM Procurement Officer, discussed item by item on the annual plan because projects are completed through capital improvement funding. Jeanne shared previous projects completed as well, as new projects for each development starting in 2015 to 2019. Each development listed below outlines future projects and residents input.

Bonair Towers - Future capital improvement FY-2016 Parking lot resurface. Residents expressed concern regarding laundry room. Jeanne Dufresne stated the space is leased out to Coin-Mac and HACFM is not responsible but is in communication with the company to upgrade washers and dryers to frontload appliances.

Horizons - Future Capital improvement, FY-2016 HVAC and Water Heaters; FY-2015 Architectural and Engineering Security and Lighting, HVAC. Awning cover over playground area and a new basketball goal. Carpet to be removed and replaced with tile and roofs need to be repaired.

Royal Palm Towers - Future Capital improvement, FY-2019 Elevator modernization and sprinkler/fire protection system. FY-2015 Security and Lighting resident common area. New generator installed and new door entry system being installed FY-2014.

Southward Village - FY-2015 Architectural and Engineering, Security and Lighting CRC Partial Roof. FY-2017 Architect and Engineering, Exterior Doors and Water Heaters. FY-2018 Architect and Engineering, Kitchen Cabinets - 180. FY-2019 Kitchen Cabinets - 20 and Exterior Painting.

Meeting Adjourned 10:22 AM

**ANALYSIS OF RECOMMENDATIONS & DECISIONS MADE ON RECOMMENDATIONS** 

#### Special Needs – Homeless Preference – 25 Points

A household consisting of a family that is considered to be homeless as defined by Lee County

Department of Human Services Lift Program and or The Salvation Army. These households require

initial, intermittent or ongoing supportive services from one or more community based service providers
to obtain and retain stable, adequate and safe housing.

Homeless means a family who lacks a fixed, regular, and adequate nighttime residence or a family who has a primary nighttime residence that is:

- (a) A Supervised publically or privately operated shelter designed to provide temporary living accommodations, including congregate shelters and transitional housing;
- (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
- (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term Homeless does not refer to any individual imprisoned or otherwise detained pursuant to state or federal laws.

All applicants must be referred to HACFM through one of the follow agencies and must meet their program requirements to be eligible for the Homeless Preference;

- (1) Lee County Department of Human Services Lift Program, or
- (2) The Salvation Army;
- (3) All applicants MUST have a referral form from one (1) of the agencies listed above;
- (4) The Referral From cannot be more than three (3) months old.

HACFM will admit 1 Homeless family for every 4 families removed and housed from the waitlist.

#### **Section 8 ONLY:**

HACFM will issue not more than a total of 25 Homeless Vouchers pending funding availability. If additional funding is available, HACFM may issue additional Homeless Vouchers.

#### **Measure 1: Length of Time Persons Remain Homeless**

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		659		31			19	
1.2 Persons in ES, SH, and TH		805		48			23	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

		erse sons)	Average LOT Homeless Median LOT Ho (bed nights) (bed night			n LOT Hon bed nights		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing	Homelessn than 6 (0 - 18	rns to less in Less Months 0 days)	Homelessr to 12 I	Returns to Homelessness from 6 to 12 Months (181 - 365 days)  Returns to Homelessness from 13 to 24 Months in 2 Years (366 - 730 days)		Homelessness from 13 to 24 Months		
	Destination (2 Years Prior)	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	119	23	19%	6	5%	5	4%	34	29%
Exit was from TH	64	12	19%	3	5%	1	2%	16	25%
Exit was from SH	0	0		0		0		0	
Exit was from PH	141	3	2%	3	2%	10	7%	16	11%
TOTAL Returns to Homelessness	324	38	12%	12	4%	16	5%	66	20%

#### **Measure 3: Number of Homeless Persons**

#### Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	871	614	-257
Emergency Shelter Total	249	223	-26
Safe Haven Total	0	0	0
Transitional Housing Total	178	77	-101
Total Sheltered Count	427	300	-127
Unsheltered Count	444	314	-130

#### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		844	
Emergency Shelter Total		697	
Safe Haven Total		0	
Transitional Housing Total		182	

# **Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects**

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		86	
Number of adults with increased earned income		2	
Percentage of adults who increased earned income		2%	

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		86	
Number of adults with increased non-employment cash income		6	
Percentage of adults who increased non-employment cash income		7%	

#### Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		86	
Number of adults with increased total income		8	
Percentage of adults who increased total income		9%	

#### Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		150	
Number of adults who exited with increased earned income		33	
Percentage of adults who increased earned income		22%	

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		150	
Number of adults who exited with increased non-employment cash income		21	
Percentage of adults who increased non-employment cash income		14%	

#### Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		150	
Number of adults who exited with increased total income		49	
Percentage of adults who increased total income		33%	

### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		786	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		128	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		658	

# Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1045	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		135	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		910	

# Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Programfunded Projects

This Measure is not applicable to CoCs in 2016.

# Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

#### Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		176	
Of persons above, those who exited to temporary & some institutional destinations		30	
Of the persons above, those who exited to permanent housing destinations		29	
% Successful exits		34%	

#### Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		557	
Of the persons above, those who exited to permanent housing destinations		223	
% Successful exits		40%	

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		172	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		157	
% Successful exits/retention		91%	

## 1. Profile Type

#### Instructions:

Applicant Profile Type: (required) select one type of applicant based on the application to be completed and submitted to HUD. For organizations that operate as both a CoC applicant and a project applicant, a separate profile must be completed for each role.

- Collaborative applicant the applicant designated by the CoC lead agency that will submit the CoC application (formerly known as Exhibit 1) on behalf of the CoC.
- Project applicant an organization submitting one or more project applications (formerly known as Exhibit 2) to request homeless assistance funding under the CoC Program. ¿

Applicant Profile Type: Project Applicant

Applicant Profile	Page 1	09/09/2016
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## 2. Organization Information

#### Instructions:

Applicant Information: Enter the following related to the applicant organization/lead agency.

Legal Name: (required) enter the legal name of applicant that will submit the CoC application or project application, as appropriate.

Organizational Unit: (optional) enter the name of the primary organizational unit, department, or division for the applicant's legal entity, as applicable.

Organization Type: (required) select the appropriate organization type that identifies the applicant. Nonprofit organization (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.

Employer/Taxpayer Number (EIN/TIN): (required) enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If the legal applicant organization is not in the US or is not legally organized, enter 44-4444444.

Organizational DUNS: (required) enter the applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com. If the legal applicant organization is not in the US or is not legally organized, enter 4444444444.

- Collaborative applicant or project applicant - the DUNS number for the applicant organization is required, in order to complete the Profile and apply for funding. HUD does not award funding to applicants unless a DUNS number has been assigned.

Address: (required) enter the collaborative or project applicant's physical street address 1, street address 2, city, state, and zip code; (optional) also enter the county, province, and country, as applicable. Enter the mailing address, if different from the physical address entered.

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

#### **Organizational Unit**

**Department Name:** Human Services

**Division Name:** 

**Organization Type:** B. County Government

If Other, please specify:

**Employer or Tax Identification Number:** 59-6000702

Organization	on DUNS Number:	013461611	DUNS Extension:	
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#### **Address**

Street 1: 2440 Thompson Street

Street 2:

Applicant Profile	Page 2	09/09/2016
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City: Fort Myers

State: Florida

Zip/Postal Code: 33901

County: Lee

**Country:** United States

Is the organization's mailing address the Yes same as the address above?

If no, click 'Save' and enter the mailing address in the fields presented below.

Applicant Profile	Page 3	09/09/2016
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## **Authorized Representative Contact Information**

#### Instructions:

Authorized Representative: (required) enter the prefix, first name, last name, title, telephone number, and email address of the person authorized to sign legal documents and legally obligate the applicant organization; (required) enter the authorized representative's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, extension, and fax number of the authorized representative.

Prefix: Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

Organizational Affiliation: Lee County Board of County Commissioners

**Phone Number:** (239) 533-2225

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 485-2092

Format: 123-456-7890

E-mail Address: dist5@leegov.com

Confirm E-mail Address: dist5@leegov.com

### **Alternate Contact Information**

#### Instructions:

Alternate Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the applicant's alternate contact person; (required) enter the alternate contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, telephone number extension, and fax number of the alternate contact.

Prefix: Ms.

First Name: Jeannie

Middle Name:

Last Name: Sutton

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Lee County Board of County Commissioners

Phone Number:

(239) 533-7958

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 533-7960

Format: 123-456-7890

E-mail Address: jsutton@leegov.com

Confirm E-mail Address: jsutton@leegov.com

Applicant Profile	Page 5	09/09/2016
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### 4. Additional Information

#### Instructions:

- 1. Collaborative applicant's or project applicant's congressional district(s): indicate the congressional district(s) in which the applicant organization operates:
- Collaborative applicants (optional) identifying the congressional districts is optional; however, HUD encourages collaborative applicants to identify the congressional districts located within the CoC geography.
- Project applicants (required) identify all congressional districts in which the applicant houses or serves homeless persons funded with McKinney-Vento dollars. The district(s) selected will populate all project applications, and will be used to send funding notification to the appropriate Congressional representatives.
- 2. Is the applicant a faith-based organization?: (required) select the appropriate answer that identifies the applicant organization.
- 3. Has the applicant ever received a federal grant?: (required) select the appropriate answers that applies to the applicant organization.
- 4. Is the applicant's code of conduct already on file with HUD?: (required for nonprofit applicants) select the appropriate source to document the applicant's nonprofit status. This document must be attached in e-snaps. This question does not apply to applicants who are not nonprofit organizations.
- 1. Indicate applicant's congressional FL-019 district(s): (for multiple selections hold CTRL and key)
- 2. Is the applicant a faith-based organization? No
  - 3. Has the applicant ever received a federal Yes grant?
  - 4. Is the applicant's code of conduct already Yes on file with HUD?

Applicant Profile	Page 6	09/09/2016
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# Applicant/Recipient Disclosure/Update Report (HUD form 2880)

Document Type	Required?	Document Description	Date Attached
Applicant/Recipient Disclosure/Update Report	Yes	2016 HUD 2880 App	09/09/2016

# Applicant/Recipient Disclosure/Update Report (HUD 2880) Attachment Detail

Document Description: 2016 HUD 2880 Applicant Recipient Disclosure

Update Form

# **Disclosure of Lobbying Activities (SF-LLL)**

Document Type	Required?	<b>Document Description</b>	Date Attached
Disclosure of Lobbying Activities (SF-LLL)	No	2016 SF LLL	09/09/2016

# Disclosure of Lobbying Activities (SF-LLL) Attachment Detail

**Document Description:** 2016 SF LLL

# **Applicant Code of Conduct**

Document Type	Required?	Document Description	Date Attached
Applicant Code of Conduct	No		

# **Applicant's Code of Conduct Attachment Detail**

**Document Description:** 

# Drug-Free Workplace Certification (HUD form 50070)

Document Type	Required?	<b>Document Description</b>	Date Attached
Drug-free Workplace Certification (HUD form 50070)	Yes	2016 HUD 50070	09/09/2016

## **Attachment Details**

**Document Description:** 2016 HUD 50070

## **Other Attachment**

Document Type	Required?	<b>Document Description</b>	Date Attached
Other Attachment	No	2016 HUD 2991	09/09/2016

# **Attachment Details**

**Document Description: 2016 HUD 2991** 

# **6. Submission Summary**

Page	Last Updated
1. Profile Type	07/14/2016
2. Organization Information	07/14/2016
Authorized Representative	07/26/2016
Alternate Contact	07/14/2016
4. Additional Information	07/14/2016
HUD form 2880	09/09/2016
SF-LLL	09/09/2016
Code of Conduct	No Input Required
HUD form 50070	09/09/2016
Other Attachment	09/09/2016

Applicant Profile	Page 17	09/09/2016
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# Applicant/Recipient Disclosure/Update Report

# U.S. Department of Housing and Urban Development

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

	September 1			
Instructions. (See Public Reporting Statement	and Privacy	Act State	ement and detailed instr	uctions on page 2.)
Applicant/Recipient Information		dicate whe	ther this is an Initial Report	or an Update Report
1. Applicant/Recipient Name, Address, and Phone (include ar	*: *: 1000 : 1000 as // 5 Page *: 6	The state of the s		Social Security Number or Employer ID Number:
Lee County Board of County Commissioners, De	pt. of Huma	in Service	es	596000702
2440 Thompson St., Fort Myers, FL 33901 239-533-7930		6	17	
3. HUD Program Name	ć.			Amount of HUD Assistance     Requested/Received
Continuum of Care		i i		\$1,762,276
5. State the name and location (street address, City and State Lee County, FL	e) of the projec	t or activity:		
Part I Threshold Determinations  1. Are you applying for assistance for a specific project or active terms do not include formula grants, such as public housing subsidy or CDBG block grants. (For further information see 4.3).  Yes No  If you answered "No" to either question 1 or 2, Sto	operating 24 CFR Sec.	jurisdio this ap Sep. 3 ✓ Yo	ction of the Department (HUD) plication, in excess of \$200,00 0)? For further information, sees No.	
However, you must sign the certification at the er			to complete the remain	der of this form.
Part II Other Government Assistance Prov				
Such assistance includes, but is not limited to, any gran		100000000000000000000000000000000000000	20 10 10 10 10 10 10 10 10 10 10 10 10 10	
Department/State/Local Agency Name and Address	Type of As	sistance	Amount Requested/Provided	Expected Uses of the Funds
See Attached.	-			
(Note: Use Additional pages if necessary.)			<del></del>	
<ul> <li>Part III Interested Parties. You must disclose:</li> <li>1. All developers, contractors, or consultants involved in the approject or activity and</li> <li>2. any other person who has a financial interest in the project of assistance (whichever is lower).</li> </ul>		79		
Alphabetical list of all persons with a reportable financial interesin the project or activity (For individuals, give the last name first	est Social S	Security No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
See Attached.				
			+ 1444	10. 10
			-	*
res				
			Ä	,
(Note: Use Additional pages if necessary.)				
Certification Warning: If you knowingly make a false statement on this forr United States Code. In addition, any person who knowingly ar disclosure, is subject to civil money penalty not to exceed \$10, I certify that this information is true and complete.	nd materially vi	olates any r	civil or criminal penalties under equired disclosures of informa	Section 1001 of Title 18 of the tion, including intentional non-
Signature:			Date: (mm/dd/yyyy)	
10/5/10	50 50		0.16.1001.6	v.
x Man			9/6/2016	
Approved as to Form for the	* *			*
Reliance of Lee County Only				26
M My				
Office of the County Attorney			*	25 25 T

Project Name	Applicant Name	Budget Amount	Project Type	Will project receive HUD assistance of \$200,000 in HUD FY 2016?
CASL Broadway	Lee County Board of County Commissioners	\$13,354	Renewal	°N
CASL S+C1	Lee County Board of County Commissioners	\$76,372	Renewal	°Z
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
SalusCare Fresh Start II	Lee County Board of County Commissioners	\$125,355	Renewal	No
SalusCare Chrysalis	Lee County Board of County Commissioners	\$28,285	Renewal	No
SalusCare S+C	Lee County Board of County Commissioners	\$101,220	Renewal	No
The Salvation Army	Lee County Board of County Commissioners	\$1,291,074	Renewal	Yes; Form 2880 attached.

# 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 Stat	ement and detailed instru	uctions on page 2.)
Applicant/Recipient Information	Indicate whe	ether this is an Initial Report [	or an Update Report ✓
<ol> <li>Applicant/Recipient Name, Address, and Phone (include a The Salvation Army, A Georgia Corporation for I 10291 McGregor Boulevard, Fort Myers, FL 339</li> </ol>	ort Myers Area Com		Social Security Number or Employer ID Number:     58-0660607
HUD Program Name     Rapid Rehousing			Amount of HUD Assistance Requested/Received     \$1,225,252
<ol><li>State the name and location (street address, City and Stat The Salvation Army Fort Myers Area Command,</li></ol>	e) of the project or activity: 2400 Edison Avenue	e, Fort Myers, FL 33901	
Part I Threshold Determinations  1. Are you applying for assistance for a specific project or active terms do not include formula grants, such as public housing subsidy or CDBG block grants. (For further information see 4.3).  V Yes No	g operating jurisdi e 24 CFR Sec. this ap Sep. 3 ✓ Y	ction of the Department (HUD) pplication, in excess of \$200,00 80)? For further information, se es No.	
If you answered "No" to either question 1 or 2, St However, you must sign the certification at the elements.	op! You do not need not need not need not the report.	I to complete the remaind	ler of this form.
Part II Other Government Assistance Pro- Such assistance includes, but is not limited to, any gran	nt, <mark>loan, subsidy, gua</mark> rai		
Department/State/Local Agency Name and Address	Type of Assistance	Requested/Provided	
Lee County Partnering for Results	Grant	\$53,000	Emergency Shelter
(Note: Use Additional pages if necessary.)			
Part III Interested Parties. You must disclose:  1. All developers, contractors, or consultants involved in the a project or activity and  2. any other person who has a financial interest in the project assistance (whichever is lower).			
Alphabetical list of all persons with a reportable financial interesin the project or activity (For individuals, give the last name first		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 for United States Code. In addition, any person who knowingly a disclosure, is subject to civil money penalty not to exceed \$10 I certify that this information is true and complete.	nd materially violates any r	civit or criminal penalties under required disclosures of informat	Section 1001 of Title 18 of the ion, including intentional non-
Signature:		Date: (mm/dd/yyyy) 08/15/2016	
`			

#### **DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action: 2. Status of Federal Action: 3. Report Type: a. contract a. bid/offer/application a. initial filing R b. material change <sup>l</sup>b. initial award b. grant c. cooperative agreement c. post-award For Material Change Only: d. loan year \_\_\_ quarter e. loan guarantee date of last report f. loan insurance 4. Name and Address of Reporting Entity: 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name Subawardee and Address of Prime: × Prime Tier , if known: Lee County Dept, of Human Services 2440 Thompson St. Fort Myers, FL 33901 Congressional District, if known: 19 Congressional District, if known: 7. Federal Program Name/Description: 6. Federal Department/Agency: Continuum of Care U.S. Department of Housing and Urban Development CFDA Number, if applicable: 14.267 8. Federal Action Number, if known: 9. Award Amount, if known: \$ 1,762,276 b. Individuals Performing Services (including address if 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): different from No. 10a) (last name, first name, MI): Bill Ferguson The Ferguson Group, LLC 1130 Connecticut Ave., NW, Suite 300 Washington, DC 20036 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 Signature: Franklin B. Mann upon which reliance was placed by the lier above when this transaction was made Print Name or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This Title: Chair, Lee County Board of County Commissioners 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. 9/6/16 Telephone No.: 239-533-2226 Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

Approved as to Form for the Reliance of Lee County Only

Office of the County Attorney

# Certification for a Drug-Free Workplace

# U.S. Department of Housing and Urban Development

a Diug-Free Workplace		
Applicant Name Lee County Board of County Commissioners		
Program/Activity Receiving Federal Grant Funding		
Continuum of Care		
Acting on behalf of the above named Applicant as its Authoriz the Department of Housing and Urban Development (HUD) regar		
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.  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	e. after ploy Emp ing p who unless recein num	(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her convictor a violation of a criminal drug statute occurring in the place no later than five calendar days after such conviction; Notifying the agency in writing, within ten calendar days receiving notice under subparagraph d.(2) from an emperor otherwise receiving actual notice of such conviction. Overs of convicted employees must provide notice, includent in title, to every grant officer or other designee on the grant activity the convicted employee was working, as the Federalagency has designated a central point for the put of such notices. Notice shall include the identification per(s) of each affected grant;  Taking one of the following actions, within 30 calendar of receiving notice under subparagraph d.(2), with respect
<ul> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> <li>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.;</li> <li>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will</li> </ul>	empl requ rily prov enfo	y employee who is so convicted  (1) Taking appropriate personnel action against such an oyee, up to and including termination, consistent with the rements of the Rehabilitation Act of 1973, as amended; or  (2) Requiring such employee to participate satisfactoria a drug abuse assistance or rehabilitation program apped for such purposes by a Federal, State, or local health, law rement, or other appropriate agency;  Making a good faith effort to continue to maintain a drugworkplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Performancified the program and sheet with the Applicant name and address and the program Lee County Department of Human Services 2440 Thompson St.  Fort Myers, FL 33901	ages) the	site(s) for the performance of work done in connection with the sall include the street address, city, county, State, and zip code.
Check here if there are workplaces on file that are not identified on the attack.  I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	ormation	provided in the accompaniment herewith, is true and accurate.
Name of Authorized Official Franklin B. Mann Signature	Title Chair	Lee County Board of County Commissioners  Date  9/6/2016

Approved as to Form for the Reliance of Lee County Only

Office of the County Attorney

# Certification of Consistency with the Consolidated Plan

# U.S. Department of Housing and Urban Development

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

(Type or clearly print the following information:)

Applicant Name:	Lee County Board of County Commissioners
••	
Project Name:	Continuum of Care
Location of the Project:	Lee County, Florida
Name of the Federal	
Program to which the applicant is applying:	U.S. Department of Housing and Urban Development Continuum of Care
#F100-0000 or #FE10 000	
Name of Certifying Jurisdiction:	Lee County, Florida
Certifying Official	
of the Jurisdiction	Franklin B. Mann
Name:	- · · ·
Title:	Chair, Lee County Board of County Commissioners
	11/20
Signature:	W M Varin
orginature.	
Date:	9/6/2016
(	
	•

Approved as to Form for the Reliance of Lee County Only

Office of the County Attorney

## 1. Profile Type

#### Instructions:

Applicant Profile Type: (required) select one type of applicant based on the application to be completed and submitted to HUD. For organizations that operate as both a CoC applicant and a project applicant, a separate profile must be completed for each role.

- Collaborative applicant the applicant designated by the CoC lead agency that will submit the CoC application (formerly known as Exhibit 1) on behalf of the CoC.
- Project applicant an organization submitting one or more project applications (formerly known as Exhibit 2) to request homeless assistance funding under the CoC Program.

**Applicant Profile Type:** Collaborative Applicant

Applicant Profile	Page 1	09/09/2016
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## 2. Organization Information

#### Instructions:

Applicant Information: Enter the following related to the applicant organization/lead agency.

Legal Name: (required) enter the legal name of applicant that will submit the CoC application or project application, as appropriate.

Organizational Unit: (optional) enter the name of the primary organizational unit, department, or division for the applicant's legal entity, as applicable.

Organization Type: (required) select the appropriate organization type that identifies the applicant. Nonprofit organization (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.

Employer/Taxpayer Number (EIN/TIN): (required) enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If the legal applicant organization is not in the US or is not legally organized, enter 44-4444444.

Organizational DUNS: (required) enter the applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com. If the legal applicant organization is not in the US or is not legally organized, enter 4444444444.

- Collaborative applicant or project applicant - the DUNS number for the applicant organization is required, in order to complete the Profile and apply for funding. HUD does not award funding to applicants unless a DUNS number has been assigned.

Address: (required) enter the collaborative or project applicant's physical street address 1, street address 2, city, state, and zip code; (optional) also enter the county, province, and country, as applicable. Enter the mailing address, if different from the physical address entered.

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

#### **Organizational Unit**

**Department Name:** Department of Human Services

**Division Name:** 

**Organization Type:** B. County Government

If Other, please specify:

**Employer or Tax Identification Number:** 59-6000702

Organization DUNS Number:	013461611	DUNS Extension:	

#### **Address**

Street 1: 2440 Thompson Street

Street 2:

Applicant Profile	Page 2	09/09/2016
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City: Fort Myers

State: Florida

Zip/Postal Code: 33901

County: Lee

**Country:** United States

Is the organization's mailing address the Yes same as the address above?

If no, click 'Save' and enter the mailing address in the fields presented below.

Applicant Profile	Page 3	09/09/2016
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## **Primary Contact Information**

#### Instructions:

Primary Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the collaborative applicant's primary contact person (authorized to act on behalf of and legally obligate the applicant organization); (required) enter the primary contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, extension, and fax number of the primary contact.

Prefix: Mr.

First Name: Roger

Middle Name:

Last Name: Mercado

Suffix:

Title: Director

Organizational Affiliation: Lee County Board of County Commissioners

**Phone Number:** (239) 533-7930

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 533-7960

Format: 123-456-7890

E-mail Address: rmercado@leegov.com

Confirm E-mail Address: rmercado@leegov.com

Applicant Profile	Page 4	09/09/2016
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### **Alternate Contact Information**

#### Instructions:

Alternate Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the applicant's alternate contact person; (required) enter the alternate contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, telephone number extension, and fax number of the alternate contact.

Prefix: Mrs.

First Name: Jeannie

Middle Name:

Last Name: Sutton

**Suffix:** 

Title: Grants Coordinator

Organizational Affiliation: Lee County Board of County Commissioners

Phone Number:

(239) 533-7958

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 533-7960

Format: 123-456-7890

E-mail Address: jsutton@leegov.com

Confirm E-mail Address: jsutton@leegov.com

Applicant Profile	Page 5	09/09/2016
7 Applicant i Tollio	i ago o	00/00/2010

## **HMIS Contact Information**

#### Instructions:

Is the applicant also the HMIS Lead? (required) select 'Yes' or 'No' to indicate whether or not the applicant organization also serves as the lead of the HMIS (or HMIS equivalent database). The HMIS Lead is responsible for implementing the community's HMIS.

HMIS Lead: (required) the applicant's legal name is pre-populated, and, if necessary, must be updated to reflect the correct, legal name of the HMIS lead agency/organization.

HMIS Lead contact person: (required) enter the HMIS contact person's prefix, first name, last name, title, organizational affiliation, telephone number, telephone extension, and email address; and (optional) middle name, suffix, alternate telephone number, alternate telephone extension, and fax number of HMIS contact person.

HMIS Lead address: (required) enter the physical street address 1, street address 2, city, state, and zip code; and (optional) enter the county/province, as applicable.

Is the CoC lead agency also serving as the Yes lead of the HMIS (or HMIS equivalent database)?

HMIS Lead: Lee County Board of County Commissioners

Prefix: Mr.

First Name: Eric

Middle Name:

Last Name: Pateidl

Suffix:

**Title:** HMIS Administrator

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

**Phone Number:** (239) 533-7925

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 533-7960

Format: 123-456-7890

E-mail Address: epateidl@leegov.com

Confirm E-mail Address: epateidl@leegov.com

Street 1: 2440 Thompson Street

Street 2:

City: Fort Myers

Applicant Profile	Page 6	09/09/2016
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County: Lee

State: Florida

**Zip Code:** 33901

## **Homeless Referral Contact Information**

#### Instructions:

Homeless referral contact person: (required) each community must have at least one person for stakeholders and potential program participants to contact with questions about community housing and services for the homeless. Enter the prefix, first name, last name, title, organizational affiliation, telephone number, telephone extension, and email address; and (optional) middle name, suffix, alternate telephone number, alternate telephone extension, and fax number for the contact person.

Prefix: Ms.

First Name: Janet

Middle Name:

Last Name: Bartos

**Suffix:** 

Title: Executive Director

Organizational Affiliation: Lee County Board of County Commissioners

Phone Number: (239) 322-6600

Format: 123-456-7890

**Extension:** 

Alternate Phone Number: Format: 123-456-7890

**Extension:** 

Fax Number: (239) 275-7437

Format: 123-456-7890

E-mail Address: leehomeless@gmail.com

Confirm E-mail Address: leehomeless@gmail.com

Applicant Profile	Page 8	09/09/2016
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## 4. Additional Information

#### Instructions:

- 1. Collaborative applicant's or project applicant's congressional district(s): indicate the congressional district(s) in which the applicant organization operates:
- Collaborative applicants (optional) identifying the congressional districts is optional; however, HUD encourages collaborative applicants to identify the congressional districts located within the CoC geography.
- Project applicants (required) identify all congressional districts in which the applicant houses or serves homeless persons funded with McKinney-Vento dollars. The district(s) selected will populate all project applications, and will be used to send funding notification to the appropriate Congressional representatives.
- 2. Is the applicant a faith-based organization?: (required) select the appropriate answer that identifies the applicant organization.
- 3. Has the applicant ever received a federal grant?: (required) select the appropriate answers that applies to the applicant organization.
- 4. Is the applicant's code of conduct already on file with HUD?: (required for nonprofit applicants) select the appropriate source to document the applicant's nonprofit status. This document must be attached in e-snaps. This question does not apply to applicants who are not nonprofit organizations.
- 1. Indicate applicant's congressional FL-019 district(s): (for multiple selections hold CTRL and key)
- 2. Is the applicant a faith-based organization? No
  - 3. Has the applicant ever received a federal Yes grant?
  - 4. Is the applicant's code of conduct already Yes on file with HUD?

# **Applicant Code of Conduct**

Document Type	Required?	Document Description	Date Attached
Applicant Code of Conduct	No		

Applicant Profile	Page 10	09/09/2016
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## **Applicant's Code of Conduct Attachment Detail**

**Document Description:** 

## Applicant: Lee County CoC

## **Other Attachment**

Document Type	Required?	<b>Document Description</b>	Date Attached
Other Attachment	No		

Applicant Profile	Page 12	09/09/2016	
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## **Attachment Details**

**Document Description:** 

# **6. Submission Summary**

Page	Last Updated
1. Profile Type	07/14/2016
2. Organization Information	07/14/2016
Primary Contact	07/14/2016
Alternate Contact	07/14/2016
HMIS Contact	07/14/2016
Homeless Referral	07/14/2016
4. Additional Information	07/14/2016
Code of Conduct	No Input Required
Other Attachment	No Input Required

Applicant Profile	Page 14	09/09/2016
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## **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

## Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0317L4D031507

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award Identifier has been updated to reflect the

most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL Broadway 136890

## 1B. Legal Applicant

## Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

FL-603

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

c. Org	anizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

be

contacted on matters involving this

application

Prefix: Ms.

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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

Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** CASL Broadway 136890

## 1C. Application Details

## Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

## 1D. Congressional District(s)

## Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CASL Broadway

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2017b. End Date: 05/31/2018

## 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. Compliance

## Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL Broadway

FL-603 136890

## 1F. Declaration

## Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

**Prefix:** Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

## 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:** \$13,354

Organization	Туре	Sub- Award Amount
Community Assisted and Support Living Inc., dba	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$13,354

## 2A. Project Subrecipients Detail

## Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Community Assisted and Support Living Inc., dba

Renaissance Manor

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

			_
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c. Employer or Tax Identification Number: 65-0869993

\* d. Organizational DUNS: 940621519 PLUS 4

e. Physical Address

Street 1: 1693 Main St

Street 2: Suite A

City: Sarasota

State: Florida

**Zip Code**: 34236

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

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

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

i. Expected Sub-Award Amount: \$13,354

j. Contact Person

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

**Suffix:** 

Title: CEO

E-mail Address: scott.eller@caslinc.org

Confirm E-mail Address: scott.eller@caslinc.org

**Phone Number:** 941-365-8645

Extension:

**Fax Number:** 

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** CASL Broadway 136890

## 3A. Project Detail

## Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of esnaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0317L4D031507

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC

2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

**3. Project Name:** CASL Broadway

4. Project Status: Standard

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5. Component Type: PH

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

**Project:** CASL Broadway 136890

FL-603

## 3B. Project Description

## Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

CASL's mission is to provide clean, safe, affordable housing to low income individuals with disabilities. CASL Broadway residences serve disabled populations that are largely designated with a severe and persistent mental health illness diagnosis (SPMI.) This target population finds it particularly difficult to maintain stability in many areas of their lives, and therefore, may be chronically homeless. This transient lifestyle is further de-stabilizing to those diagnosed as SPMI, who need stable housing, ongoing health care, nutrition and medications. CASL knows from experience this population can become integral productive members of the local community if provided the opportunity. Our properties offer clean, well maintained residential homes/apartments. We offer one on one assistance, advice and referral/linkage for appropriate services upon assessment of the basic needs of our residents through our case management. We believe that clients become stabilized through ongoing independent living, accessing community offerings/resources and by becoming integral members of the locale rather than utilizing acute care services. Our supportive housing program addresses chronic homelessness, independent living rehabilitation, provides special needs housing, integrates the residents into the community and addresses the challenges of affordable rental housing and the stigma attached to those identified as mentally ill. This program is central to our ability to assist clients in maintaining their independence. CASL

FL-603

136890

currently offers homes in single and multi-family rental units, rents are based on the residents' ability to pay. It is imperative to note that until clients have stable housing and a postal address they are often unable to access benefits. CASL assists residents in becoming as fully independent as possible providing guidance and assistance in becoming self-sufficient. The proposed funding will enable CASL to provide much needed case management and supportive services to empower our clients to attack the issue of mental illness and homelessness. CASL homes include utilities, maintenance, furnishings, (including dishes, towels, sheets and toiletries), and individual case management / life skill services which help to direct the resident toward self-determination and independence. As a result our clients are able to utilize the community resources and case management that this program funds and to enjoy the services and amenities offered by the county while dramatically reducing the occurrence of homelessness, acute care or forensic systems.

# 2. Does your project have a specific Yes population focus?

## 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	Domestic Violence	х
Veterans		Substance Abuse	х
Youth (under 25)	Х	Mental Iliness	х
Families with Children		HIV/AIDS	
		Other (Click 'Save' to update)	

Other:

## 3. Housing First

3a. Does the project quickly move Yes participants into permanent housing

# 3b. 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	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL Broadway	136890
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	
3c. 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	x
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	
3d. Does the project follow a "Housing First" Yes approach?	
4. Does the PH project provide PSH or RRH? PSH	

# **4A. Supportive Services for Participants**

FL-603

136890

## Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: CASL Broadway 136890

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Partner	As needed
Non-Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Applicant	As needed

- 2. Please identify whether the project includes the following activities:
- 2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?
- **2b. Use of a single application form for four** Yes or more mainstream programs?
- **2c. At least annual follow-ups with** Yes participants to ensure mainstream benefits are received and renewed?
- 3. Do project participants have access to Yes SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
  - 3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

## 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: 3

Total Beds: 8

Total Dedicated CH Beds: 8
Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Single family homes/townhou	3	8	8	0

## 4B. Housing Type and Location Detail

## Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 3b. Beds: 8

## 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 8 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 0
    "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question 0 "3b." above will likely become available through turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 0
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

**Street 1:** 3821, 3827, 3845 Broadway Ave.

Street 2:

City: Fort Myers

State: Florida

**ZIP Code:** 33901

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120966 Ft Myers

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** CASL Broadway 136890

## 5A. Project Participants - Households

## Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Persons in Households with Only Children		Total
Total Number of Households	0	3			3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children			Total
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Adults over age 24	0	8		8
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

# 5B. Project Participants - Subpopulations

#### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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### **Persons in Households without Children**

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse		Severely Mentally III		Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	0		8	0	0	0	0	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	8	0	0	0	0	0	0	0

### Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

# 5C. Outreach for Participants

#### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

40%	Directly from the street or other locations not meant for human habitation.
60%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

# **6A. Funding Request**

#### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

# 1. Do any of the properties in this project Yes have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL Broadway	136890

2.	Was the original project awarded as either	Yes
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Supportive Services X
Operations X

**HMIS** 

# **6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource 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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE providing services	\$5,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	1 FTE providing services	\$5,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

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14. Substance Abuse Treatment Services	
15. Transportation	
16. Utility Deposits	
17. Operating Costs	\$0
Total Annual Assistance Requested	\$10,000
Grant Term	1 Year
Total Request for Grant Term	\$10,000

Click the 'Save' button to automatically calculate totals.

# **6F. Operating Budget**

#### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value "1 Year" 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

# A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	1 FTE to provide maintenance including supplies	\$1,275
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Includes all utilities	\$1,326
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$2,601
Grant Term		1 Year

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Total Request for Grant Term \$2,60
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### Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

### 6H. 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	e of Cash Commitments:						\$0
Total Value	e of In-Kind Commitment	s:					\$3,400
Total Value of All Commitments:					\$3,400		
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Private	Agency s	y provided	07/25/2016	\$3,400	

### **Sources of Match Detail**

#### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Agency provided services (Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 07/25/2016

**6. Value of Written Commitment:** \$3,400

Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** CASL Broadway 136890

# 6l. Summary Budget

#### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	
1b. Leased Structures	
2. Rental Assistance	
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3. Supportive Services	\$10,000
4. Operating	\$2,601
5. HMIS	\$0
6. Sub-total Costs Requested	\$12,601
7. Admin (Up to 10%)	\$753
8. Total Assistance plus Admin Requested	\$13,354
9. Cash Match	\$0
10. In-Kind Match	\$3,400
11. Total Match	\$3,400
12. Total Budget	\$16,754

FL-603

136890

# 7A. Attachment(s)

#### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	<b>Document Description</b>	Date Attached
Subrecipient Nonprofit     Documentation	No	Nonprofit Documen	01/03/2014
2) Other Attachment	No	CASL Match Docume	07/27/2016
3) Other Attachment	No	CASL Match CFBHN	07/27/2016

### **Attachment Details**

**Document Description:** Nonprofit Documentation

### **Attachment Details**

**Document Description:** CASL Match Documentation

# **Attachment Details**

**Document Description:** CASL Match CFBHN Contract

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



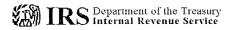
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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last Updated		
1A. Application Type	08/15	/2016	
1B. Legal Applicant	No Input Required		
1C. Application Details	No Input Required		
1D. Congressional District(s)	08/15/2016		
1E. Compliance	08/15/2016		
1F. Declaration	08/15/2016		
2A. Subrecipients	08/15/2016		
2B. Recipient Performance	08/15/2016		
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3A. Project Detail	08/15/2016	
3B. Description	08/15/2016	
4A. Services	08/15/2016	
4B. Housing Type	08/15/2016	
5A. Households	08/15/2016	
5B. Subpopulations	No Input Required	
5C. Outreach	08/15/2016	
6A. Funding Request	08/15/2016	
6E. Supp. Srvcs. Budget	08/15/2016	
6F. Operating	08/15/2016	
6H. Match	08/15/2016	
6I. Summary Budget	No Input Required	
7A. Attachment(s)	08/15/2016	
7B. Certification	08/19/2016	



OGDEN UT 84201-0038

In reply refer to: 0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00

00032005

BODC: TE

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519



035718

Employer Identification Number: 65-0869993

Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 19, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JANUARY 1999.

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 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.

0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00 00032006

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

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

Sincerely yours,

Sharon Davies

Accounts Management I



OGDEN UT 84201-0038

035718.953275.0161.004 1 MB 0.404 536 - <u>Էլլլեսի լիի</u>ների գրույի լիլը անգունի ինչին իրը ու ու լինչին իր գրև էիի և



COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

035718

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window. 0438186857

BODCD-TE

Use for payments

Letter Number:

LTR4168C

Letter Date

2012-03-28

Tax Period

000000

\*650869993\*

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038 Hadalalaldhaaallhadhaallalalal



Special Homes for Special People 1693 Main Street, Suite A • Sarasota, FL 34236 • 941.225-2373 • Fax: 941.366-0033

July 25, 2016

Jeannie Sutton, Grants Coordinator Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: 2016 Match and Leverage

Dear Ms. Sutton,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC renewal application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse.

Our list of leveraged and match funding is as follows:

CoC Project	Match	Туре	Leverage	Туре
Broadway	\$3,400	In-kind Agency Services	\$3,400	CFBHN Contract
San Souci	\$13,371	In-kind Agency Services	\$4,429	In-kind Agency Services
S+C 1	\$19,024	In-kind Agency Services	\$8,376	In-kind Agency Services
S+C 2	\$18,078	In-Kind Agency Services	\$8,422	In-kind Agency Services
TOTAL	\$53,873		\$24,627	

You requested additional information regarding how the Central Florida Behavioral Health Network (CFBHN) contract would be used as leverage for the project. CASL will be using the CFBHN contract to provide case management and client services that would otherwise be ineligible under various HUD contracts. By using these funds as leverage we will be able to provide to the clients, additional access to client services and treatment to supplement the case management and life skills that are funded under the Broadway application.

Sincerely,

Geoffrey Magon

**Director of Grants and Development** 

Community Assisted & Supported Living, Inc.

d/b/a Renaissance Manor



Collaborating for Excellence

August 3, 2015

J. Scott Eller Community Assisted and Supported Living, Inc. 1401 16<sup>th</sup> Street Sarasota, FL 34236

Dear Mr. Eller,

Enclosed please find a fully executed copy of subcontract #QB041 between Central Florida Behavioral Health Network, Inc. and Community Assisted and Supported Living, Inc.

We are pleased to be collaborating with your agency and appreciate your support in helping to ensure excellence in behavioral health care.

Sincerely,

Lauryn Bacor

**CFBHN Contract Manager** 













Collaborating for Excellence

# CONFIDENTIAL FAX

The Information contained in this facsimile is privileged and confidential information for the use of the addressee listed below. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copy distribution or the taking of any action in reliance on the context of this facsimile information is strictly prohibited. If you have received this in error, please immediately notify sender by telephone and return the original facsimile to us at the above address via US mail.

TO: J. Scott Eller	FAX: (041) 366-0033 PHONE:
cc: Sheila Brion	FAX: PHONE:
FROM: LAURYN Bacon	FAX: PHONE:
DATE: 6130115	# OF PAGES (incl. cover):
RE: FY15-16 through FY19-20 subcontract	
URGENT FOR REVIEW COMMENTS:	PLEASE REPLY PLEASE COMMENT
Please sign & return subcontract by COB today	









#### SUBCONTRACT BETWEEN

### CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

#### AND

### COMMUNITY ASSISTED AND SUPPORTED LIVING, INC. (CASL)

Contract Number: QB041

Date: 07/01/2015

THIS CONTRACT is entered into by and between CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC., hereinafter referred to as the "Managing Entity" and COMMUNITY ASSISTED AND SUPPORTED LIVING, INC. (CASL), hereinafter referred to as the "Subcontractor", for the provision of Substance Abuse and Mental Health services in accordance with those provisions and conditions described in the Master Contract # QD1A9 as amended (The Master contract includes the Standard Contract, Attachments, Exhibits, and any documents incorporated by reference) between Central Florida Behavioral Health Network, Inc. and the Department of Children and Families, Suncoast Region for Fiscal Years 2015-2016 through 2019-2020, included herein as Attachment I.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Managing Entity and the Subcontractor agree as follows:

#### A. Services to be Provided

The Subcontractor is responsible for the administration and provision of programs and services for adults and/or youth from within the Suncoast region (Circuit 10 is incorporated within the Suncoast region reference).

Specific Subcontractor obligations under this Contract require that the Subcontractor:

- 1. Shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that are referenced in this contract.
- 2. Shall notify the Subcontractor's contract manager, by electronic mail, a minimum of 30 days prior to the closure of any DCF funded program(s).
- 3. Shall ensure that the location of Subcontractor's services and the days and times where services are being provided will be as specified pursuant to 65E-14.021(8)(d)d.III. The Subcontractor shall notify the contract manager, in writing, of any changes in locations, days, and/or times where services are being provided pursuant to 65E-14.021(8)(d)(5) F.A.C, 30 days prior to any changes. The Subcontractor shall, within five business days, submit written notification by electronic mail to their Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:
  - I. Chief Executive Officer (CEO)
  - II. Chief Operations Officer (COO)
  - III. Chief Financial Officer (CFO)

- IV. Chief Information Technology Officer (CITO) or
- V. Any other equivalent position within the Subcontractor's Organizational chart.
- 4. The Subcontractor will secure and maintain all necessary authority and licenses to provide the services allowable within the cost centers for which the Managing Entity shall be invoiced and to provide those services for the rates specified on the <u>Cost Center Funding Tool</u> which is incorporated by reference.
- 5. Shall comply with the staffing qualifications and requirements (including background screening), required by this contract and as required by applicable law, rule, or regulations, including without limitation, the regulations of the Department of Children and Families. Subcontractor shall comply with the E-Verify clause as subject to the same requirements as the Managing Entity.

Subcontractor shall provide employment screening for all mental health personnel and all chief executive officers, owners, directors, and chief financial officers of subcontractor's using the standards for Level II screening set forth in Chapter 435, and section 408.809 F.S., except as otherwise specified in sections 394.4572(1)(b)-(c), F.S. For the purposes of this Contract, "mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment.

Subcontractor shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S. This includes all chief executive officers, owners, directors, and chief financial officers of Subcontractors and all Subcontractor personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services.

- 6. Shall ensure that all persons served under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions of Attachment I including, where applicable, verification that the services provided cannot be paid for through Medicaid.
- 7. Shall ensure that if the Subcontractor receives substance abuse funding or mental health co-occurring designated funding, it will use the "American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders; second edition-revised July 10, 2006," or the latest revised edition thereof (ASAM PPC-2) Florida Supplement, for assessing and placing clients receiving substance abuse treatment services.
- 8. Shall comply with the Temporary Assistance to Needy Families (TANF) Program Guidelines, which are herein incorporated by reference in Incorporated Document 16 and may be found at: <a href="http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs">http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs</a> if receiving TANF funding.
- 9. Shall comply with procedures for Missing Children outlined in Rule 65C-30.019, F.A.C., Rule 65C-29.013, F.A.C., and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children" for all subcontracts which involve case management or other family services for

- children in out-of-home placements, children's mental health, children's substance abuse, developmentally disabled children, or other situations where the care of the child is assigned to the Department or the Subcontractor.
- 10. Shall comply with the provisions of Chapter 427, F.S., Part I, Transportation Services, and Chapter 41-2, F.A.C., Commission for the Transportation Disadvantaged, if public funds provided under this Contract will be used to transport clients. Subcontractor shall comply with the provisions of CFOP 40-5 if public funds provided under this Contract will be used to purchase vehicles that will be used to transport clients.
- 11. Shall request approval, by electronic mail, from their Contract Manager to subcontract for primary services by June 1st of each fiscal year. For Subcontracts beginning after July 1st of each fiscal year, the Subcontractor shall request approval to subcontract for primary services from their Contract Manager, by electronic mail, at least 30 days prior to the subcontractor's start date. All requests to subcontract services must be approved prior to invoicing for subcontracted services.
- 12. Shall make available, either directly or by arrangement with others, tuberculosis services to include counseling, testing, and referral for evaluation and treatment.
- 13. Shall participate in the development and implementation of an evidence-based screening and assessment instrument.
- 14. Shall comply with guidelines for Family Intervention Specialist (FIS) /Motivational Support Specialist (MSS) dated 2010, if the Subcontractor receives funding to support Family Intervention Services. The Subcontractor will notify their Contract Manager, by electronic mail, of any changes in FIS/MSS personnel within 10 business days.
- 15. Shall comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, sections 42 U.S.C. 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96) if the Subcontractor receives federal block grant funds from the Substance Abuse Prevention and Treatment or Community Mental Health Block Grants. No federal funds received in connection with this Contract may be used by the Subcontractor, or agent acting for the Subcontractor, to influence legislation or appropriations pending before the Congress or any State legislature.
- 16. Shall comply with the Pro-Children Act of 1994 (Certification Regarding Environmental Tobacco Smoke) (20 U.S.C.6081).
- 17. Shall provide behavioral health services to the target population and shall collect fees from the parent or legal guardian of the child or adolescent receiving services in-accordance with 65E-14.018. The fees shall be based on a sliding fee scale for families whose net family income is at or above 150 percent of the Federal Poverty Income Guidelines in accordance with 65E-14.018(2)(b). Fees collected from families shall be retained in the service district and used for expanding child and adolescent mental health treatment services through the reduction of the units billed to the Managing Entity.
- 18. Shall document recruitment plans designed to maintain as much as possible staff with

the ethnic and racial composition of the clients served.

- 19. Shall enter clients into the DCF web based Waitlist and will submit to the Managing Entity staff the Call List and Capacity List if the Subcontractor receives State funded Behavioral Health services. The process for reporting is outlined in the Waitlist Training completed annually and in DCF Pamphlet 155-2 Chapter 12. The Wait List will reflect:
  - a. The number of individuals waiting for access to the recommended service or program;
  - b. The length of time each individual has been on the waiting list; and
  - c. The interim services provided to the individual.
- 20. Shall comply with DCF Pamphlet 155-2, Appendix 2 Modifier Codes and Definitions when reporting client-specific events and non-client specific service events.
- 21. Shall ensure that if Subcontractor receives Indigent Drug Program funding, all funds allocated for use of purchasing psychotropic medications, or medications used to treat addictions, or medications accessed through a line of credit from the Indigent Drug Program (IDP) are used for individuals who meet any of the following criteria identified in Attachment I (Master Contract) and Incorporated Document 13.
- 22. Shall comply with the provisions outlined in the Regional Operating Procedure (ROP) "Suncoast Region Adult Mental Health Operating Procedure for Forensic Services" and Incorporated Documents 6 and 7 if the Subcontractor is required to serve the Forensic population. Contact CFBHN Forensic program manager for the latest ROP.
- 23. Shall implement services and provide deliverables as set forth in Incorporated Document 14 and described in each approved and signed Local Intended Use Application which is a requirement of the PATH grant application if the Subcontractor receives funding through the Projects for Assistance in Transition from Homelessness (PATH) grant. Eligible PATH local matching funds must be expended in the provision of PATH eligible services to PATH eligible persons. The expenditures must match the types of services outlined in the Local Intended Use Plan. The formula to be followed is cited in Section 524 of the Public Health Services Act, as amended by Public Law 101-645.
- 24. Shall comply with requirements Attachment I and Incorporated Document 12 if the Subcontractor serves non-Medicaid eligible children with mental health or substance-related disorders who are determined eligible for the Title XXI part of the KidCare Program.
- 25. Shall comply with the provisions outlined in the FACT Regional Operating Procedures and Incorporated Document 15 if the Subcontractor is required to serve the FACT population. Contact CFBHN FACT program manager for the latest ROP.
- 26. Shall follow the Department's Accounting Procedures Manual AMP7, Volume 6, for the administration of the personal property and funds of clients.

- 27. Shall comply with statutory requirements in section 429.075, Florida Statutes and the requirements outlined in **Incorporated Document 8**, in the provision of service for residents of assisted living facilities that have mental disorders who reside in a limited mental health licensed facility.
- 28. Shall protect data in the Substance Abuse and Mental Health Information System (SAMHIS) and in the Integrated Human Services Information System (IhSIS) from accidental or intentional unauthorized disclosure, modification, or destruction by persons by ensuring that each SAMH user must have a unique personal identifier (i.e., DS number). The following security agreements and trainings shall be requested and completed prior to anyone accessing the SAMHIS/IhSIS data system: 1) Database Access Request Form; 2) the DCF Security Agreement Form (CF-114); 3) the online current year Security Awareness Training; 4) the online current year HIPPA Training or equivalent.
- 29. Shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the Subcontractor shall assure that unencrypted personal and confidential departmental data will not be stored on unencrypted storage devices. The Subcontractor agrees to notify their contract manager, by electronic mail as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data. The Subcontractor shall provide notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data provided in section 817.5681, F.S.
- 30. Shall report payer class data to the Department if Subcontractor has a facility designated as a public receiving or treatment facility under this contract, unless such data are currently being submitted into SAMHIS. Public receiving or treatment facilities that do not submit data into SAMHIS shall report this data annually. The due date of the report is September 25th of each year.
- 31. Shall submit all required data (DCF, Medicaid, Local Match, and Charity Care) to CFBHN by the 10th calendar day of each month.
- 32. Shall ensure 95% of individuals needing treatment services will receive services, depending on the severity of individual need, within the following timeframes:
  - a. Emergent need: within six (6) hours of first contact
    - i. An individual who is in imminent danger of harm to self or others, or who requires immediate access to services, must be directed to the most appropriate care, which may include: an emergency room, crisis stabilization unit, or detoxification services for evaluation and treatment, if indicated. Care is to be rendered within six (6) hours of first contact.
  - b. Urgent need: within 48 hours of first contact
    - An individual whose clinical situation is serious and is expected to deteriorate quickly if care is not provided; however, the situation does not require immediate attention and assessment, the individual is not a danger to self or

others, and is able to cooperate in treatment. These individuals are to be seen within 48 hours of first contact.

- c. Routine need: within ten (10) calendar days of first contact
  - i. First Contact to Assessment

Service requests for symptoms that do not meet the criteria for emergent or urgent, and do not substantially restrict an individual's activity, but could lead to significant impairment if left untreated, are to receive assessment services within 3 calendar days (72 hours). This is mandatory for child welfare involved individuals.

ii. First Contact to First Treatment Appointment

Service requests for symptoms that do not restrict normal activity but could develop significant impairment if left untreated are to receive services within 7 calendar days. This is mandatory for child welfare involved individuals and persons discharged from acute care and residential level I and II.

- 33. Shall utilize the Integrated Human Service Information System (IhSIS), which will be the source for all data used to determine compliance with performance standards and outcomes in <a href="Exhibit C Performance Measures"><u>Exhibit C Performance Measures</u></a>. The managing entity shall provide oversight to ensure that all network subcontractors submit all service related data for clients funded, in whole or in part, by SAMH funds, local match, or Medicaid.
- 34. Shall ensure 100% accuracy of documentation that the Department is payer of last resort (uncompensated care) as reported to CFBHN.
- 35. Shall ensure that 100% of all billed units will be supported by a corresponding data unit submitted to CFBHN. In addition, the Subcontractor agrees that 100% of all data units submitted to CFBHN will have a documented entry in the client's file.
- 36. Shall participate in the Managing Entity's quality assurance and quality management activities, including: peer reviews, desk reviews (consisting of financial and service validations), critical incident reporting, evaluations, reviews of both individuals served and administrative records, and compliance with contract management requirements. The Subcontractor shall grant staff of the Managing Entity access to programmatic files, fiscal files, and individual served records for monitoring purposes. The purpose of the quality assurance monitoring shall be to objectively and systematically monitor and evaluate the appropriateness and quality of client care, to ensure that services are rendered consistent with reasonable, prevailing professional standards, and to resolve identified problems. In addition, the Subcontractor shall grant access for the purpose of monitoring compliance with corrective action.
- 37. Shall submit all documentation according to the timeframes and procedures set forth in <a href="Exhibit A Required Reports">Exhibit A Required Reports</a> and/or established by the Managing Entity that are necessary to support the Managing Entity's central reporting, contract management, monitoring, and invoicing responsibilities.
- 38. Shall submit to the Managing Entity their full accreditation and licensing reports and audit results as requested by the Managing Entity. This includes all reports and

corrective action plans, pertaining to outside licensure, accreditation, or other funding entities.

39. Shall acknowledge that as an independent contractor it is not covered by the State of Florida Risk Management Trust Fund for liability created by S. 284.30, F.S.

The Subcontractor shall obtain and provide proof to the Managing Entity of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire, and legal liability to cover Subcontractor and all of its employees.

The limits of the Subcontractor's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

The Subcontractor shall cause all of its subcontractors at all tiers who the Subcontractor reasonably determines to present a risk of significant loss to the Subcontractor or the Managing Entity or the Department of Children and Families (the Department) to obtain and provide proof to Subcontractor and to the Managing Entity of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire, and legal liability covering the Subcontractor's subcontractors and all of its employees.

The limits of coverage for Subcontractor's subcontractors at all tiers shall be in such amounts as the Subcontractor reasonably determines to be sufficient to cover the risk of loss.

If in the course of the performance of its duties under this Contract any officer, employee, or agent of the Subcontractor operates a motor vehicle, the Subcontractor shall obtain and provide proof to the Managing Entity of comprehensive automobile liability insurance coverage. The limits of the Subcontractor's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

If in the course of the performance of the duties of the Subcontractor's subcontractor, any officer, employee, or agent of the Subcontractor's subcontractor operates a motor vehicle, the Subcontractor shall cause the Subcontractor's subcontractor to obtain and provide proof to Subcontractor and the Managing Entity of comprehensive automobile liability insurance coverage with the same limits.

The Subcontractor shall obtain and provide proof to the Managing Entity of professional liability insurance coverage, including errors and omissions coverage, to cover Subcontractor and all of its employees.

If in the course of the performance of the duties of the Subcontractor under this Contract any officer, employee, or agent of Subcontractor administers any prescriptive drug or medication or controlled substance, the professional liability coverage shall include medical malpractice liability and errors and omissions coverage, to cover Subcontractor and all of its employees. The limits of the coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

If in the course of the performance of the duties of Subcontractor's subcontractor, any officer, employee, or agent of the Subcontractor's subcontractor provides any professional services or provides or administers any prescriptive drug or medication or controlled substance, the Subcontractor shall cause the Subcontractor's subcontractor to obtain and provide proof to the Subcontractor and to the Managing Entity of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Subcontractor's subcontractor employees with the same limits.

The Managing Entity shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any such insurance. The payment of any deductible on any policy shall be the sole responsibility of the Subcontractor, or the Subcontractor's subcontractor providing the insurance.

All such insurance policies of the Subcontractor and its subcontractors shall be provided by insurers licensed or eligible to do and that are doing business in the State of Florida. Each insurer must have a minimum rating of "A" by A. M. Best or an equivalent rating by a similar insurance rating firm, and shall name the Managing Entity and the Department as an additional insured under the policy (ies). All such insurance policies of the Subcontractor and its subcontractors shall be primary to and not contributory with any similar insurance carried by the Managing Entity.

The Subcontractor shall use its best good faith efforts to cause the insurers issuing all such general, automobile, and professional liability insurance to use a policy form with additional insured provisions naming the Managing Entity and the Department as an additional insured or a form of additional insured endorsement that is acceptable to the Managing Entity in the reasonable exercise of its judgment. Subcontractor's professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, shall name the Managing Entity as additional insureds.

All such current insurance certificates will be submitted to the Contract Manager as insurance policies are renewed and submitted by June 30th of each year.

The requirements of this section shall be in addition to, and not in replacement of, the requirements of Section 9 of the Department's standard contract which shall be applicable to Subcontractor, but in the event of any inconsistency between the requirements of this Section and the requirements of the standard contract, the provisions of this Section shall prevail and control.

- 40. Shall comply with all confidentiality and non-disclosure requirements contained in Attachment I or required by applicable law, rule, or regulation. Further, each party shall not use or disclose to any unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, by court order, or as required by law, rule, or regulation.
- 41. Shall provide deliverables, including reports and data as specified in the included Attachments and /or Exhibits, in accordance with the stated standard terms and conditions of this Contract. The failure to comply is considered a breach of contract

as specified in the CFBHN Sanctions and Financial Penalties Policy and could result in denial of payment until acceptable deliverables are received.

### B. Special Provisions

- 1. Shall be responsible for meeting the outcomes and performance standards as defined in <u>Exhibit C Performance Measures</u>, or as otherwise required by applicable law, rule, or regulation. If outcomes are not met, technical assistance will be offered to include recommendations to assist Subcontractor in meeting outcomes. If Subcontractor is not in full compliance within an agreed upon time, the Subcontractor could be held to the CFBHN Sanctions and Financial Penalties Policy.
- 2. Shall ensure that it will establish a grievance procedure which applicants for, and recipients of, services may use to present grievances to the governing authority of the Subcontractors about services being provided under the Subcontractor contracts with the Subcontractor. If the grievances are not resolved at this level of authority, the Subcontractors will refer them to Central Florida Behavioral Health Network, the Managing Entity. The Subcontractor will submit a copy of the grievance procedure to the Managing Entity as revisions occur.
- 3. Shall comply with procedures for Incident Reporting and Client Risk Prevention in accordance with the Regional Operating Procedure 215-4 and Children and Families Operating Procedure 215-6 and will submit all incident reports to the Managing Entity.

The subcontractor agrees to acknowledge the following definitions:

- a. Child Death. An individual less than 18 years of age whose life terminates while receiving services, during an investigation, or when it is known that a client died within thirty (30) days of discharge from any SAMH funded service(s).
- b. Adult Death. An individual 18 years old or older whose life terminates while receiving services, during an investigation, or when it is known that an adult died within thirty (30) days of discharge from any SAMH funded service(s).
- 4. Shall comply with Section 13. Emergency Preparedness Plan of the standard contract. The Subcontractor will submit a copy of their disaster plan and will be responsible for implementing the plan in case of emergencies and/or disasters when notified by the Managing Entity.
- 5. Shall update and submit a revised Network Service Provider Catalogue of Care, as specified in Incorporated Document 3, by June 1<sup>st</sup> of each year using the electronic template provided.
- 6. Shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Contract for a period of six (6) years after completion of this Contract or longer when required by law. In the event an audit is required by this Contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this Contract.

- 7. Shall comply with requirements in the Tangible Property Requirements & Contract Provider Property Inventory Form and requirements of Incorporated Document 21.
- 8. Shall submit all financial reports as required by 65E-014.003 as specified in **Exhibit**A Required Reports. Funds subcontracted through the Managing Entity will be listed on the actual Revenue and Expenditure report as a separate item under State Revenue.
- 9. Shall submit to the Managing Entity either one hard copy or one electronic copy of the annual financial audit to include the required audit schedules as defined in 65E-14 The Subcontractor will state in the audit that Match has been met for all contracts.
- 10. Shall participate in the Managing Entity's mandatory training events and optional trainings when financial availability affords the opportunity.
- 11. Shall demonstrate efforts to initiate and support local county implementation of the Medicaid Substance Abuse Local Match Program in order to expand community service capacity through draw down of Federal funding.
- 12. It is recommended that the Subcontractor execute a Memorandum of Understanding (MOU) with the appropriate Federally Qualified Health Center within ninety (90) days of this Contract. Certification that MOU's have been executed shall be submitted to the Managing Entity's contract manager on or before September 30, of each contract year. The MOU shall promote the integration of primary care services to the medically underserved and provide for innovative methods to expand capacity for behavioral health care services.
- 13. Shall maximize the use of state residents, state products, and other Florida-based businesses in fulfilling their contractual duties under this Contract.
- 14. Shall be knowledgeable of and shall ensure compliance with all applicable state and federal laws, policies, rules, and regulations that affect substance abuse and mental health contracting as found in **Incorporated Document 2**.
- 15. Shall refrain from any of the prohibited business activities with the Governments of Sudan and Iran as described in s.219.473, F.S. Pursuant to section s.287.135(5), F.S., the Department may immediately terminate this Contract for cause if the Subcontractor is found to have submitted a false certification or if the Subcontractor is placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List during the term of the subcontract.
- 16. Shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf and Hard-of-Hearing". If the Subcontractor or any of its subcontractors have 15 or more employees, they shall designate a Single Point-of-Contact to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504, the ADA, and CFOP 60-10. Subcontractor's

employees and any of its subcontractor's employees who are direct service employees shall complete the DCFOnline Training course titled 'Serving our Customers who are Deaf or Hard-of-Hearing (as requested of all Department employees) and sign the Attestation of Understanding. Direct service employees will also print their certificates of completion, attach them to their Attestation of Understanding, and maintain them in their personnel file.

- 17. CFBHN business associates must safeguard protected health information, and use and disclose the information only as permitted or required by the applicable provisions of 45 CFR Parts 160, 162, and 164 (collectively the HIPAA Requirements). Business associates must appropriately safeguard the electronic protected health information they create, receive, maintain, or transmit. Downstream entities that work at the direction of or on behalf of the business associate and handle protected health information are also required to comply with the applicable HIPAA Requirements in the same manner as the primary business associate. Business Associates must obtain satisfactory assurances in the form of a written contract or other arrangement that a subcontractor will appropriately safeguard protected health information. The Business Associate will ensure that required breach notification procedures are followed. In the event of a breach, the business associate will notify the affected individuals, the Secretary of DHHS, CFBHN, and if applicable, the media.
- 18. Applicable to Prevention Coalition and Prevention Service Subcontractors:

Shall collaborate and participate in all mandatory prevention meetings and workgroups and will work with the coalition subcontractor to ensure prevention services are delivered in accordance with the local action plan.

19. Health Insurance Portability and Accountability Act

In compliance with 45 CFR s.164.504(e), the Subcontractor shall comply with the provisions of Attachment V to this Contract, governing the safeguarding, use, and disclosure of Protected Health Information created, received, maintained, or transmitted by the Subcontractor or its subcontractors incidental to Subcontractor's performance of this Contract. The provisions of the foregoing Attachment supersede all other provisions of Attachment I regarding HIPAA compliance.

- 20. The Subcontractor is required to submit the following items when an invoice advance of funds will be requested. The reports will be for the previous three months and one month following the issuance of the advance.
  - a. Board packets, to include financial packets
  - b. AR/AP aging report
- 21. In respect to Master Contract Function 8, Disaster Planning and Response, Managing Entity is the designated Crisis Counseling Program (CCP) Network Service Provider in the counties where services are provided. As such, in accordance with the Project HOPE (Helping our People in Emergencies) disaster response contract, the subcontractor agrees to contract with Managing Entity to provide authorized CCP services in accordance with CCP guidance. These services will be provided only in the event of a Presidential Major Disaster Declaration within the SunCoast Region and all services will be in accordance with the terms and conditions of any CCP grant

award and approved by representatives of the State of Florida Department of Children and Families, Federal Emergency Management Agency (FEMA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Services contracted for and provided will be based upon the availability and functional capacity of the subcontractor which may be impacted depending on the scope of the disaster.

#### 22. National Voter Registration Act

The Subcontractor shall comply with the National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), sections 97.021 and 97.058 F.S., and Rule 1S-2.048 F.A.C., in accordance with National Voter Registration Act Guidance, which is incorporated herein by reference and may be located at:

# http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs

As a Voter Registration Agency (VRA), the subcontractor must provide people with an opportunity to register to vote or update their voter registration at the time of admission or change of address. This duty is incumbent on each subcontractor. Compliance with this requirement shall include, but is not limited to, the following:

a. The use of DS-DE77, incorporated herein by reference, at admission and change of address, is available at:

#### http://election.dos.state.fl.us/NVRA/

b. The subcontractor shall report the aggregate activities by, October 5<sup>th</sup>, January 5<sup>th</sup>, April 5<sup>th</sup> and July 5<sup>th</sup> for each quarter to the appropriate contract manager. The report is incorporated by reference and is available in the National Voter Registration Act folder at:

https://cfnet.cfbhn.org/agency/Agency%20Shared%20Documents/Forms/AllItems.aspx

# C. <u>Unaccredited Subcontractor Requirements</u>

This section applies to providers of services eligible for accreditation with the following criteria: 1) contract or annual service reimbursement amount exceeds \$35,000 but is less than \$350,000 and 2) serve more than three unrelated persons. This section also applies to providers who intend to seek their own CARF accreditation but who have not done so by the time of the network survey.

Contracted providers who are not accredited by a nationally recognized accrediting organization (The Joint Commission, CARF, COA, etc.) shall:

- 1. Ensure that they follow and meet the applicable standards of CARF for Unaccredited Providers as outlined in the <u>CARF Unaccredited Provider Workbook</u>.
  - a. Section A Legal Requirements
  - b. Section B Financial Planning and Management
  - c. Section C Risk Management

- d. Section D Health and Safety
- e. Section E Human Resources
- f. Section F-Technology
- g. Section G Rights of Persons Served
- h. Section H Accessibility
- 2. Provide copies of the following items by September 30 to the Agency's SharePoint Exhibit A site (located at <a href="https://cfnet.cfbhn.org/agency/RDR/default.aspx">https://cfnet.cfbhn.org/agency/RDR/default.aspx</a>). This includes:
  - a. Procedures for managing funds of persons served (when applicable)
  - b. Emergency procedures
  - c. Procedures regarding critical incidents
  - d. Procedures related to verification of personnel backgrounds and credentials
  - e. Job descriptions and performance evaluations forms
  - f. Policies on the rights of persons served
  - g. Policies and procedures by which persons served may make a formal complaint
  - h. Accessibility plan
- 3. Provide copies of their annual reports by July 30 to the Agency's SharePoint site of each fiscal year as required in the <u>CARF Unaccredited Provider Workbook</u>. This includes:
  - a. Documentation of competency-based training in health and safety for personnel
  - b. Written evidence of unannounced test of all emergency procedures
  - c. Written analysis of critical incidents
  - d. External inspection reports
  - e. Self-inspection reports (minimum twice per year)
  - f. Accessibility status report

# D. Method of Payment

- Managing Entity shall pay the Subcontractor for units of service, delivered in accordance with the terms and conditions of this Contract at the unit price listed on the <u>Cost Center Funding Tool</u>, totaling <u>\$179,442.00</u> for Fiscal Year 2015-2016, subject to the availability of funding.
- 2. The Subcontractor shall annually complete and submit the Department-approved Incorporated Document 30: Local Match Calculation Form, which is incorporated herein by reference, within 30 days of signing of the subcontract and all amendments.

- 3. The Subcontractor shall request and electronic payment for services delivered on a monthly basis through the Contracting and Finance Exchange (CAFÉ) software within 10 days after the first day of the following month.
- 4. The Subcontractor shall participate in a Behavioral Health Fee that will be assessed at issuance of the Subcontractor reimbursement payment.
- 5. Managing Entity shall not be required to pay Subcontractor or other vendors if Managing Entity does not receive payment for the corresponding services and materials from its payment source. No funds shall be owed to the Subcontractor unless Managing Entity is paid by the Department of Children and Families for the services for which Subcontractor is requesting payment. Receipt of payment from the Department of Children and Families is an absolute precondition to any obligation by Managing Entity to pay Subcontractor. Managing Entity's contractual or other obligation to pay Subcontractor is expressly conditioned upon and limited to the payments by the Department of Children and Families to the Managing Entity for the services for which Subcontractor is requesting payment. Managing Entity may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a Subcontractor are a cause, in whole or in part, of a payment source's failure to pay Managing Entity, then Managing Entity may elect to apportion any payment received among Subcontractors or vendors whose acts are not a cause for non-payment. Subcontractors and vendors shall not be subject to non-payment for reasons other than Managing Entity's failure to receive its funding, unless the Subcontractor or vendor has failed to comply with a corrective action plan or they have been subjected to the CFBHN Sanctions and Financial Penalties policy.

# E. Name and address of Payee:

Community Assisted and Supported Living, Inc. (CASL)
1401\_16th Street
Sarasota, Florida 34236

### F. <u>Venue and Notices</u>

Venue for any court action pertaining to this Contract shall be in the courts of Hillsborough County.

The name and address of the Subcontractor representative designated to receive all legal notices pertaining to this Contract is:

J. Scott Eller

Community Assisted and Supported Living, Inc. (CASL)

1401 16th Street

Sarasota, Florida 34236

The name and address of the Managing Entity representative designated to receive all legal notices pertaining to this Contract is:

Linda McKinnon
Central Florida Behavioral Health Network, Inc.
719 U.S. Highway 301 South
Tampa, FL 33619

### G. Compliance with Standard State Provisions

Subcontractor shall comply with any and all provisions applicable to Subcontractor as set out in the Attachment I and/or subsequently modified by amendments, which are incorporated into this Contract.

#### H. Indemnification

The Subcontractor shall be fully liable for the actions of its agents, employees, partners, or subcontractors and shall fully indemnify, defend, and hold harmless the Managing Entity and the Department, its officers, agents, and employees, from suits, actions, damages, claims, and costs of every name and description, including attorneys' fees:

- 1. Arising out of or by reason of the execution of this contract or arising from or relating to any alleged act or omission by the Subcontractor, its agents, employees, partners, or subcontractors in relation to this contract provided, however, that this indemnity shall not include that portion of any loss or damages proximately caused by the negligent act or omission of the Managing Entity or the Department of Children and Families (the Department). This indemnity specifically precludes compensation of the Subcontractor for any obligations of any kind to any person, paid or unpaid, incurred as a result of a culpable act or omission of the Subcontractor, its agents, employees, or subcontractors.
- 2. Arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret, or intellectual property right associated with a service or product of the Subcontractor; provided, however, that the foregoing obligation shall not apply to Managing Entity's or Department's misuse or modification of Subcontractor's products or the Department's operation or use of Subcontractor's products in a manner not contemplated by this Contract. If any product is the subject of an infringement suit or claim or in the Subcontractor's opinion is likely to become the subject of such a suit or claim, the Subcontractor may at its sole expense procure for the Managing Entity or Department the right to continue using the product or to modify it to become non-infringing. If the Subcontractor is not reasonably able to modify or otherwise secure the Managing Entity or Department the right to continue using the product, the Subcontractor shall, without limiting the Managing Entity's or Department's remedies at law for breach or nonperformance, remove the product and provide a fully-licensed replacement to the Managing Entity's and Department's satisfaction. The Managing Entity shall not be liable for any royalties. The Subcontractor's indemnification for violation or infringement of a trademark, copyright, patent, trade secret, or intellectual property right shall encompass all such items used or accessed by the Subcontractor, its officers, agents, or subcontractors in the performance of this contract or delivered to the Managing Entity or Department for the use of the Managing Entity or Department, their employees, agents, or contractors.
- 3. Arising from or relating to Subcontractor's claim that a record contains trade secret information that is exempt from disclosure or the scope of the Subcontractor's redaction of the record, as provided for under Section O, Public Records, including litigation initiated by the Managing Entity or the Department.

The Subcontractor's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the Managing Entity or the Department negligent shall excuse the Subcontractor of performance under this provision, in which case the Managing Entity or the Department shall have no obligation to reimburse the Subcontractor for the cost of its defense. If the Subcontractor is an agency or subdivision of the State, its obligation to indemnify, defend, and hold harmless the Managing Entity and the Department shall be to the extent permitted by section 768.28, F.S. or other applicable law, and without waiving the limits of sovereign immunity.

# I. <u>Independent Contractor, Assignments and Subcontractors</u>

- 1. In performing its obligations under this Contract, the Subcontractor shall at all times be acting in the capacity of an independent contractor and not as an officer, employee, or agent of the Managing Entity or the Department of Children and Families (the Department). Neither the Subcontractor nor any of its agents, employees, subcontractors, or assignees shall represent to others that it is an agent of or has the authority to bind the Managing Entity or the Department by virtue of this Contract.
- 2. The Subcontractor shall take such actions as may be necessary to ensure that it and each subcontractor of the Subcontractor will be deemed to be an independent contractor and will not be considered or permitted to be an officer, employee, or agent of the Managing Entity or the State of Florida. The Managing Entity and the Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the Subcontractor, or its subcontractors or assignees. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Subcontractor, the Subcontractor's officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the Subcontractor.
- 3. The Subcontractor shall not assign or subcontract any portion of this Contract without the prior written approval of the Managing Entity, except when Subcontractor's subcontractors and a description to the subcontractor's work are described on an attachment to this Contract. No such approval shall obligate the Managing Entity for more than the total dollar amount stated in this Contract. All such assignments and subcontracts shall be subject to the conditions of this Contract and to any conditions Managing Entity deems necessary that are described in approval of the subcontract. The Subcontractor may not assign or enter into any transaction having the effect of assigning or transferring any right to receive payment under this Contract which right is not conditioned on full and faithful performance of the Subcontractor's duties hereunder. Any sublicense, subcontract, assignment, or transfer otherwise occurring without prior approval of the Managing Entity shall be null and void.
- 4. In the event the Managing Entity approves transfer of the Subcontractor's obligations, the Subcontractor remains responsible for all work performed and all expenses incurred in connection with this Contract. This contract shall remain binding upon the lawful successors in interest of the Subcontractor and the Managing Entity.
- 5. To the extent permitted by Florida Law, and with compliance with paragraph 3. above, the Subcontractor is responsible for all work performed and for all

commodities produced pursuant to this Contract whether actually furnished by the Subcontractor or by its subcontractors. Any subcontracts shall be evidenced by a written document. The Managing Entity and the Department shall not be liable to any of Subcontractor's subcontractors in any way or for any reason relating to this Contract.

The Subcontractor shall include, in all subcontracts (at any tier) the substance of all clauses contained in the Master Contract that mention or describe subcontract compliance.

### J. <u>Termination</u>

- 1. <u>Termination at Will.</u> Either party may terminate this Contract upon at least 30 days prior written notice to the other party.
- 2. Termination for Lack of Funds. The Managing Entity may terminate this Contract upon at least 24-hours prior written notice to Subcontractor if Managing Entity has not received funds from the Department of Children and Families for the Services for which Subcontractor is requesting payment or for any Services to be provided under this Contract.
- 3. <u>Termination for Cause</u>. The Managing Entity may terminate this Contract upon at least 24-hours prior written notice to Subcontractor if Subcontractor breaches this Contract. The determination of breach shall be made by Managing Entity's Board of Directors. Breach includes, but is not limited to, any of the following events:
  - a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this Subcontract.
  - **b.** If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest, or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
  - c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed within 120 days after the commencement thereof.
- 4. <u>Notice</u>. Notice of termination or breach shall be by certified mail, return receipt requested, by a state-wide courier or delivery service, or by personal delivery to the person designated in Section F.
- 5. Continuation of Services. The Managing Entity (Network Development and Clinical Services) shall work with the current Subcontractor prior to cancellation date to ensure all consumer needs are identified and appropriate placements and transportation needs has been arranged. The Subcontractor shall maintain

communication with the Managing Entity on the process of transferring consumers until all consumers are placed.

### K. <u>Dispute Mediation</u>

Any disputes concerning performance of this Contract that cannot be resolved informally shall be reduced to writing and delivered to the Chair of the Managing Entity's Board of Directors requesting resolution through Board action. When the Board action fails to resolve the dispute, the Managing Entity and Subcontractor shall seek independent mediation.

### L. No Third-Party Beneficiaries

This contract is for the benefit of Central Florida Behavioral Health Network, Inc. and the Subcontractor. No third party is an intended beneficiary. No third party has any cause of action to enforce the terms of this Contract or a cause of action for damages due to its' breach.

### M. Public Records

The Subcontractor shall allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S. as prescribed by subsection 119.07(1) F.S., made or received by the Subcontractor in conjunction with this Contract except those public records which are made confidential by law and must be protected from disclosure. It is expressly understood that the Subcontractor's failure to comply with this provision shall constitute an immediate breach of this Contract for which the Managing Entity may unilaterally terminate this Contract.

- 1. Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. Any claim by Subcontractor of trade secret (proprietary) confidentiality for any information contained in Subcontractor's documents (reports, deliverables, or work papers, etc., in paper or electronic form) submitted in connection with this Contract will be waived, unless the claimed confidential information is submitted in accordance with paragraph 2. below:
- 2. The Subcontractor must clearly label any portion of the documents, data, or records submitted that it considers exempt from public inspection or disclosure pursuant to Florida's Public Records Law as trade secret. The labeling will include a justification citing specific statutes and facts that authorize exemption of the information from public disclosure. If different exemptions are claimed to be applicable to different portions of the protected information, the Subcontractor shall include information correlating the nature of the claims to the particular protected information.
- 3. The Managing Entity, when required to comply with a public records request including documents submitted by the Subcontractor, may require the Subcontractor to expeditiously submit redacted copies of documents marked as trade secret in accordance with paragraph 2. above. Accompanying the submission shall be an updated version of the justification under paragraph 2. above correlated specifically to redacted information, either confirming that the statutory and factual basis originally asserted remain unchanged or indicating any changes affecting the basis for the

asserted exemption from public inspection or disclosure. The redacted copy must exclude or obliterate only those exact portions that are claimed to be trade secret. If the Subcontractor fails to promptly submit a redacted copy, the Managing Entity is authorized to produce the records sought without any redaction of proprietary or trade secret information.

4. The Subcontractor shall be responsible for defending its claim that each and every portion of the redactions of trade secret information are exempt from inspection and copying under Florida's Public Records Law.

### N. Inspections, Monitoring and Corrective Action

The Subcontractor shall permit all persons who are duly authorized by the Managing Entity or the Department of Children and Families (the Department) to inspect and copy any records, papers, documents, facilities, goods, and services of the Subcontractor which are relevant to this Contract, and to interview any clients, employees, and subcontractor employees of the Subcontractor to assure the Managing Entity or the Department of the satisfactory performance of the terms and conditions of this Contract.

The Subcontractor will submit progress reports and other information in such formats and at such times as may be prescribed in writing by the Managing Entity, cooperate in site visits and other on-site monitoring (including, but not limited to: access to sites, clients, staff, fiscal and client records and logs, and the provision of related information), submit reports on any monitoring of the program funded in whole or in part by the Managing Entity conducted by federal, state, or local governmental agencies or other funders, and if the Subcontractor receives accreditation reviews, each accreditation review must be submitted to the Managing Entity within ten (10) days after receipt by Subcontractor. All reports will be as detailed as may be reasonably requested by the Managing Entity and will be deemed incomplete if not satisfactory to the Managing Entity as determined in its sole reasonable discretion. All reports will contain the information, additional information, or be in the format as may be requested by the Managing Entity. If approved in writing by the Managing Entity, the Managing Entity may accept any report from another monitoring agency in lieu of reports customarily required by the Managing Entity.

In the event of default, noncompliance, or violation of this Contract or unsatisfactory performance by the Subcontractor, its subcontractors, agents, consultants, or suppliers, as determined by the Managing Entity in its sole reasonable discretion, the Managing Entity may negotiate any acceptable remedy, provide additional training and assistance or, in its sole reasonable discretion and without any prior negotiation, impose in writing such sanctions as deemed appropriate. Such sanctions may include, but will not be limited to, withholding of payments, termination, or suspension of this Contract in whole or in part. In such event, the Managing Entity will notify the Subcontractor 14 calendar days in advance of the effective date of such sanction except where the Managing Entity determines that such sanction, withholding of funds, termination, or suspension should become effective at an earlier or later date in which event such sanction, withholding of funds, termination, or suspension will be effective as provided in the notice.

Nothing is this section limits the Managing Entity's termination rights in Section J.

# O. Nondiscrimination and Whistleblowers

The Subcontractor represents that the Subcontractor is in compliance with all applicable federal, state, and local civil rights laws and laws that protect persons with disabilities. Subcontractor will not, on the basis of race, color, national origin, religion, sex, age, disability, sexual identity, or marital status, or any other basis prohibited by law, unlawfully discriminate in any form or manner against Subcontractor's clients, applicants for services, or employees or applicants for employment. Further, the Subcontractor shall not discriminate against any applicant, client, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992, as applicable and CFOP 60-16. These requirements shall apply to all of Subcontractor's subcontractors or others with whom it arranges to provide Services or benefits to clients or employees in connection with its programs and activities.

The Subcontractor and any of its subcontractors shall inform its' employees that they and other persons may file a complaint with the Office of the Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353 for violations of any Whistle-blower laws.

### P. <u>Drug-Free Workplace</u>

Subcontractor will comply with the Drug-free Workplace Act, Section 440.101, Florida Statutes, and following sections.

### Q. <u>Intellectual Property</u>

All intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to Subcontractor's performance under this Contract, and the performance of all of its' officers, agents, and subcontractors in relation to this Contract, are works for hire for the benefit of the Department of Children and Families (the Department), fully compensated for by the Contract amount, and that neither the Subcontractor nor any of its officers, agents, nor subcontractors may claim any interest in any intellectual property rights accruing under or in connection with the performance of this Contract. It is specifically agreed that the Department shall have exclusive rights to all data processing software falling within the terms of section 119.084, F.S., which arises or is developed in the course of or as a result of work or services performed under this Contract, or in any way connected herewith. Notwithstanding the foregoing provision, if the Subcontractor is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply.

1. If the Subcontractor uses or delivers to the Managing Entity or the Department for its use or the use of its employees, agents, or contractors, any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood that, except as to those items specifically listed below as having specific limitations, the compensation paid pursuant to this Contract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this Contract. For purposes of this provision, the term "use" shall include use by the Subcontractor during the term of this Contract and use by the Managing Entity or the Department, their employees, agents, or contractors during the term of this Contract and perpetually thereafter.

List of Items with Specific Limitations:

None

2. All applicable subcontracts shall include a provision that the Federal awarding agency reserves all patent rights with respect to any discovery or invention that arises or is developed in the course of or under the subcontract. Notwithstanding the foregoing provision, if the Subcontractor or one of its subcontractors is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply, but the Managing Entity and the Department shall retain a perpetual, fully-paid, nonexclusive license for its use and the use of its contractors of any resulting patented, copyrighted, or trademarked work products.

#### R. Employee Gifts

The Subcontractor shall not offer to give or give any gift to any Managing Entity or Department of Children and Families (the Department) employee. As part of the consideration for this Contract, the parties intend that this provision will survive this Contract for a period of two years. In addition to any other remedies available to the Managing Entity or the Department, any violation of this provision will result in referral of the Subcontractor's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the Subcontractor's name on the suspended vendors list for an appropriate period. The Subcontractor shall ensure that its subcontractors, if any, comply with these provisions.

#### S. Data Security

The Subcontractor shall comply with the following data security requirements:

An appropriately skilled individual shall be identified by the Subcontractor to function as its' Data Security Officer. The Data Security Officer shall act as the liaison to the Managing Entity's and the Department of Children and Families' (the Department) security staff and will maintain an appropriate level of data security for the information the Subcontractor is collecting or using in the performance of this Contract. An appropriate level of security includes approving and tracking all Subcontractor employees that request or have access to any Managing Entity or Departmental data system or information. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated Subcontractor employees or employees on leave for more than 30 days.

The Subcontractor shall provide the latest Managing Entity or Departmental security awareness training to its' staff and subcontractors who have access to Managing Entity or Departmental information.

All Subcontractor employees who have access to Managing Entity or Departmental information shall comply with, and be provided a copy of CFOP 50-2, and shall sign the Department's Security Agreement form CF-0114 annually. A copy of CF-0114 may be obtained from the contract manager.

The Subcontractor shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the Subcontractor shall assure that unencrypted personal and confidential Managing Entity or Departmental data will not be stored on unencrypted storage devices. The Subcontractor shall require the same of all subcontractors.

The Subcontractor shall notify their contract manager, by electronic mail, as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential Managing Entity or Departmental data. The Subcontractor shall require the same notification requirements of all subcontractors.

The Subcontractor shall at its own cost provide notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential Departmental data as provided in section 817.5681, F.S. The Subcontractor shall require the same notification requirements of all subcontractors. The Subcontractor shall also at its own cost implement measures deemed appropriate by the Managing Entity or Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential Managing Entity or Departmental data.

### T. <u>Damages</u>

Managing Entity damages for Subcontractor's breach or other nonperformance of this Contract or for Subcontractor's failure to implement or to make acceptable progress on a corrective action plan may include, but are not limited to, financial penalties imposed on the Managing Entity by the Department of the Children and Families (the Department) because of Subcontractor's act or omissions. Such damages caused by Subcontractor are called Subcontractor-caused Financial Damages in this Section. If the Department imposes Subcontractor-caused Financial Damages on the Managing Entity, Subcontractor shall pay the Managing Entity the amount of such Subcontractor-caused Financial Damages within 30 days of written notice by the Managing Entity to Subcontractor.

# U. E-Verify

Pursuant to Executive Order 11-02 signed on January 4, 2011, the Subcontractor will use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its' employees and the Subcontractor's subcontractors' employees performing under this Contract.

# V. Return of Funds

During the term of this Contract, funds described in the attached **Exhibit B – Funding Detail** shall be used by Subcontractor solely for providing the Services described in Contract. Misspent funds are funds received by the Subcontractor from the Managing Entity which are not spent in accordance with this Contract. Misspent funds are subject to refund to the Managing Entity, or other resolution as determined in the sole reasonable discretion of the Managing Entity. The Managing Entity is not required to conduct an audit prior to finding that the Subcontractor has misspent funds.

In addition to any other remedy, the Managing Entity may offset any misspent funds against any other funds due Subcontractor for previous or subsequent agreements. Repayments will be made by Subcontractor in accordance with the Managing Entity's instructions.

### W. Block Grant Requirements

The Subcontractor agrees to comply with all of the following applicable requirements.

- 1. Comply with 42 C.F.R. part 2;
- 2. Provisions to monitor block grant requirements, and activities;
- 3. Sufficient detail on the invoice to capture, report, and test the validity of expenditures and service utilization;
- 4. For Network Service Subcontractors that receive SAPT block grant funding for the purpose of prevention, compliance with SAMHSA prevention strategies, and Institute of Medicine definitions;
- 5. Submit an invoice that includes the minimum data elements to satisfy the Department's application and reporting requirements; and
- 6. With state or federal requests for information related to the block grant, including maintenance of effort.

### X. <u>Charitable Choice</u>

The subcontractor agrees to comply with the SAMHSA Charitable Choice provisions and the implementing regulations of 42 C.F.R. s. 54a.

### Y. Effective and Ending Dates

This contract shall begin on <u>July 1, 2015</u>, or on the date on which this Contract has been signed by the last party required to sign it, whichever is later. It shall end at midnight, local time in <u>Tampa</u>, Florida, at the end of <u>June 30, 2020</u>.

# Z. Contract Renewal

This contract may be renewed for a term not to exceed five years or for the term of the original contract, whichever period is longer. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the Managing Entity and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract and any subsequent amendments.

**AA.** The following Standard Contract, Attachments, and Exhibits, or the latest revisions thereof, are incorporated herein and made a part of this Contract:

Standard Contract
Attachment I, Master Contract
Attachment II, Certification Regarding Lobbying
Attachment III, Contract Attachment for Financial and Compliance Audit
Attachment IV, Certificate Regarding Debarment, Suspension, Ineligibility
And Voluntary Exclusion Contracts/Subcontracts

1. 020

Attachment V, Protected Health Information Exhibit A, Required Reports Exhibit B, Funding Detail Exhibit C, Performance Measures

The following documents, or the latest revision thereof, are incorporated by reference herein and made a part of the Contract and can be found at:

# http://www.mvflfamilies.com/service-programs/substance-abuse/managing-entities/2015contracts-docs

- 1. Incorporated Document 1. Evidence-Based Guidelines
- 2. Incorporated Document 2. State and Federal Laws, Rules, and Regulations
- 3. Incorporated Document 3. ME Annual Business Operations Plan Incorporated Document 3. Supplement - Catalogue of Care Template
- 4. Incorporated Document 4. Managing Entity Expiration/Termination Transition Planning Requirements
- 5. Incorporated Document 5. Residential Mental Health Treatment for Children and Adolescents
- 6. Incorporated Document 6. Outpatient Forensic Mental Health Services
- 7. Incorporated Document 7. Forensic and Civil Treatment Facility Admission and Discharge Processes
- 8. Incorporated Document 8. Assisted Living Facilites with Limited Mental Health (ALF-LMH) Licensure
- 9. Incorporated Document 9. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)
- 10. Incorporated Document 10. Prevention Services
- 11. Incorporated Document 11. Juvenile Incompent to Proceed
- 12. Incorporated Document 12. Behavioral Health Network (BNet) Guidelines & Requirements
- 13. Incorporated Document 13. Indigent Drug Program (IDP)
- 14. Incorporated Document 14. Projects for Assistance to Transition from Homelessness (PATH)
- 15. Incorporated Document 15. Florida Assertive Community Treatment (FACT) HHandbook
- 16. Incorporated Document 16. Temporary Assistance for Needy Families (TANF) Guidance.
- 17. Incorporated Document 17. Federal Grant Financial Management Requirements
- 18. Incorporated Document 18. Crisis Counseling Program
- 19. Incorporated Document 19. Performance Outcomes Measurement Manual
- 20. Incorporated Document 20. National Voter Registration Act Guidance
- 21. Incorporated Document 21. Tangible Property Requirements & Contract Provider Property Inventory Form
- 22. Incorporated Document 22. SAMH Managing Entity Monthly Progress Report
- 23. Incorporated Document 23. Integration with Child Welfare

- 24. Incorporated Document 24. Local Review Team
- 25. Incorporated Document 25. Managing Entity Monthly Fixed Payment Invoice
- 26. Incorporated Document 26. Managing Entity Monthly Expenditure Report
- 27. Incorporated Document 27. Managing Entity Monthly Carry Forward Expenditure Report
- 28. Incorporated Document 28. Cost Allocation Plan
- 29. Incorporated Document 29. Managing Entity Spending Plan for Carry Forward Report
- 30. Incorporated Document 30. Local Match Calculation Form
- 31. Incorporated Document 31. Deleted
- 32. Incorporated Document 32. Family Intensive Treatment (FIT) Model
- 33. Incorporated Document 33. Reserved for Northwest Region use only
- 34. Incorporated Document 34. ME Reporting Template for SAMH Block Grant
- 35. Incorporated Document 35. Narrative Report SAMHBG
- 36. Exhibit A (of the master contract) . Federal Requirements
- 37. CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards
- 38. Reference Guide for State Expenditures
- 39. 65E-14, F.A.C.
- 40. DCF Pamphlet 155-2.

By signing this Contract, the parties agree that they have read and agree to the entire contract. THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this <u>32</u> page contract to be executed on the date and year below.

MANAGING ENTITY	
Carte 100 . II. T. V.	_

SUBCONTRACTOR

Central Florida Behavioral Health Network, Inc.

Inc. By:

Title:

 $\mathbf{B}\mathbf{y}$ 

Title:

Witness:

Witness:

Date:

Date:

06/

Community Assisted and Supported Living,

### Exhlbit A Required Reports

Provider Name: Community Assisted and Supported Living		•		
(CASL)	Contract: QB041		·	
		Pate: 07/01/2015 Rev: 0		
All reports are to be submitted to the corresponding de	pository listed in column E. For			
	D. D. For any qu	lestions regarding reports -1		

_		Contract: QB041		Date: 07/01/20	75		
10	All reports are to be submitted to the correspond	At .			115 Rev: 0		
TO P	equired Reports	iding depository listed in column F	For any	2 2310m2 n	<del></del>		
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		<u>1</u> _		1	Program Manage	r - FACT	Agency Shared D
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	and SIPP Providers Monthly Consus for Group H	omes Monthly Submy	DOD W	A TOP OF THE PARTY OF			Documents and
4		3rd of each month (If Applica	ble)	1	TANKE B. W. MILLER		
14.7	Conditional Release Order Report				CMH Departur	icni	Exhibit A - Red
. 3	Deaf or Hardness	3rd of each month (If Applica	ole)	1	Program Manager -	Fores	Documents and R Exhibit A - Req
λ.:	Deaf or Hard of Bearing Monthly Compilance Reports	Sth of each month			Department of Child		Documents and R
6.	FACT Monthly Census with Name, Date of Admit and	· ···	- 1	1	ramiles with confirm	1900	Exhibit A - Requ
-		5th of each month (If Applicab			Contract Daparti	ient	Documents and R.
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g	Monthly Data Submission	5th of each mouth (If Applicable	ê)	1			Documents and Re
9		10th of each month		Plan	QA/QI Departure	ent	TANF Screening Analysis Logs S
10	Monthly FIS/NISS Report	10th of each month (If Applicable	-	Electronic	Data Team	1	IhSIS/Prevention I
11	Monthly Invoice	10th of each month	c)	1	Network Developmes	et and	Exhibit A - Requi
	Prevention - Livoice Support Report		-	Electronic	Clinical Services Finance Departme	1	Documents and Rep
23	Verify and Confirm Incident Summary report	10th of each month (If Applicable	>	1	Program Manager - Pres		CAFÉ
3.	Wait List/Call List/Capacity List	10th of each month	T	1	CFBHN Risk Manag		Prevention Site
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	The state of the s	15th of each month (If Applicable)	· · · · · · · · · · · · · · · · · · ·		Program Manager - Forens		916 Database
FΑ	ET Monthly Referral Log	15th of each month (If Applicable)	<del> </del>	1	Program Manager - Forens		xhibit A - Required cuments and Reports
Νö	Onthly Vacant Position(s) Peace 5	15th of each month (If Applicable)		1	Program Manager - Focens	IC	916 Datebase
pas	Stions:		PARE SAME		Program Manager - FACT	Ex Doo	Dibit A - Required
	a. Medical Director/Physician	TO BE STORY OF THE					uments and Reports
	a description	15th of each month (If Applicable)			Vice President of Network		
	b. FIS/MSS Staff			I	Development and Clinical	Ext	nibit A - Required
	S. Forencie Cose Man	15th of each month (If Applicable)		1 P.	Services		nnents and Reports
	c. Forensic Case Management Staff	15th of each month (If Applicable)		<u> </u>	ogram Manager - FIS / BN	Ext Doca	ibit A - Required ments and Reports
_	d. FACT staff			I I	rogram Manager - Forensic	Exh	ibit A - Required
LAN	T SAMH Program Loge	15th of each month (If Applicable)		. —		Docu	ments and Reports
		25th of each month (If Applicable)			Program Manager - FACT	Docum	bit A - Required nents and Reports
				1	QA/QI Department	Exhi	bit A - Required
						t Dogum	

### Exhibit A Required Reports

		Required Repo			
	Brangar.	Qtr I - duc October 10th			
26	E.ga. of Sediepoing Reports (only applicable to providers y foundic programia) Consumer Satisfaction Survey	Vith: Qtr 2- due Januery 10th Qtr 3 - due April 10th Qtr 4 - July 10th	. 1	Program Manager - Forens	ic 916 Database
	a. Quarter 1 (If Applicable)		NA CYCLO		
	b. Quarter 2 (If Applicable)	Qtr 1 - due October 15th			
	c. Quarter 3 (If Applicable)	Qtr 2 - due January 15th	1	QA/QI Department	
	d. Quarter 4 (Final for Fiscal Year End, If Applicable	e) Qo 4 – due July 15th		e e paranem	Mail Hard Copie
	RACU Ad Hos Report (only applicable to providers with FACT programs)	Qtr 1 - duc October 15th Qtr 2 - duc January 15th Qtr 3 - duc April 15th Qtr 4 - duc July 15th	1	Department of Children and Families with confirmation to Program Manager - FACT	Exhibit A - Require Documents and Repo
3234 1224	Financial Reports: Profit Loss Statement, Balance Sheet, and Statement of Cash-Riow.	Qtt 1 - due November 30th Qtt 2 - due February 28th Qtt 3 - due May 31st Qtt 4 - due September 30th	1	Finance Department	Exhibit A - Require
- ft - 71	Nationel Voter Registration Ouarteily Activities Report Form forly applicable to providers who have elect specific activities	Qtr 3 - due April 5th Qtr 4 - due July 5th	1	Contract Department	Exhibit A - Required Documents and Repor
30 -	Quartacly Match report (only applicable to providers who have march requirements)	Qtr 3 - due May 31st Qtr 4 - due September 30th	1	Finance Department	Exhibit A - Required Documents and Repor
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	a. B-Net Regional Employee List	July 10th (or as needed if info changes	1	Program Manager - FIS / BNet	Exhibit A - Required
96222	b. FIS/MSS Regional Employee List	July 10th (or as needed if info changes)	1		Documents and Report Exhibit A - Required
N C	ARP Unaccredited Provider Workbook Annual Reports			Program Manager - FIS / BNat	Documents and Reports
	a. Documentation of competency-based training in health and safety for personnel	July 30th (If Applicable)	1		23 23 45 43
	b. Written evidence of unannounced test of all emergency procedures	July 30th (If Applicable)	1	QA/QI Department	Exhibit A - Required Documents and Reports
	c. Written analysis of critical incidents	July 30th (If Applicable)	<del></del>	QA/QI Department	Exhibit A - Required Documents and Reports
	d. External inspection reports for health and safety	July 30th (If Applicable)	1	QA/QI Department	Exhibit A - Required Documents and Reports
	c. Self-inspection reports (minimum twice per year)		1	QA/QI Department	Exhibit A - Required Documents and Reports
	f. Accessibility status report	July 30th (If Applicable)	1	QA/QI Department	Exhibit A - Required Documents and Reports
B (4n)	musi Laventory Report	July 30th (If Applicable)	I	QA/QI Department	Exhibit A - Required Documents and Reports
86	hemeat of Program Cost (BNFT)	August 31st	11	Pinance Department	Exhibit A - Required
1 A28	gregate Bayor Class Report (CSD) and Policy Dec	September 1st (If Applicable)	1	Program Manager - FIS / BNot	Documents and Reports  Exhibit A - Required
V CAL	RR Unaccredited Provider Washing	September 25th	1	Contracts Department	Documents and Reports  Exhibit A - Required
and	Plans 2. Procedures for managing funds of persons served				Documents and Reports
	(when applicable)	September 30th (If Applicable)	1	QA/QI Department	Exhibit A - Required
	b. Emergency procedures	September 30th (If Applicable)	ı	QA/QI Department	Documents and Reports  Exhibit A - Required
<del> </del>	c. Procedures regarding critical incidents	September 30th (If Applicable)	1		Documents and Reports Exhibit A - Required
	d. Procedures related to verification of personnel backgrounds and credentials	September 30th (If Applicable)	1		Documents and Reports
	c. Job descriptions and performance evaluations forms	September 30th (If Applicable)			Exhibit A - Required occurrents and Reports
	f. Policies on the rights of persons served	September 30th (If Applicable)	1	D	Exhibit A - Required occurrents and Reports
	g. Policies and procedures by which persons served may make a formal complaint	September 30th (If Applicable)	- 1	QA/QI Department D	Exhibit A - Required ocuments and Reports
	h. Accessibility plan		1	QA/QI Department	Exhibit A - Required ocuments and Reports
	(Scheding) (for ellent non appliffe unit cost performance	September 30th (If Applicable)	1	QA/OI Department	Exhibit A - Required ocuments and Reports
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#### Exhibit A Required Reports

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L	a. Schedule of State Barnings	October 31st	1	Finance Department	Exhibit A - Required Documents and Reports
	b. Schedule of related Party Transaction Adjustments	October 31st	1	Finance Department	Exhibit A - Required Documents and Reports
<u> </u>	c. Program/Cost Center Actual Expenses & Revenues	October 31st	1	Finance Department	Exhibit A - Required  Documents and Reports
	d. Schedule of Bed-Day Availability Payments	October 31st	ı	Finance Department	Exhibit A - Required
38	DCF HIPAA Training Certificate of Completion	October 31st	1	IT Team	Documents and Reports
39	DCF Security Awareness Training Certificate of Completion	October 31st	1	IT Team	requestaccess@cfbhn.org
. 40	Agency Service Capacity Report, Frojected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (If applicable)				
	a. Actuals for FY 2014-2015	within 180 days after the year end of the provider's fiscal period or within 30 days of the recipient's receipt of the audit report	1	Finance Department	Exhibit A - Required Documents and Reports
<del></del>	b. Projected for FY 2016-2017	March 15, 2016	i	Finance Department	Exhibit A - Required Documents and Reports
	Fuancial & Compliance Audit - Attachment III	within 180 days after the year end of the provider's fiscal period or within 30 days of the recipient's receipt of the audit report	3	Finance Department	Exhibit A - Required Documents and Reports, Office of the Inspector General, Auditor General
	Path Annual Report	March 15th (If Applicable)	2	Program Manager - PATH	Exhibit A - Required Documents and Reports, PATH Database
49	Contract Required Documents (If items O through AC have not charged from the priot flead year, please indicate no sharge on the Required Documents Checklist and upload by June 181)				
	a. Attestation Letter for the Deaf and Hard-of-Hearing	June 1st	l	Contract Department	Exhibit A - Required
	b. Civil Rights Compliance Checklist and Civil Rights Certificate (Applies to employers with 15 or more employees only)	June 1st	1	Contract Department	Exhibit A - Required Documents and Reports
	c. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contructs/Subcontracts - CF 1125 Form	June 1st	1	Contract Department	Exhibit A - Required Documents and Reports
	d. Certification Regarding Lobbying / Certification for Contracts, Grants, Loans, and Cooperative Agreements CF 1123 Form	Jund 1st	1	Contract Department	Exhibit A - Required Documents and Reports
	e. Last Approved Board Meeting Minutes	June 1st	1	Contract Department	Exhibit A - Required
	f. Latest Line of Credit Letter (If you do not have a line of credit, please send a statement that you do not)	June 1st	1	Contract Department	Documents and Reports  Exhibit A - Required  Documents and Reports
	g. Local Match Plan for required match in FY 2016- 2017 (If applicable)	June 1st	1	Contract Department	Exhibit A - Required
	h. Network Service Provider Catalogue of Care	June 1st	1	Contract Department	Documents and Reports Exhibit A - Required
	1. Organizational Profile (Hard copies must be signed)	June 1st	1	Contract Department	Documents and Reports Exhibit A - Required
	j. Organization Chart	June 1st	1	Contract Department	Documents and Reports  Exhibit A - Required
	k. Scrutinized Vendor Certification	June 1st	1	Contract Department	Documents and Reports Exhibit A - Required
	i. Sliding Fee Scale Policy and Amounts (Based on the latest poverty guidelines)	June 1st	1	Contract Department	Documents and Reports  Exhibit A - Required
	m. Subcontracts for services being subcontracted out by your agency for primary services -Subcontracting is defined as the following: Subcontracting core behavioral health services and health and safety services	June 1st	1	Contract Department	Documents and Reports  Exhibit A - Required  Documents and Reports
	n. Accreditation Survey, most recent Accreditation Report, Corrective Action or Performance Improvement Plans, and any Performance Data submitted to your accrediting organizations.	As updated (when accreditation is initially acquired or renewed)	1	Contract Department	Exhibit A - Required Documents and Reports
	o. Business Associate Agreement	As template is updated	1	Contract Department	Exhibit A - Required Documents and Reports
-	p. Board Members List (Current), Length of Tenure and County of Residence	As needed (if info changes)	1	Contract Department	Exhibit A - Required Documents and Reports

# Exhibit A Required Reports

9 United Trust Pacid - Name and Pacidins of Person All Decides (if info changes) 1. Courset Department Decument Decument 1. Courset Department Decument D		Required Repor	rts		
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# Exhibit B - Funding Detail

Provider Name Community Assisted and Supported Living, Inc. (formerly Renai Contract No. QB041

#### Fiscal Year 2015-2016

Activity	Category	OCA	OCA Title .	Contract Amt	ME Fee	Subcontract Amt
502018	100610	мнаоо	Managing Entity Services and Supports Provider Activity - Adult Mental Health	\$96,064	\$3,419	\$92,645
502018	100610	мна70	Adult Mental Health Projects-Includes Agape Family Christian, Liefman and Pinellas Receiving Facility (formerly AFMMD, LPPME, SMHA1 and SMHA2)	\$90,000	\$3,203	\$86,797
			Fiscal Year 2015-2016 Total	\$186,064	\$6,622	\$179,442

Multi-Year Contract No. QB041 Total \$186,064 \$6,622 \$179,442

# Performance Measures

To comply with the subcontract content requirement of Attachment I, Section B.3.c.(3), the Managing Entity shall incorporate the Network Service Provider Measures in Table 2 into each Network Service Provider subcontract, as appropriate to the services and target populations in each subcontract. The Managing Entity is not required to apply the Network Targets to each individual subcontract. Rather, the Managing Entity shall establish specific targets for each measure in each subcontract, sufficient to ensure the Network cumulatively reaches the specified Network Targets.

		reserves the specimed Network Targets.	
		Tible & Network Service Crossitie Agenciae	
		i TaperTenniauronemerMederra description	
Adules	Con	nmunity:Mental Fealth	a Tare
MH003	3 a		
	_	illness	N/A
MH703	3 b.	Percent of adults with serious mental illness who are competitively employed	<u> </u>
MH742	' c.	Percent of adults with severe and persistent mental illnesses who live in stable	N/A
		Trousing environment	N/A
MH743	d.	Percent of adults in forensic involvement who live in stable housing environment	
MH744	e.	Percent of adults in mental health crisis who live in stable housing environment	N/A
Adiries	ubst	ance whuse	N/A
SA058	a.		
SA754	b.	Percent change in the number of a data	· N/A
		Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	01/0
SA755	c.	Percent of adults who successfully complete substance abuse treatment services	N/A
SA756	d.	Percent of adults with substance abuse treatment services	N/A
		Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	N/A
Children	SR	dental Health	IV/A
MH012	а.		
MH377	b.	Percent of school days seriously emotionally disturbed (SED) children attended	N/A
		Percent of children with emotional disturbances (ED) who improve their level of functioning	N/ / A
MH378	c.		N/A
		Percent of children with serious emotional disturbances (SED) who improve their level of functioning	N/A
MH778	d.	Percent of children with emotional disturbance (ED) who live in a stable housing	14/M
		Entra Office H	N/A
MH779	e.	Percent of children with serious emotional disturbance (SED) who live in a stable	
· 		nousing environment	N/A
VIH780	f.	Percent of children at risk of emotional disturbance (ED) who live in a stable	· .
40. Statistica		Hogsing environment	N/A
nusien		hStance/Abuse	
5A725	a.	Percent of children who successfully complete substance abuse treatment services	
5A751	b.	refer thange in the number of children arrested 30 days prior to admission	N/A
		versus 30 days prior to discharge	N/A
5A752	C.	Percent of children with substance abuse who live in a stable housing environment	·
	- 1	at the time of discharge	N/A

	Lable 3 Network Service Provi	der Dornor Weasores = Persons Serv
	For Fisca	lyear2015-2016
	ServicesCategory	EY. Torget
<u></u>	Residential Care	
Adult Mental Health	Outpatient Care	72
ult Mer Health	Crisis Care	12
Adu	State Hospital Discharges	
Mentheron Permanan	Peer Support Services	
2 =	Residential/Care	
दम्मधिकाड शास्त्री महस्राप	Eutpätient/care	
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nce	Residential Care	
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Adult Substance Abuse	Detoxification	
du	Women's Specific Services	
	Injecting Drug Users	
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5 6	Detoxification	
	Disvention	

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The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

#### **MONITORING**

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the department. In the event the department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the department's inspector general, the state's Chief Financial Officer or the Auditor General.

#### **AUDITS**

# PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$500,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 in Federal awards during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, (direct), other state agencies, and other non-state entities. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

Single Audit Information for Recipients of Recovery Act Funds:

(a) To maximize the transparency and accountability of funds authorized under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111–5) (Recovery Act) as required by Congress and in accordance with 2 CFR 215.21 "Uniform Administrative Requirements for Grants and Agreements" and OMB Circular A–102 Common Rules provisions, recipients agree to maintain records that identify

adequately the source and application of Recovery Act funds. OMB Circular A-102 is available at http://www.whitehouse.gov/omb/circulars/a102/a102.html.

- (b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A–133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF–SAC) required by OMB Circular A–133. OMB Circular A–133 is available at http://www.whitehouse.gov/omb/circulars/a133/a133.html. This shall be accomplished by identifying expenditures for Federal awards made under the Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF–SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF–SAC.
- (c) Recipients agree to separately identify to each subrecipient, and document at the time of subaward and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of Recovery Act funds. When a recipient awards Recovery Act funds for an existing program, the information furnished to subrecipients shall distinguish the subawards of incremental Recovery Act funds from regular subawards under the existing program.
- (d) Recipients agree to require their subrecipients to include on their SEFA information to specifically identify Recovery Act funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor subrecipient expenditure of ARRA funds as well as oversight by the Federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

# PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 in State financial assistance during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

# PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

A. Contract manager for this contract (1 copy): ............. Name: Lauryn Bacon

(1 electronic copy and management letter, if issued)
Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

Email address: single\_audit@dcf.state.fl.us

C. Reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:

http://harvester.census.gov/fac/collect/ddeindex.html

and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient <u>directly</u> to the following address:

Auditor General Local Government Audits/342 Claude Pepper Building, Room 401 111 West Madison Street Tallahassee, Florida 32399-1450

Email address: flaudgen\_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

# PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the department.

### Attachment V

# PROTECTED HEALTH INFORMATION

This Attachment contains the terms and conditions governing the Provider's access to and use of Protected Health Information and provides the permissible uses and disclosures of protected health information by the Provider, also called "Business Associate."

# Section 1. Definitions

### 1.1 Catch-all definitions:

The following terms used in this Attachment shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

# 1.2 Specific definitions:

- 1.2.1 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and for purposes of this Attachment shall specifically refer to the Provider.
- 1.2.2 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and for purposes of this Attachment shall refer to the Department.
- 1.2.3. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- 1.2.4. "Subcontractor" shall generally have the same meaning as the term "subcontractor" at 45 CFR § 160.103 and is defined as an individual to whom a business associate delegates a function, activity, service, other than in the capacity of a member of the workforce of such business associate.

# Section 2. Obligations and Activities of Business Associate

# 2.1 Business Associate agrees to:

- 2.1.1 Not use or disclose protected health information other than as permitted or required by this Attachment or as required by law;
- Use appropriate administrative safeguards as set forth at 45 CFR § 164.308, physical safeguards as set forth at 45 CFR § 164.310, and technical safeguards as set forth at 45 CFR § 164.312; including, policies and procedures regarding the protection of PHI and/or ePHI set forth at 45 CFR § 164.316 and the provisions of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and/or ePHI that the Provider creates, receives, maintains or transmits on behalf of the Department:
- 2.1.3 Acknowledge that (a) the foregoing safeguards, policies and procedures requirements shall apply to the Business Associate in the same manner that

such requirements apply to the Department, and (b) the Business Associate's and their Subcontractors are directly liable under the civil and criminal enforcement provisions set forth at Section 13404 of the HITECH Act and section 45 CFR § 164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements and any guidance issued by the Secretary of Health and Human Services with respect to such requirements;

- 2.1.4 Report to covered entity any use or disclosure of protected health information not provided for by this Attachment of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- 2.1.5 Notify the Department's Security Officer, Privacy Officer and the Contract
  Manager as soon as possible, but no later than five (5) business days following
  the determination of any breach or potential breach of personal and confidential
  2.1.6 Notify the Privacy Officer and Contract M.
- Notify the Privacy Officer and Contract Manager within (24) hours of notification by the US Department of Health and Human Services of any investigations, compliance reviews or inquiries by the US Department of Health and Human Services concerning violations of HIPAA (Privacy, Security Breach).
   Provide any additional information.
- 2.1.7 Provide any additional information requested by the Department for purposes of investigating and responding to a breach;
- 2.1.8 Provide at Business Associate's own cost notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data as provided in section 817.5681, F.S.;
- 2.1.9 Implement at Business Associate's own cost measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential departmental data;
- 2.1.10 Take immediate steps to limit or avoid the recurrence of any security breach and take any other action pertaining to such unauthorized access or disclosure actions taken by the Department;

  In accordance with 45 CER 104 5000 Hours
- 2.1.11 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. Business Associate's must attain satisfactory assurance in the form of a written contract or other written agreement with their business associate's or subcontractor's that meets the applicable requirements of 164.504(e)(2) that the Business Associate or Subcontractor will appropriately safeguard the information. For prior contracts or other arrangements, the provider shall provide written certification that its implementation complies with the terms of 45 CFR 164.532(d):
- 2.1.12 Make available protected health information in a designated record set to covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524;
- 2.1.13 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;

- 2.1.14 Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;
- 2.1.15 To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- 2.1.16 Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules.

# Section 3. Permitted Uses and Disclosures by Business Associate

- 3.1 The Business associate may only use or disclose protected health information covered under this Attachment as listed below:
  - 3.1.1 The Business Associate may use and disclose the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) in performing its obligations pursuant to this Attachment.
  - 3.1.2 The Business Associate may use the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) for archival purposes.
  - 3.1.3 The Business Associate may use PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate, if such use is necessary (a) for the proper management and administration of Business Associate or (b) to carry out the legal responsibilities of Business Associate.

    The Business Associate may disclose PLIII.
  - 3.1.4 The Business Associate may disclose PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate if (a) the disclosure is required by law or (b) the Business Associate (1) obtains reasonable assurances from the person to whom the PHI and/or ePHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person and (2) the person agrees to notify the Business Associate of any instances of which it becomes aware in which the confidentiality and security of the PHI and/or ePHI has been breached.
  - 3.1.5 The Business Associate may aggregate the PHI and/or ePHI created or received pursuant this Attachment with the PHI and/or ePHI of other covered entities that Business Associate has in its possession through its capacity as a Business Associate of such covered entities for the purpose of providing the Department of Children and Families with data analyses relating to the health care operations of the Department (as defined in 45 C.F.R. §164.501).
  - 3.1.6 The Business Associate may de-identify any and all PHI and/or ePHI received or created pursuant to this Attachment, provided that the de-identification process conforms to the requirements of 45 CFR § 164.514(b).
  - 3.1.7 Follow guidance in the HIPAA Rule regarding marketing, fundraising and research located at Sections 45 CFR § 164.501, 45 CFR § 164.508 and 45 CFR § 164.514.

# Section 4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- 4.1 Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.
- 4.2 Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.
- 4.3 Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.

### Section 5. Termination

### 5.1 Termination for Cause

- 5.1.1 Upon the Department's knowledge of a material breach by the Business Associate, the Department shall either:
  - 5.1.1.1 Provide an opportunity for the Business Associate to cure the breach or end the violation and terminate the Agreement or discontinue access to PHI if the Business Associate does not cure the breach or end the violation within the time specified by the Department of Children and Families:
  - 5.1.1.2 Immediately terminate this Agreement or discontinue access to PHI if the Business Associate has breached a material term of this Attachment and does not end the violation; or
  - 5.1.1.3 If neither termination nor cure is feasible, the Department shall report the violation to the Secretary of the Department of Health and Human Services.

# 5.2 Obligations of Business Associate Upon Termination

- Upon termination of this Attachment for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:
  - 5.2.1.1 Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
  - 5.2.1.2 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the remaining protected health information that the Business Associate still maintains in any form;
  - 5.2.1.3 Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health

- information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
- 5.2.1.4 Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraphs 3.1.3 and 3.1.4 above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and
- 5.2.1.5 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.
- 5.2.1.6 The obligations of business associate under this Section shall survive the termination of this Attachment.

#### Section 6. Miscellaneous

- 6.1 A regulatory reference in this Attachment to a section in the HIPAA Rules means the section as in effect or as amended.
- 6.2 The Parties agree to take such action as is necessary to amend this Attachment from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- 6.3 Any ambiguity in this Attachment shall be interpreted to permit compliance with the HIPAA Rules.

Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: CASL S+C I136891

# **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW)

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

# 1A. Application Type

#### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

FL0266L4D031508 **5b. Federal Award Identifier:** 

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant

**Inventory Worksheet (GIW).** 

Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number



6. Date Received by State:

7. State Application Identifier:

Renewal Project Application FY2016	Page 2	09/09/2016
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Applicant: Ft Myers/Cape Coral/Lee County CoC Project: CASL S+C I

# 1B. Legal Applicant

#### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

FL-603

136891

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

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 Services

**Division Name:** 

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Ms.

Renewal Project Application FY2016	Page 3	09/09/2016
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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. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

litle:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

### 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CASL S+C I

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2017b. End Date: 03/31/2018

### 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: CASL S+C I 136891

### 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

### 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:** \$76,372

Organization	Туре	Sub- Award Amount
Community Assisted Supported Living dba Renaiss	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$76,372

### 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Community Assisted Supported Living dba

Renaissance Manor

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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c. Employer or Tax Identification Number: 65-0869993

\* d. Organizational DUNS: 940621519 PLUS 4

e. Physical Address

Street 1: 1693 Main St

Street 2: Suite A

City: Sarasota

State: Florida

**Zip Code:** 34236

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

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

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

i. Expected Sub-Award Amount: \$76,372

j. Contact Person

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

**Suffix:** 

Title: CEO

E-mail Address: scott.eller@caslinc.org

Confirm E-mail Address: scott.eller@caslinc.org

**Phone Number:** 941-365-8645

Extension:

**Fax Number:** 

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: CASL S+C I 136891

### 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of esnaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0266L4D031508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC

2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: CASL S+C I

4. Project Status: Standard

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5. Component Type: PH

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

### 3B. Project Description

### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?:This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

CASL's mission is to provide clean, safe, affordable housing to low income individuals with disabilities. CASL serves disabled populations that are largely designated with a severe and persistent mental illness health diagnosis (SPMI.) This population finds it difficult to maintain stability in many areas of their lives, and therefore, cycles in and out of homelessness. A transient lifestyle is further de-stabilizing to those diagnosed as SPMI, who need stable housing, ongoing health care, nutrition and medications. This funding will provide desperately needed rental assistance to help to support residents to maintain permanent supportive housing. Through its collaborations with other agencies, CASL is able to concentrate on providing quality, affordable housing while working towards program standards. Our supportive housing program addresses homelessness, independent living rehabilitation, provides special needs housing, integrates the residents into the community, and addresses the challenges of affordable rental housing and the stigma attached to those identified as mentally ill. This program is central to our ability to assist clients in maintaining their independence. CASL currently offers homes in single and multi-family units and rents are based on the residents' ability to pay. It is imperative to note that until clients have stable housing and a postal address they are often unable to access benefits. Often our residents initially have little or no means to pay for housing, nor are they able to afford utilities. CASL

assists residents in becoming as independent as possible providing guidance and assistance in becoming self-sufficient. CASL homes include utilities, maintenance, furnishings, and individual case management / life skill services, which help with self-determination and independence. As a result they are able to utilize the community resources and to enjoy the services and amenities offered by the county while dramatically reducing the occurrence of homelessness, acute care or forensic systems.

# 2. Does your project have a specific Yes population focus?

### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	х	Domestic Violence	х
Veterans		Substance Abuse	X
Youth (under 25)	х	Mental Illness	Х
Families with Children		HIV/AIDS	
		Other (Click 'Save' to update)	

#### Other:

### 3. Housing First

3a. Does the project quickly move Yes participants into permanent housing

# 3b. 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	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

### 3c. Does the project ensure that participants are not terminated from the

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL S+C I

### program for the following reasons? Select all that apply.

FL-603

136891

Failure to participate in supportive services	X
Failure to make progress on a service plan	x
Loss of income or failure to improve income	x
Domestic violence	x
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

- 3d. Does the project follow a "Housing First" approach?
- 4. Does the PH project provide PSH or RRH? PSH
- 4a. Does the project request costs under the Yes rental assistance budget line item?

4b. Is this a CoC Program leasing or SHP No project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?

### 4A. Supportive Services for Participants

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed

	1	
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Partner	As needed
Partner	As needed
Non-Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Applicant	As needed

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# 2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?

**2b. Use of a single application form for four** Yes or more mainstream programs?

2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?

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

3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

### 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: 6

Total Beds: 14

Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 2

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (	6	14	0	2

### 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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**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: 6b. Beds: 14

### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 12 "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question 2
  "3b." above will likely become available
  through
  turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 2
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

Street 1: Various

Street 2:

City: Various

State: Florida

**ZIP Code: 99999** 

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120402 Cape Coral, 120966 Ft Myers, 129071 Lee County

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### 5A. Project Participants - Households

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households		10			10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househ	ons in olds with Children	Total
				,	
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Adults over age 24
Adults ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

0	12
0	2
0	
0	14

0	
0	
0	

12
2
0
0
14

### Click Save to automatically calculate totals

### 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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### **Persons in Households without Children**

Characteristics	Chronic ally Homeles s Non- Veterans	ally	S	ce Abuse		Severely Mentally III			mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	0	0	12	0	0	0	0
Adults ages 18-24	0	0	0	0	0	2	0	0	0	0
Total Persons	0	0	0	0	0	14	0	0	0	0

### Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Diśabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

### 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

50%	Directly from the street or other locations not meant for human habitation.
30%	Directly from emergency shelters.
20%	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

### **6A. Funding Request**

#### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

## 1. Do any of the properties in this project Yes have an active restrictive covenant?

Renewal Project Application FY2016	Page 32	09/09/2016

Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL S+C I	136891

2.	Was the original project awarded as either	No
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance X

**Supportive Services** 

**Operations** 

**HMIS** 

### **6D. 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.

	Total Request for Grant Term:			\$72,192
	Total Units:			6
Type of Rental Assistance	FMR Area	Area		Total Request
SRA	FL - Cape Coral-Fort Myers, FL MSA (1		6	\$72,192

### **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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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 "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent.".

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 with the value "1 Year" and will be read only.

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

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

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Renewal Floject Application 1 12010	i age 55	03/03/2010

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

Type of Rental Assistance: SRA

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

Does the applicant request rental assistance No funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area HUD Paid Rent (Applicant)			12 Months		Total Request (Applicant)	
SRO		х	\$511	\$511	х		=	\$0	
0 Bedroom		х	\$681	\$681	х		=	\$0	
1 Bedroom	2	х	\$730	\$730	х		=	\$17,520	
2 Bedrooms	1	х	\$911	\$911	х		=	\$10,932	
3 Bedrooms	2	х	\$1,195	\$1,195	х		=	\$28,680	
4 Bedrooms	1	х	\$1,255	\$1,255	х		=	\$15,060	
5 Bedrooms		х	\$1,443	\$1,443	х		=	\$0	
6 Bedrooms		х	\$1,632	\$1,632	х		=	\$0	
7 Bedrooms		х	\$1,820	\$1,820	х		=	\$0	
8 Bedrooms		х	\$2,008	\$2,008	х		=	\$0	
9 Bedrooms		х	\$2,196	\$2,196	х		=	\$0	
Total Units and Annual Assistance Requested	6							\$72,192	
Grant Term		•						1 Year	
Total Request for Grant Term								\$72,192	

Click the 'Save' button to automatically calculate totals.

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### **6H. 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:						\$0
Total Value	of In-Kind Commitments	:					\$19,093
Total Value	of All Commitments:						\$19,093
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Private	Agency s	y provided	08/01/2016	\$19,093	

### **Sources of Match Detail**

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Agency provided services (Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2016

**6. Value of Written Commitment:** \$19,093

### 61. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs		Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units		\$0
1b. Leased Structures		\$0
2. Rental Assistance		\$72,192
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3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$72,192
7. Admin (Up to 10%)	\$4,180
8. Total Assistance plus Admin Requested	\$76,372
9. Cash Match	\$0
10. In-Kind Match	\$19,093
11. Total Match	\$19,093
12. Total Budget	\$95,465

### 7A. Attachment(s)

#### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit     Documentation	No	Nonprofit Documen	01/13/2014
2) Other Attachment	No	Documentation of	08/02/2016
3) Other Attachment	No		

### **Attachment Details**

**Document Description:** Nonprofit Documentation

### **Attachment Details**

**Document Description:** Documentation of Match

### **Attachment Details**

**Document Description:** 

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



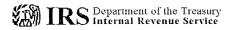
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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

### **8B Submission Summary**

Page	Last Updated			
1A. Application Type	08/15	/2016		
1B. Legal Applicant	No Input	Required		
1C. Application Details	No Input	Required		
1D. Congressional District(s)	08/15/2016			
1E. Compliance	08/15/2016			
1F. Declaration	08/15/2016			
2A. Subrecipients	08/15/2016			
2B. Recipient Performance	08/15/2016			
3A. Project Detail	08/15/2016			
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3B. Description	08/15/2016
4A. Services	08/15/2016
4B. Housing Type	08/15/2016
5A. Households	08/15/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/15/2016
6A. Funding Request	08/15/2016
6D. Rental Assistance	08/15/2016
6H. Match	08/15/2016
6l. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2016
7B. Certification	08/19/2016



OGDEN UT 84201-0038

In reply refer to: 0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00

00032005

BODC: TE

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519



035718

Employer Identification Number: 65-0869993

Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 19, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JANUARY 1999.

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 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.

0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00 00032006

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

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

Sincerely yours,

Sharon Davies

Accounts Management I



OGDEN UT 84201-0038

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COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

035718

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window. 0438186857

BODCD-TE

Use for payments

Letter Number:

LTR4168C

Letter Date

2012-03-28

Tax Period

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\*650869993\*

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038 Hadalalaldhaaallhadhaallalalal



Special Homes for Special People 1693 Main Street, Suite A • Sarasota, FL 34236 • 941.225-2373 • Fax: 941.366-0033

August 1, 2016

Jeannie Sutton, Grants Coordinator Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: 2016 Match and Leverage

Dear Ms. Sutton,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC renewal application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse.

Our list of leveraged and match funding is as follows:

CoC Project	Match	Туре	Leverage	Туре
Broadway	\$3,400	In-kind Agency Services	\$3,400	CFBHN Contract
San Souci	\$13,454	In-kind Agency Services	\$4,429	In-kind Agency Services
S+C 1	\$19,093	In-kind Agency Services	\$8,376	In-kind Agency Services
S+C 2	\$18,200	In-Kind Agency Services	\$8,422	In-kind Agency Services
TOTAL	\$54,147		\$24,627	

You requested additional information regarding how the Central Florida Behavioral Health Network (CFBHN) contract would be used as leverage for the project. CASL will be using the CFBHN contract to provide case management and client services that would otherwise be ineligible under various HUD contracts. By using these funds as leverage we will be able to provide to the clients, additional access to client services and treatment to supplement the case management and life skills that are funded under the Broadway application.

Sincerely,

Geoffrey Magon

**Director of Grants and Development** 

Community Assisted & Supported Living, Inc.

d/b/a Renaissance Manor

### **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

### 1A. Application Type

#### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0537L4D031501

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award

Identifier has been updated to reflect the most recently awarded grant number



6. Date Received by State:

7. State Application Identifier:

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### 1B. Legal Applicant

#### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

be

contacted on matters involving this application

· · \_ .. ..

Prefix: Ms.

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

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. Application Details

#### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

litle:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

### 1D. Congressional District(s)

#### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: The Salvation Army Rapid Rehousing

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2017b. End Date: 05/31/2018

### 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

#### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

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

09/09/2016

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

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

If "YES," provide an explanation:

Project: The Salvation Army Rapid Rehousing

### 1F. Declaration

#### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

**Prefix:** Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

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

**Date Signed:** 08/19/2016

### 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:** \$1,291,074

Organization	Туре	Sub- Award Amount
The Salvation Army	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$1,291,074

### 2A. Project Subrecipients Detail

#### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: The Salvation Army

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

c. Employer or Tax Identification Number: 58-0660607

\* d. Organizational DUNS: 017727103 PLUS 4

e. Physical Address

Street 1: 10291 McGregor Blvd.

Street 2:

City: Fort Myers

State: Florida

**Zip Code:** 33919

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

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

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

i. Expected Sub-Award Amount: \$1,291,074

j. Contact Person

Prefix: Mr.

First Name: Timothy

Middle Name:

Last Name: Gilliam

**Suffix:** 

Title: Area Commander

E-mail Address: Timothy\_Gilliam@uss.salvationarmy.org

Confirm E-mail Address: Timothy Gilliam@uss.salvationarmy.org

Phone Number: 239-278-1551

**Extension:** 

Fax Number: 239-278-9028

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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### 3A. Project Detail

#### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0537L4D031501

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: The Salvation Army Rapid Rehousing

4. Project Status: Standard

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

5. Component Type: PH

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

### 3B. Project Description

#### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move prográm participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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136898

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services. This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

The 2016 Lee County point in time count totaled 439 homeless, including 41 families and 74 children, and research with the schools and HMIS estimates that 2,308 individuals were homeless throughout the year. The Salvation Army operates a 52 bed shelter the provides accelerated case management to move clients into housing using community resources. Last fiscal year 485 unduplicated clients were served through this program. The Rapid Rehousing project allows The Salvation Army to identify homeless families seeking shelter for rapid rehousing, and prioritize their move out of shelter into permanent housing. This, in turn, allows for shorter lengths of shelter stay and a higher number of families served annually. Through intake and coordinated assessments, families will be identified as eligible for Rapid Rehousing. The intake process will also identify the families' additional needs that will be developed into a service plan. Our housing specialist will work with the family to place them in housing through our network of landlords, and case managers will utilize community resources and supportive services to assist clients with their needs. Our case management team will monitor progress through biweekly visits for the first 3 months and then monthly after that, unless circumstances demand more. We have identified supportive and direct services that have shown to be prevalent among our clientele and key components to their success, including case management, access to mental health services,

Project: The Salvation Army Rapid Rehousing

community education and basic skills classes, employment assistance, moving costs, transportation, food, childcare, and utility deposits. At full capacity the program will have 60 plus families in housing (apartments, single family homes, or duplexes) in locations that allow for access to community resources. Our housing specialist will work with landlords and clients to aid them in finalizing the lease while our team of case managers will work to connect the family with support services. All participants will be eligible for up to 12 months of rental assistance. The first full three months will be funded at 100% of monthly rent. month 4 to month 8 the participant will be required to pay 10% of their monthly net income towards the monthly rental amount. After nine months of their lease, the participant will pay 20% of their monthly net income towards the monthly rental amount in an effort to establish self-sufficiency. After the 12 months of rental assistance the option for an aftercare component allows for additional follow up support of participants for up to 6 months after rent assistance ends, including case management and access to some support services. The projected outcome of this program is 180 people will be permanently housed with 126 (70%) remaining in stable permanent housing and of the proposed 60 adults in that population, 30 (50%) will maintain or increase their wages and/or skills to manage permanency in their housing.

### 2. Does your project have a specific Yes population focus?

### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families with Children	х	HIV/AIDS	
		Other (Click 'Save' to update)	

Other:

### 3. Housing First

3a. Does the project quickly move Yes participants into permanent housing

### 3b. 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			
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Applicant: Ft Myers/Cape Coral/Lee County CoC Project: The Salvation Army Rapid Rehousing		FL-603 136898
Active or history of substance abuse		
Having a criminal record with exceptions for state-mandated restrictions		
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)		X
None of the above		
3c. Does the project ensure that part program for the following re		
Failure to participate in supportive services		X
Failure to make progress on a service plan		x
Loss of income or failure to improve income		x
Domestic violence		x
Any other activity not covered in a lease agreement typically found in the project's geographic area.		X
None of the above		
3d. Does the project follow a "Housing First" approach?	No	
4. Does the PH project provide PSH or RRH?	RRH	
4a. Does the project request costs under the rental assistance budget line item?	Yes	
4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?	No	

### 4A. Supportive Services for Participants

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Monthly
Child Care	Applicant	As needed
Education Services	Applicant	Weekly

	1	
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Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	Weekly
Applicant	Daily
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed

- 2. Please identify whether the project includes the following activities:
- 2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?
- **2b. Use of a single application form for four** No **or more mainstream programs?**
- 2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?
- 3. Do project participants have access to Yes SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
  - 3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

# 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: 60
Total Beds: 280

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (	45	210		
Single family homes/townhou	15	70		

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

**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: 45b. Beds: 210

### 3. Address

Street 1: Various

Street 2:

City: Various
State: Florida
ZIP Code: 99999

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120402 Cape Coral, 120966 Ft Myers, 129071 Lee County

### 4B. Housing Type and Location Detail

### **Instructions:**

### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically

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homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

**1. Housing Type:** Single family homes/townhouses/duplexes

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

a. Units: 15b. Beds: 70

3. Address

Street 1: Various

Street 2:

City: Various

State: Florida

**ZIP Code: 99999** 

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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

# 4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120402 Cape Coral, 120966 Ft Myers, 129071 Lee County

## 5A. Project Participants - Households

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households	60				60
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househ	ons in olds with Children	Total
					. (0.0 (0.0 )
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Adults over age 24
Adults ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

48		
12		
120		
180	0	0
<u> </u>		·

Click Save to automatically calculate totals

# 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	Chronic ally Homeles s Non- Veterans	S	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III				Persons not represen ted by listed subpopu lations
Adults over age 24				3		2	6	3	4	30
Adults ages 18-24							1	3	3	5
Children under age 18				·		1	1	1	2	115
Total Persons	0	0	0	3	0	3	8	7	9	150

### Click Save to automatically calculate totals

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### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	ally Homeles s	ally	ce Abuse		Severely Mentally III			mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y		Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

### Describe the unlisted subpopulations referred to above:

The unlisted subpopulations include clients that are verified homeless due to other extenuating circumstances (economical, etc.) but do not fit in the listed categories.

### 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

## **6A. Funding Request**

#### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

# 1. Do any of the properties in this project No have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: The Salvation Army Rapid Rehousing	136898

2.	Was the original project awarded as either	No
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance
X
Supportive Services
Operations
HMIS

# **6D. 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.

	Total Request for Grant Term:			\$724,080
	Total Units:			60
Type of Rental Assistance	FMR Area		Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MS	A (1	60	\$724,080

### **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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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 "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent.".

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 with the value "1 Year" and will be read only.

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan FL - Cape Coral-Fort Myers, FL MSA

fair market rent area: (1207199999)

Does the applicant request rental assistance No funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$511	\$511	х		=	\$0
0 Bedroom		х	\$681	\$681	х		=	\$0
1 Bedroom		х	\$730	\$730	х		=	\$0
2 Bedrooms	40	х	\$911	\$911	х		=	\$437,280
3 Bedrooms	20	х	\$1,195	\$1,195	х		=	\$286,800
4 Bedrooms		х	\$1,255	\$1,255	х		=	\$0
5 Bedrooms		х	\$1,443	\$1,443	х		=	\$0
6 Bedrooms		х	\$1,632	\$1,632	х		=	\$0
7 Bedrooms		х	\$1,820	\$1,820	х		=	\$0
8 Bedrooms		х	\$2,008	\$2,008	х		=	\$0
9 Bedrooms		х	\$2,196	\$2,196	х		=	\$0
Total Units and Annual Assistance Requested	60							\$724,080
Grant Term		•						1 Year
Total Request for Grant Term								\$724,080

Click the 'Save' button to automatically calculate totals.

## 6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource 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
1. Assessment of Service Needs	2 Positions/1.5 FTE + Benefits	\$93,538
2. Assistance with Moving Costs	30 Families will be assisted with moving costs	\$5,432
3. Case Management	3 Positions/3 FTE + Benefits	\$131,202
4. Child Care	20 children not eligible under McKinney Vento	\$4,000
5. Education Services	Classes, resources, tools for 20 People	\$6,206
6. Employment Assistance	1 Position/1 FTE + Benefits	\$48,753
7. Food	3 Meals/day for 180 People	\$40,000
8. Housing/Counseling Services	2 Positions/1.25 FTE + Benefits	\$71,394
9. Legal Services	N/A	
10. Life Skills	1 FTE Life Skills Instructor + Benefits	\$50,658
11. Mental Health Services	60 families to use for assessments, followup care or medications not provided by Medicaid, counseling	\$10,432
12. Outpatient Health Services		
13. Outreach Services		

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14. Substance Abuse Treatment Services	N/A	
15. Transportation	Bus passes for 100 People, mileage for site visits	\$30,272
16. Utility Deposits	60 Households' utility deposits	\$17,925
17. Operating Costs		
Total Annual Assistance Requested		\$509,812
Grant Term		1 Year
Total Request for Grant Term		\$509,812

Click the 'Save' button to automatically calculate totals.

# 6H. 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**

Match	Туре	Source	Contri	butor	Date of	Value of	
Total Va	ue of All Commitments:						\$456,245
Total Va	ue of In-Kind Commitmen	ts:					\$199,750
Total Va	ue of Cash Commitments	:					\$256,495

Match	Туре	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Early Learning Co	07/11/2016	\$184,750
Yes	In-Kind	Government	Healthcare for th	07/11/2016	\$15,000
Yes	Cash	Private	Salaries	07/11/2016	\$256,495

### **Sources of Match Detail**

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes

Match?

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Early Learning Coalition

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/11/20166. Value of Written Commitment: \$184,750

### **Sources of Match Detail**

### Instructions:

Renewal Project Application FY2016	Page 42	09/09/2016

**Project:** The Salvation Army Rapid Rehousing

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Healthcare for the Homeless

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/11/2016

6. Value of Written Commitment: \$15,000

### **Sources of Match Detail**

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field

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Applicant: Ft Myers/Cape Coral/Lee County CoC FL-603 **Project:** The Salvation Army Rapid Rehousing 136898

that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "61. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the

Salaries

office or grant program as applicable)

5. Date of Written Commitment: 07/11/2016

6. Value of Written Commitment: \$256,495

# 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$724,08
Renewal Project Application FY2016	Page 45 09/09/2016

3. Supportive Services	\$509,812
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$1,233,892
7. Admin (Up to 10%)	\$57,182
8. Total Assistance plus Admin Requested	\$1,291,074
9. Cash Match	\$256,495
10. In-Kind Match	\$199,750
11. Total Match	\$456,245
12. Total Budget	\$1,747,319

# 7A. Attachment(s)

### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit Documentation	No	Nonprofit Documen	10/15/2015
2) Other Attachment	No	Match Documentation	07/25/2016
3) Other Attachment	No		

Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

### **Attachment Details**

**Document Description:** Nonprofit Documentation

### **Attachment Details**

**Document Description:** Match Documentation

# **Attachment Details**

**Document Description:** 

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



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Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

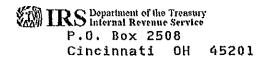
(U.S. Code, Title 218, Section 1001).

Applicant: Ft Myers/Cape Coral/Lee County CoCFL-603Project: The Salvation Army Rapid Rehousing136898

# **8B Submission Summary**

Page	Last Updated	
1A. Application Type	08/10/2016	
1B. Legal Applicant	No Input Required	
1C. Application Details	No Input Required	
1D. Congressional District(s)	08/10/2016	
1E. Compliance	08/10/2016	
1F. Declaration	08/10/2016	
2A. Subrecipients	08/10/2016	
2B. Recipient Performance	08/10/2016	
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3A. Project Detail	08/10/2016	
3B. Description	08/10/2016	
4A. Services	08/10/2016	
4B. Housing Type	08/10/2016	
5A. Households	08/10/2016	
5B. Subpopulations	08/10/2016	
5C. Outreach	08/10/2016	
6A. Funding Request	08/10/2016	
6D. Rental Assistance	08/10/2016	
6E. Supp. Srvcs. Budget	08/10/2016	
6H. Match	08/10/2016	
6I. Summary Budget	No Input Required	
7A. Attachment(s)	08/10/2016	
7B. Certification	08/19/2016	



In reply refer to: 0248404892 Mar. 31, 2011 LTR 4168C E0 58-0660607 000000 00

00015662

BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% KATIE TATE
1424 NE EXPRESS WAY
ATLANTA GA 30329



Employer Identification Number: 58-0660607

Person to Contact: Jeff Seibert

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 23, 2011, 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 October 1955.

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)(i).

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 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.

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

Sincerely yours,

S. A. Martin, Operations Manager Accounts Management Operations



William Booth, Founder
André Cox, General
Commissioner David Jeffrey, National Commander
Commissioner Donald Bell, Territorial Commander
Lt. Colonel Kenneth Luyk, Divisional Commander
Majors Timothy & Cheryl Gilliam, Area Commanders
Lieutenants Christopher & Elyse Doborwicz, Corps Officers

July 11, 2016

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

Dear Ms. Sutton,

This letter will serve as confirmation that The Salvation Army Fort Myers Area Command will provide \$184,750 in government in-kind donations as matching funds for the FY2016 Continuum of Care Program award. These funds come from the Early Learning Coalition.

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

Sincerely,

Teresa Scott

Director of Finance

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William Booth, Founder
André Cox, General
Commissioner David Jeffrey, National Commander
Commissioner Donald Bell, Territorial Commander
Lt. Colonel Kenneth Luyk, Divisional Commander
Majors Timothy & Cheryl Gilliam, Area Commanders
Lieutenants Christopher & Elyse Doborwicz, Corps Officers

July 11, 2016

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

Dear Ms. Sutton,

This letter will serve as confirmation that The Salvation Army Fort Myers Area Command will provide \$15,000 in government in-kind donations as matching funds for the FY2016 Continuum of Care Program award. These funds come from the Healthcare for the Homeless Clinic through Family Health Centers of Southwest Florida, which is located on The Salvation Army's Social Services Campus. All Salvation Army clients who are homeless and do not have medical insurance are eligible for services at the Clinic.

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

Sincerely,

Director of Finance







William Booth, Founder
André Cox, General
Commissioner David Jeffrey, National Commander
Commissioner Donald Bell, Territorial Commander
Lt. Colonel Kenneth Luyk, Divisional Commander
Majors Timothy & Cheryl Gilliam, Area Commanders
Lieutenants Christopher & Elyse Doborwicz, Corps Officers

July 11, 2016

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

Dear Ms. Sutton,

This letter will serve as confirmation that The Salvation Army Fort Myers Area Command will provide \$256,495 in private cash donations as matching funds for the FY2016 Continuum of Care Program award. These funds come from multiple donations of unrestricted funds received throughout the year. There are no major donors this fiscal year to be noted.

This funding is comprised of the following:

- 1 FTE Cook \$37,033.75
- 1 FTE Security Monitor \$48,046.82
- 1 FTE Shelter Monitor \$42,628.07

use Scott

- 1 FTE Social Services Worker \$37,860.95
- 1 FTE Building Maintenance Mechanic \$64,626.87
- .33 FTE Substance Abuse Counselor \$26,308.19

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

Sincerely,

Teresa Scott

Director of Finance





# **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW)

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0265L4D031508

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award Identifier has been updated to reflect the

most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL Sans Souci 136894

### 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

FL-603

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

be

contacted on matters involving this

application

Prefix: Ms.

Renewal Project Application FY2016	Page 3	09/09/2016
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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. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

litle:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

## 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CASL Sans Souci

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

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

### 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL Sans Souci

FL-603 136894

### 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

Prefix: Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

**Suffix:** 

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

# 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:** \$53,816

Organization	Туре	Sub- Award Amount
Community Assisted and Supported Living, Inc.,	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$53,816

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Community Assisted and Supported Living, Inc.,

dba Renaissance Manor

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

			_
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c. Employer or Tax Identification Number: 65-0869993

\* d. Organizational DUNS: 940621519 PLUS 4

e. Physical Address

Street 1: 1693 Main St

Street 2: Suite A

City: Sarasota

State: Florida

**Zip Code**: 34236

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

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

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

i. Expected Sub-Award Amount: \$53,816

j. Contact Person

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

**Suffix:** 

Title: CEO

E-mail Address: scott.eller@caslinc.org

Confirm E-mail Address: scott.eller@caslinc.org

**Phone Number:** 941-365-8645

Extension:

**Fax Number:** 

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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### 3A. Project Detail

FL-603

136894

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0265L4D031508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** FL-603 - Ft Myers, Cape Coral/Lee County CoC **2b. CoC Collaborative Applicant Name:** Lee County Board of County Commissioners

4. Project Status: Standard

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3. Project Name: CASL Sans Souci

5. Component Type: PH

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

### 3B. Project Description

#### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?:This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

CASL's mission is to provide clean, safe, affordable housing to low income individuals with disabilities. CASL strives to achieve this goal through our San Souci residences designed to severely disabled populations that are largely designated with a severe and persistent mental illness health diagnosis (SPMI.) This target population finds it particularly difficult to maintain stability in many areas of their lives, and therefore, cycling in and out of homeless. This transient lifestyle is further de-stabilizing to those diagnosed as SPMI, who need stable housing, ongoing health care, nutrition and medications. CASL knows from experience this population can become integral productive members of the local community if provided the opportunity. The funding will continue to support operations and case management at the San Souci residences. CASL assists residents in becoming as fully independent as possible providing guidance and assistance in becoming self-sufficient. CASL homes include utilities, maintenance, furnishings, (including dishes, towels, sheets and toiletries), and individual case management/life skill services which help to direct the resident toward self-determination and independence. We offer one on one assistance, advice and referral/linkage for appropriate services upon assessment of the basic needs of our residents through our case managers. CASL currently offers homes in single and multi-family rental units, rents are based on the residents' ability to pay. It is imperative to note that until clients have stable housing and a

postal address they are often unable to access benefits. Our clients are able to utilize the community resources and to enjoy the services and amenities offered by CASL. This results in the dramatic reduction of the occurrence of homelessness and the need for acute care or forensic systems. Each resident is encouraged to develop and achieve personal goals within three distinct program objectives: 1) to obtain and remain in permanent housing; 2) to achieve self-determination and 3) to increase skills and income. Through its collaborations with other agencies, CASL is able to concentrate on providing quality, affordable housing while working towards program standards. Our supportive housing program addresses homelessness, independent living rehabilitation, provides special needs housing, integrates the residents into the community and addresses the challenges of affordable rental housing and the stigma attached to those identified as mentally ill. This program is central to our ability to assist clients in maintaining their independence.

# 2. Does your project have a specific Yes population focus?

### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	Domestic Violence	х
Veterans		Substance Abuse	х
Youth (under 25)	Х	Mental Iliness	х
Families with Children		HIV/AIDS	
		Other (Click 'Save' to update)	

Other:

### 3. Housing First

3a. Does the project quickly move Yes participants into permanent housing

# 3b. 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		x
Active or history of substance abuse		x
Having a criminal record with exceptions for state-mandated restrictions		x

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL Sans Souci	136894
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	
3c. 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	x
Failure to make progress on a service plan	x
Loss of income or failure to improve income	x
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	x
None of the above	
3d. Does the project follow a "Housing First" Yes approach?	
4. Does the PH project provide PSH or RRH? PSH	

## 4A. Supportive Services for Participants

FL-603

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "-select-" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed

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Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Partner	As needed
Non-Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Applicant	As needed

- 2. Please identify whether the project includes the following activities:
- 2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?
- **2b. Use of a single application form for four** Yes or more mainstream programs?
- 2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?
- 3. Do project participants have access to Yes SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
  - 3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

# 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: 3

Total Beds: 6

**Total Dedicated CH Beds:** 0

**Total Prioritized CH Beds: 1** 

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Single family homes/townhou	3	6	0	1

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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1. Housing Type: Single family homes/townhouses/duplexes

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

**a. Units**: 3

**b. Beds:** 6

### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 6
    "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 1
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

Street 1: 1334, 1348, and 1354 San Souci Dr.

Street 2:

City: Fort Myers

State: Florida

**ZIP Code:** 33919

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120966 Ft Myers

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Project: CASL Sans Souci 136894

# 5A. Project Participants - Households

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with hildren	Total
Total Number of Households	0	3	(	)	3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househo	ons in olds with hildren	Total
Renewal Project Appl	ication FV2016	Page 27		00	)/09/2016

Adults over age 24	0	6		6
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	6	0	6

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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### **Persons in Households without Children**

Characteristics	Chronic ally Homeles s Non- Veterans	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III			mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	6		0	3	0	6	0	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	6	0	0	3	0	6	0	0	0	0

### Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

22%	Directly from the street or other locations not meant for human habitation.
23%	Directly from emergency shelters.
	Directly from safe havens.
55%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

## **6A. Funding Request**

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

# 1. Do any of the properties in this project Yes have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL Sans Souci	136894

2.	Was the original project awarded as either	Yes
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Supportive Services X
Operations X
HMIS

09/09/2016

# **6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource 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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE providing services	\$12,800
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	2 FTE providing services	\$17,500
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

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14. Substance Abuse Treatment Services		
15. Transportation	2 FTE providing services	\$3,500
16. Utility Deposits		
17. Operating Costs		\$0
Total Annual Assistance Requested		\$33,800
Grant Term		1 Year
Total Request for Grant Term		\$33,800

Click the 'Save' button to automatically calculate totals.

## **6F. Operating Budget**

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value "1 Year" 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

# A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	1 FTE to provide maintenance including supplies	\$4,256
2. Property Taxes and Insurance	Property Taxes and Insurance	\$3,000
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Includes all utilities	\$4,000
6. Furniture	Replacement of couches, beds, etc.	\$1,200
7. Equipment (lease, buy)	Replacement to include hot water systems and air conditioners	\$4,533
Total Annual Assistance Requested		\$16,989
Grant Term		1 Year

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Total Request for Grant Term		\$16,989
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### Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

### **6H. 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	e of Cash Commitments:						\$0
Total Value of In-Kind Commitments:					\$13,454		
Total Value of All Commitments:					\$13,454		
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Private	Agency s	y provided	08/01/2016	\$13,454	

### **Sources of Match Detail**

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Agency provided services

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2016

**6. Value of Written Commitment:** \$13,454

## 61. Summary Budget

FL-603

136894

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs		Total Assistance Requested for 1 year Grant Term (Applicant)	
1a. Leased Units			\$0
1b. Leased Structures			\$0
2. Rental Assistance			\$0
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3. Supportive Services	\$33,800
4. Operating	\$16,989
5. HMIS	\$0
6. Sub-total Costs Requested	\$50,789
7. Admin (Up to 10%)	\$3,027
8. Total Assistance plus Admin Requested	\$53,816
9. Cash Match	\$0
10. In-Kind Match	\$13,454
11. Total Match	\$13,454
12. Total Budget	\$67,270

## 7A. Attachment(s)

### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit     Documentation	No	Nonprofit Documen	01/13/2014
2) Other Attachment	No	Documentation of	08/02/2016
3) Other Attachment	No		

### **Attachment Details**

**Document Description:** Nonprofit Documentation

### **Attachment Details**

**Document Description:** Documentation of Match

### **Attachment Details**

**Document Description:** 

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



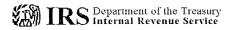
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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last Updated		
<b>1A. Application Type</b> 08/15/2016			
1B. Legal Applicant	No Input	Required	
1C. Application Details	No Input	Required	
1D. Congressional District(s)	08/15/2016		
1E. Compliance	08/15/2016		
1F. Declaration	08/15/2016		
2A. Subrecipients	08/15/2016		
2B. Recipient Performance 08/15/2016		/2016	
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3A. Project Detail	08/15/2016
3B. Description	08/15/2016
4A. Services	08/15/2016
4B. Housing Type	08/15/2016
5A. Households	08/15/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/15/2016
6A. Funding Request	08/15/2016
6E. Supp. Srvcs. Budget	08/15/2016
6F. Operating	08/15/2016
6H. Match	08/15/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2016
7B. Certification	08/19/2016



OGDEN UT 84201-0038

In reply refer to: 0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00

00032005

BODC: TE

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519



035718

Employer Identification Number: 65-0869993

Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 19, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JANUARY 1999.

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 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.

0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00 00032006

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

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

Sincerely yours,

Sharon Davies

Accounts Management I



OGDEN UT 84201-0038

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COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

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COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038 Hadalalaldhaaallhadhaallalalal



Special Homes for Special People 1693 Main Street, Suite A • Sarasota, FL 34236 • 941.225-2373 • Fax: 941.366-0033

August 1, 2016

Jeannie Sutton, Grants Coordinator Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: 2016 Match and Leverage

Dear Ms. Sutton,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC renewal application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse.

Our list of leveraged and match funding is as follows:

CoC Project	Match	Туре	Leverage	Туре
Broadway	\$3,400	In-kind Agency Services	\$3,400	CFBHN Contract
San Souci	\$13,454	In-kind Agency Services	\$4,429	In-kind Agency Services
S+C 1	\$19,093	In-kind Agency Services	\$8,376	In-kind Agency Services
S+C 2	\$18,200	In-Kind Agency Services	\$8,422	In-kind Agency Services
TOTAL	\$54,147		\$24,627	

You requested additional information regarding how the Central Florida Behavioral Health Network (CFBHN) contract would be used as leverage for the project. CASL will be using the CFBHN contract to provide case management and client services that would otherwise be ineligible under various HUD contracts. By using these funds as leverage we will be able to provide to the clients, additional access to client services and treatment to supplement the case management and life skills that are funded under the Broadway application.

Sincerely,

Geoffrey Magon

**Director of Grants and Development** 

Community Assisted & Supported Living, Inc.

d/b/a Renaissance Manor

## **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW)

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0267L4D031508

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:

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## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

FL-603

136892

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Ms.

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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. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

## 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CASL S+C II

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

**a. Start Date:** 03/11/2017 **b. End Date:** 03/10/2018

### 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: CASL S+C II 136892

### 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

# 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:** \$72,800

Organization	Туре	Sub- Award Amount
Community Assisted Supported Living dba Renaiss	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$72,800

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Community Assisted Supported Living dba

Renaissance Manor

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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c. Employer or Tax Identification Number: 65-0869993

\* d. Organizational DUNS: 940621519 PLUS 4

e. Physical Address

Street 1: 1693 Main St

Street 2: Suite A

City: Sarasota

State: Florida

**Zip Code**: 34236

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

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

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

i. Expected Sub-Award Amount: \$72,800

j. Contact Person

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

**Suffix:** 

Title: CEO

E-mail Address: scott.eller@caslinc.org

Confirm E-mail Address: scott.eller@caslinc.org

**Phone Number:** 941-365-8645

Extension:

**Fax Number:** 

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL S+C II 136892

FL-603

### 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

**1. Expiring Grant Number:** FL0267L4D031508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** FL-603 - Ft Myers, Cape Coral/Lee County CoC

2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: CASL S+C II

4. Project Status: Standard

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5. Component Type: PH

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

### 3B. Project Description

#### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

CASL's mission is to provide clean, safe, affordable housing to low income individuals with disabilities. CASL serves disabled populations that are largely designated with a severe and persistent mental illness health diagnosis (SPMI.) This population finds it difficult to maintain stability in many areas of their lives, and therefore, cycles in and out of homelessness. A transient lifestyle is further de-stabilizing to those diagnosed as SPMI, who need stable housing, ongoing health care, nutrition and medications. This funding will provide desperately needed rental assistance to help to support residents to maintain permanent supportive housing based on a housing first model and wrap around case management to the client once PSH is obtained. Our properties offer clean, well maintained residential homes /apartments. We offer one on one assistance, advice and referral/linkage for appropriate services upon assessment of the basic needs of our residents through our case management. Each resident is encouraged to develop and achieve personal goals within three distinct program objectives: 1) to obtain and remain in permanent housing; 2) to achieve selfdetermination and 3) to increase skills and income. Through its collaborations with other agencies, CASL is able to concentrate on providing quality, affordable housing while working towards program standards. Our PSH program addresses homelessness, independent living rehabilitation, special needs housing, and integrates the residents into the community addressing the

challenges of affordable rental housing and the stigma attached to those identified as mentally ill. CASL currently offers homes in single and multi-family rental units, rents are based on the residents' ability to pay. It is imperative to note that until clients have stable housing and a postal address they are often unable to access benefits. This funding is necessary to empower persons with mental illness to cope with their mental illness. Often our residents initially have little or no means to pay for housing, nor are they able to afford utilities. CASL homes include utilities, maintenance, furnishings, (including dishes, towels, sheets and toiletries), and individual case management/life skill services which help to direct the resident toward self-determination and independence. As a result they are able to utilize the community resources and to enjoy the services and amenities offered by the county while dramatically reducing the occurrence of homelessness, acute care or forensic systems. This assistance greatly aids residents to maintain their in-dependency and enables them the opportunity to contribute to our community.

# 2. Does your project have a specific No population focus?

#### 3. Housing First

# 3a. Does the project quickly move Yes participants into permanent housing

# 3b. 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	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

# 3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X

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Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

FL-603

136892

# 3d. Does the project follow a "Housing First" Yes approach?

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: CASL S+C II

- 4. Does the PH project provide PSH or RRH? PSH
- **4a. Does the project request costs under the** Yes rental assistance budget line item?
  - 4b. Is this a CoC Program leasing or SHP No project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?

### 4A. Supportive Services for Participants

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed

	1	
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Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Partner	As needed
Non-Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Applicant	As needed

# 2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?

**2b. Use of a single application form for four** Yes or more mainstream programs?

2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?

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

3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

### 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:** 6

Total Beds: 13

Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 1

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (	6	13	0	1

### 4B. Housing Type and Location Detail

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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**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: 6b. Beds: 13

#### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 13 "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 1
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

**Street 1:** 1340, 1344 Sans Souci Dr, et al

Street 2:

City: Fort Myers

State: Florida

**ZIP Code:** 33919

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120966 Ft Myers

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### 5A. Project Participants - Households

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households		13			13
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househ	ons in olds with Children	Total
		T			
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Adults over age 24
Adults ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

0	11
0	2
0	
0	13

0	
0	
0	

11
2
0
0
13

### Click Save to automatically calculate totals

### 5B. Project Participants - Subpopulations

#### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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#### **Persons in Households without Children**

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse		Severely Mentally III		у	mental Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	0	0	11	0	0	0	0
Adults ages 18-24	0	0	0	0	0	2	0	0	0	0
Total Persons	0	0	0	0	0	13	0	0	0	0

### Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

### 5C. Outreach for Participants

#### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

50%	Directly from the street or other locations not meant for human habitation.
30%	Directly from emergency shelters.
20%	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

### **6A. Funding Request**

#### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

# 1. Do any of the properties in this project Yes have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: CASL S+C II	136892

2.	Was the original project awarded as either	No
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance
X
Supportive Services
Operations
HMIS

### **6D. 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.

			\$69,000	
Total Units:				6
Type of Rental Assistance	FMR Area		Total Units Requested	Total Request
SRA	FL - Cape Coral-Fort Myers, FL MS	A (1	6	\$69,000

### **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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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 "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent.".

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 with the value "1 Year" and will be read only.

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

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

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

Type of Rental Assistance: SRA

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

Does the applicant request rental assistance No funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$511	\$511	х		=	\$0
0 Bedroom		х	\$681	\$681	х		=	\$0
1 Bedroom		х	\$730	\$730	х		=	\$0
2 Bedrooms	5	х	\$911	\$911	х		=	\$54,660
3 Bedrooms	1	х	\$1,195	\$1,195	х		=	\$14,340
4 Bedrooms		х	\$1,255	\$1,255	х		=	\$0
5 Bedrooms		х	\$1,443	\$1,443	х		=	\$0
6 Bedrooms		х	\$1,632	\$1,632	х		=	\$0
7 Bedrooms		х	\$1,820	\$1,820	х		=	\$0
8 Bedrooms		х	\$2,008	\$2,008	х		=	\$0
9 Bedrooms		х	\$2,196	\$2,196	х		=	\$0
Total Units and Annual Assistance Requested	6							\$69,000
Grant Term		-						1 Year
Total Request for Grant Term								\$69,000

Click the 'Save' button to automatically calculate totals.

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### **6H. 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:						\$0	
Total Value of In-Kind Commitments:					\$18,200		
Total Value of All Commitments:					\$18,200		
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Private	Agency s	y provided	08/01/2016	\$18,200	

### **Sources of Match Detail**

#### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

**4. Name the Source of the Commitment:** Agency provided services (Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2016

**6. Value of Written Commitment:** \$18,200

### 61. Summary Budget

#### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$69,00
Renewal Project Application FY2016	Page 39 09/09/2016

3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$69,000
7. Admin (Up to 10%)	\$3,800
8. Total Assistance plus Admin Requested	\$72,800
9. Cash Match	\$0
10. In-Kind Match	\$18,200
11. Total Match	\$18,200
12. Total Budget	\$91,000

### 7A. Attachment(s)

#### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	<b>Document Description</b>	Date Attached
Subrecipient Nonprofit     Documentation	No	Nonprofit Documen	01/13/2014
2) Other Attachment	No	Documentation of	08/02/2016
3) Other Attachment	No		

### **Attachment Details**

**Document Description:** Nonprofit Documentation

### **Attachment Details**

**Document Description:** Documentation of Match

### **Attachment Details**

**Document Description:** 

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



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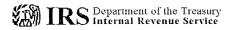
Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties .

(U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last Updated		
1A. Application Type	08/15	/2016	
1B. Legal Applicant	No Input	Required	
1C. Application Details	No Input	Required	
1D. Congressional District(s) 08/15/2016			
1E. Compliance	08/15/2016		
1F. Declaration	08/15/2016		
2A. Subrecipients	08/15/2016		
2B. Recipient Performance	08/15/2016		
3A. Project Detail	08/15/2016		
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3B. Description	08/15/2016
4A. Services	08/15/2016
4B. Housing Type	08/15/2016
5A. Households	08/15/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/15/2016
6A. Funding Request	08/15/2016
6D. Rental Assistance	08/15/2016
6H. Match	08/15/2016
6l. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2016
7B. Certification	08/19/2016



OGDEN UT 84201-0038

In reply refer to: 0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00

00032005

BODC: TE

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519



035718

Employer Identification Number: 65-0869993

Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 19, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JANUARY 1999.

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 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.

0438186857 Mar. 28, 2012 LTR 4168C 0 65-0869993 000000 00 00032006

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

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

Sincerely yours,

Sharon Davies

Accounts Management I



OGDEN UT 84201-0038

035718.953275.0161.004 1 MB 0.404 536 - <u>Էլլլեսի լիի</u>ների գրույի լիլը անգունի ինչին իրը ու ու լինչին իր գրև էիի և



COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

035718

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window. 0438186857

BODCD-TE

Use for payments

Letter Number:

LTR4168C

Letter Date

2012-03-28

Tax Period

000000

\*650869993\*

COMMUNITY ASSISTED AND SUPPORTED LIVING INC 1401 16TH ST SARASOTA FL 34236-2519

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038 Hadalalaldhaaallhadhaallalalal



Special Homes for Special People 1693 Main Street, Suite A • Sarasota, FL 34236 • 941.225-2373 • Fax: 941.366-0033

August 1, 2016

Jeannie Sutton, Grants Coordinator Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: 2016 Match and Leverage

Dear Ms. Sutton,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC renewal application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse.

Our list of leveraged and match funding is as follows:

CoC Project	Match	Туре	Leverage	Туре
Broadway	\$3,400	In-kind Agency Services	\$3,400	CFBHN Contract
San Souci	\$13,454	In-kind Agency Services	\$4,429	In-kind Agency Services
S+C 1	\$19,093	In-kind Agency Services	\$8,376	In-kind Agency Services
S+C 2	\$18,200	In-Kind Agency Services	\$8,422	In-kind Agency Services
TOTAL	\$54,147		\$24,627	

You requested additional information regarding how the Central Florida Behavioral Health Network (CFBHN) contract would be used as leverage for the project. CASL will be using the CFBHN contract to provide case management and client services that would otherwise be ineligible under various HUD contracts. By using these funds as leverage we will be able to provide to the clients, additional access to client services and treatment to supplement the case management and life skills that are funded under the Broadway application.

Sincerely,

Geoffrey Magon

**Director of Grants and Development** 

Community Assisted & Supported Living, Inc.

d/b/a Renaissance Manor

### **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

### 1A. Application Type

#### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0268L4D031507

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award

Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

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### 1B. Legal Applicant

#### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

FL-603

136897

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

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Ms.

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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. Application Details

#### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

FL-603

Competition

13. Competition Identification Number:

Title:

### 1D. Congressional District(s)

#### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: SalusCare S+C

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

**a. Start Date:** 05/01/2017 **b. End Date:** 04/30/2018

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

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

#### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: SalusCare S+C 136897

### 1F. Declaration

#### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

### 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:** \$101,220

Organization	Туре	Sub- Award Amount
SalusCare, Inc.	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$101,220

### 2A. Project Subrecipients Detail

#### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: SalusCare, Inc.

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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c. Employer or Tax Identification Number: 59-1287693

\* d. Organizational DUNS: 001882273 PLUS 4

e. Physical Address

Street 1: 3763 Evans Ave.

Street 2:

City: Fort Myers

State: Florida

**Zip Code:** 33901

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

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

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

i. Expected Sub-Award Amount: \$101,220

j. Contact Person

Prefix: Ms.

First Name: Karen

Middle Name:

Last Name: Erickson

Suffix:

Title: Property Manager

E-mail Address: kerickson@saluscareflorida.org

Confirm E-mail Address: kerickson@saluscareflorida.org

**Phone Number:** 239-791-1583

**Extension:** 

Fax Number: 239-791-0134

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: SalusCare S+C 136897

### 3A. Project Detail

#### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of esnaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0268L4D031507

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC 2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: SalusCare S+C

4. Project Status: Standard

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5. Component Type: PH

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

### 3B. Project Description

#### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?:This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare S+C 136897

FL-603

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

This Rental Assistance Project provides nine units of community based housing for homeless individuals with mental illness or co-occurring disorders (mental illness and substance abuse issues). The full operational capacity of the project is 17 adult project participants. Each participant receives community based case management and other supportive services provided by our agency (SalusCare) and other community service agencies to support the participant in achieving his or her goals. We work closely with other CoC agencies, area homeless shelters, and housing providers to see that the needs of homeless persons with disabilities are met.

# 2. Does your project have a specific Yes population focus?

#### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		Domestic Violence	
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#### 4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the Yes rental assistance budget line item?

4b. Is this a CoC Program leasing or SHP No project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?

### 4A. Supportive Services for Participants

FL-603

136897

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Monthly
Assistance with Moving Costs	1	Applicant	As needed
Case Management	1	Applicant	Monthly
Child Care	1		
Education Services	1		

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Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Applicant	Monthly
Applicant	Monthly
Applicant	As needed

- 2. Please identify whether the project includes the following activities:
- 2a. Transportation assistance to clients to No attend mainstream benefit appointments, employment training, or jobs?
- **2b. Use of a single application form for four** Yes or more mainstream programs?
- 2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?
- 3. Do project participants have access to Yes SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
  - 3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

### 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:** 9

Total Beds: 17

Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Single family homes/townhou	9	17	0	0

### 4B. Housing Type and Location Detail

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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1. Housing Type: Single family homes/townhouses/duplexes

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

**a. Units:** 9 **b. Beds:** 17

#### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 17 "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question 6
  "3b." above will likely become available
  through
  turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 0
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

Street 1: Multiple

Street 2:

City:

State: Florida

ZIP Code:

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120402 Cape Coral, 120966 Ft Myers, 129071 Lee County

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### 5A. Project Participants - Households

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households		17			17
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
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Adults over age 24	
Adults ages 18-24	
Accompanied Children under age 18	
Unaccompanied Children under age 18	
Total Persons	

		_
0	16	
0	1	
0		
0	17	
		_

0	
0	
0	

16
1
0
0
17

### Click Save to automatically calculate totals

### 5B. Project Participants - Subpopulations

#### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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#### **Persons in Households without Children**

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse		Severely Mentally III		Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	0		0	5	0	16	4	4	0	0
Adults ages 18-24		0	0	0	0	1	1	0	0	0
Total Persons	0	0	0	5	0	17	5	4	0	0

### Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Diśabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

### 5C. Outreach for Participants

#### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

30%	Directly from the street or other locations not meant for human habitation.
60%	Directly from emergency shelters.
	Directly from safe havens.
10%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

### **6A. Funding Request**

#### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

## 1. Do any of the properties in this project No have an active restrictive covenant?

Panawal Project Application EV2016	Page 22	00/00/2016
Renewal Project Application FY2016	Page 32	09/09/2016

Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: SalusCare S+C	136897

2.	Was the original project awarded as either	No
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance
X
Supportive Services
Operations
HMIS

### **6D. 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.

	Total Request for Grant Term:			\$98,100
	Total Units:			9
Type of Rental Assistance	FMR Area		Total Units Requested	Total Request
SRA	FL - Cape Coral-Fort Myers, FL MS	A (1	9	\$98,100

### **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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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 "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent.".

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 with the value "1 Year" and will be read only.

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

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

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

Type of Rental Assistance: SRA

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

Does the applicant request rental assistance No funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$511	\$511	x		=	\$0
0 Bedroom	1	x	\$681	\$681	х		=	\$8,172
1 Bedroom	2	х	\$730	\$730	х		=	\$17,520
2 Bedrooms	4	х	\$911	\$911	х		=	\$43,728
3 Bedrooms	2	х	\$1,195	\$1,195	х		=	\$28,680
4 Bedrooms		х	\$1,255	\$1,255	х		=	\$0
5 Bedrooms		х	\$1,443	\$1,443	х		=	\$0
6 Bedrooms		х	\$1,632	\$1,632	х		=	\$0
7 Bedrooms		х	\$1,820	\$1,820	х		=	\$0
8 Bedrooms		х	\$2,008	\$2,008	х		=	\$0
9 Bedrooms		х	\$2,196	\$2,196	х		=	\$0
Total Units and Annual Assistance Requested	9							\$98,100
Grant Term		-						1 Year
Total Request for Grant Term								\$98,100

Click the 'Save' button to automatically calculate totals.

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### 6H. 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**

			J 4111111111111111111111111111111111111		- <del>-</del>		
Total Valu	e of Cash Commitr	ments:					\$0
Total Valu	e of In-Kind Comm	itments:					\$25,305
Total Valu	e of All Commitme	nts:					\$25,305
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Private	SalusC	Care, Inc.	06/17/2016	\$12,653	
Yes	In-Kind	Private	CASL		06/17/2016	\$12,652	

### **Sources of Match Detail**

#### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: SalusCare, Inc. (Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 06/17/2016

**6. Value of Written Commitment:** \$12,653

### **Sources of Match Detail**

#### Instructions:

Renewal Project Application FY2016	Page 38	09/09/2016
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Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: CASL

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 06/17/2016

**6. Value of Written Commitment:** \$12,652

### 61. Summary Budget

FL-603

136897

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$98,10
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3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$98,100
7. Admin (Up to 10%)	\$3,120
8. Total Assistance plus Admin Requested	\$101,220
9. Cash Match	\$0
10. In-Kind Match	\$25,305
11. Total Match	\$25,305
12. Total Budget	\$126,525

### 7A. Attachment(s)

### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit Documentation	No	Nonprofit Status	10/13/2015
2) Other Attachment	No	Documentation of	07/25/2016
3) Other Attachment	No	Documentation of	07/25/2016

### **Attachment Details**

**Document Description:** Nonprofit Status

### **Attachment Details**

**Document Description:** Documentation of Match - Salus

### **Attachment Details**

**Document Description:** Documentation of Match - CASL

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties .

(U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last Updated		
1A. Application Type	08/15/2016		
1B. Legal Applicant	No Input Required		
1C. Application Details	No Input Required		
1D. Congressional District(s)	08/15/2016		
1E. Compliance	08/15/2016		
1F. Declaration	08/15/2016		
2A. Subrecipients	08/15/2016		
2B. Recipient Performance	08/15/2016		
3A. Project Detail	08/15/2016		
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3B. Description	08/15/2016		
4A. Services	08/15/2016		
4B. Housing Type	08/15/2016		
5A. Households	08/15/2016		
5B. Subpopulations	No Input Required		
5C. Outreach	08/15/2016		
6A. Funding Request	08/15/2016		
6D. Rental Assistance	08/15/2016		
6H. Match	08/15/2016		
6I. Summary Budget	No Input Required		
7A. Attachment(s)	08/15/2016		
7B. Certification	08/19/2016		



In reply refer to: 0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00

00035052

BODC: TE

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806



00974

Employer Identification Number: 59-1287693
Person to Contact: C OAKS
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 05, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in January 1972.

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 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.

0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00 00035053

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806

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

Sincerely yours,

Kenneth Corbin, Acting Director

Exempt Organizations

Kenn cer-



Corporate Address: 3763 Evans Ave., Ft. Myers, FL 33901

June 17, 2016

Ms. Jeannie Sutton, Grants Coordinator Lee County Department of Human Services 2440 Thompson St. Ft. Myers, FL 33901

RE: Supportive Services Match Requirement for HUD Rental Assistance

Dear Ms. Sutton,

SalusCare, Inc., will ensure that the 25% Supportive Services Match requirement will be met for the HUD Rental Assistance contract.

Of the \$25,305.00 match requirement amount, \$12,653.00 will be SalusCare's portion.

Thank you.

Sincerely,

Stacey Cook-Hawk President & CEO

SalusCare, Inc.



6/17/2016

Ms. Karen Erickson Property Manager, Finance Dept. SalusCare, Inc. 3763 Evans Ave. Ft. Myers, FL 33901

Regarding: Supportive Services Match requirement for HUD Rental Assistance

Dear Ms. Erickson,

C.A.S.L., Inc., will ensure that the 25% Supportive Services Match requirement will be met for the HUD Rental Assistance contract. Of the \$25,305.00 required match amount, \$12, 652.00 be C.A.S.L.'s portion.

Thank you. Sincerely,

J. Scott Eller

President and CEO

### **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/ policy questions and problems related to completing the application in e-snaps may be directed to HUD via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

 Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

### 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/19/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0432L4D031502

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number



6. Date Received by State:

7. State Application Identifier:

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** SalusCare Chrysalis 136895

### 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

b. Employer/Taxpayer Identification Number 59-6000702

(EIN/TIN):

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Ms.

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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

Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** SalusCare Chrysalis 136895

### 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

Competition

13. Competition Identification Number:

Title:

### 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** SalusCare Chrysalis

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2017b. End Date: 09/30/2018

### 18. Estimated Funding (\$)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

- **19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Chrysalis

FL-603 136895

### 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

Prefix: Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/19/2016

### 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:** \$28,285

Organization	Туре	Sub- Award Amount
SalusCare, Inc.	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$28,285

### 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: SalusCare, Inc.

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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c. Employer or Tax Identification Number: 59-1287693

\* d. Organizational DUNS: 001882273 PLUS 4

e. Physical Address

Street 1: 3763 Evans Ave.

Street 2:

City: Fort Myers

State: Florida

**Zip Code:** 33901

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

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

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

i. Expected Sub-Award Amount: \$28,285

j. Contact Person

Prefix: Ms.

First Name: Stacey

Middle Name:

Last Name: Cook Hawk

Suffix:

Title: Interim Chief Executive Officer and President

E-mail Address: SCookHawk@SalusCareFlorida.org

Confirm E-mail Address: SCookHawk@SalusCareFlorida.org

**Phone Number:** 239-275-3222

**Extension:** 

Fax Number:

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 **Project:** SalusCare Chrysalis 136895

### 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of esnaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0432L4D031502

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC

2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: SalusCare Chrysalis

4. Project Status: Standard

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5. Component Type: PH

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

FL-603 **Project:** SalusCare Chrysalis 136895

### 3B. Project Description

### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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**Project:** SalusCare Chrysalis

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

This project is a PH project. It operates three units within one duplex. Since its inception in 2011, SalusCare has housed and served between 3 and 5 individuals each year in this project. It is projected that 4 individuals will be served in this funding request. This project is set aside to serve our community's most vulnerable population-homeless individuals who may be chronically homeless, have a physical or mental disability, have a co-occurring mental illness and substance abuse disorder, may be a parent with a young child or infant, victim of domestic violence, or a veteran. All of these prioritized populations have been served in SalusCare housing.

Project participants are not screened out due to backgrounds, alcohol or drug use, or income or lack of income. In fact, upon admission most individuals have zero income and one goal is to assist the participant to obtain income either through the work force or with entitlement benefits. The project does ask for sobriety once stability in housing is established. This project is one of several in an award winning peer supported sober living community.

This project provides case management, medical care coordination, psychiatric services and medication management, life skills, supportive housing, and any other service that the participant needs to be successful in life. Assistance with

entitlement benefits is provided as appropriate.

SalusCare has a dedicated homeless outreach care coordinator whose primary responsibility is to provide homeless outreach services. This staff is responsible to utilize the coordinated care assessment and routinely enters data in HMIS. The agency participates in the local homeless coalition as well as the CoC and with several task forces. PATH funding provides leverage for this project.

SalusCare utilized four individual HUD CoC grants over the past 17 years and has served hundreds of individuals, moving them from homelessness into solid permanent housing opportunities. The most recent round of funding renewals eliminated two of the CoC projects one of the projects was dedicated to chronic homeless only. This request for funding may allow the project to absorb some of the individuals that have lost support in the other projects. A loss of this funding would be detrimental to the community by eliminating 3 additional beds. The goal of this project is to serve homeless and chronically homeless. These beds are dedicated to serving individuals who are most in need of specialized services. There is limited funding available for operations of these properties. Without the HUD CoC funding, the program will be hard pressed to operate. Our goal is to allow time for healing and stabilization so individuals may move into the work force. This project has performed well above the minimum standards set by HUD, with 100% of participants either remaining in this housing project or moving into their own stable permanent housing situation.

# 2. Does your project have a specific Yes population focus?

### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	х	Domestic Violence	х
Veterans	Х	Substance Abuse	х
Youth (under 25)		Mental Illness	х
Families with Children		HIV/AIDS	х
		Other (Click 'Save' to update)	

#### Other:

### 3. Housing First

# 3a. Does the project quickly move Yes participants into permanent housing

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Applicant:	Ft Myers/Cape	Coral/Lee	County	CoC
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FL-603 136895

Project: SalusCare Chrysalis

# 3b. 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	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

# 3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

# 3d. Does the project follow a "Housing First" Yes approach?

- 4. Does the PH project provide PSH or RRH? PSH
- 4a. Does the project request costs under the No rental assistance budget line item?

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Chrysalis

### 4A. Supportive Services for Participants

FL-603

136895

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

ones care to appare.			
Provider	Frequency		
Applicant	Quarterly		
Applicant	Annually		
Applicant	Weekly		
Non-Partner	As needed		
Non-Partner	As needed		
	Applicant Applicant Applicant Non-Partner		

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Chrysalis 136895

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Annually
As needed
As needed
As needed
As needed
As needed
As needed
As needed
As needed
As needed
As needed

FL-603

# 2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?

2b. Use of a single application form for four Yes or more mainstream programs?

2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?

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

3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

## 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: 1

Total Beds: 3

**Total Dedicated CH Beds:** 0

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Single family homes/townhou	1	3	0	0

## 4B. Housing Type and Location Detail

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1b. Beds: 3

#### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 3
    "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 0
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

Street 1: 2542 Grand Ave.

Street 2:

City: Fort Myers

State: Florida

**ZIP Code:** 33901

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120966 Ft Myers

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Project: SalusCare Chrysalis 136895

## 5A. Project Participants - Households

#### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households	0	3		0	3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househ	ons in olds with Children	Total
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Adults over age 24	
Adults ages 18-24	٦
Accompanied Children under age 18	٦
Unaccompanied Children under age 18	٦
Total Persons	

0	3	
0	0	
0		0
		0
0	3	0

3
0
0
0
3

## Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

#### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	s Non-	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentaİ Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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#### **Persons in Households without Children**

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse		Severely Mentally III		Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	1		1	3	0	2	0	2	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	1	0	1	3	0	2	0	2	0	0

#### Click Save to automatically calculate totals

## Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse		Severely Mentally III		Diśabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

#### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

50%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
25%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

FL-603 **Project:** SalusCare Chrysalis 136895

## **6A. Funding Request**

#### Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

#### 1. Do any of the properties in this project Yes have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: SalusCare Chrysalis	136895

2.	Was the original project awarded as either	No
	a Samaritan Bonus or Permanent Housing	
	Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Supportive Services X
Operations X
HMIS

## **6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource 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
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$100 vouchers x 5 (basic household items)	\$500
3. Case Management	50 Hours at \$20/hour	\$1,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$50 vouchers x 12	\$600
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	50 Hours at \$20/hour	\$1,000
11. Mental Health Services	14 Hours psychiatric care and medication management	\$1,800
12. Outpatient Health Services	Medical, dental, eye, meds	\$1,560
13. Outreach Services		

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14. Substance Abuse Treatment Services	44 Hours group or individual counseling at \$20/hour	\$880
15. Transportation	20 bus passes @ \$23/31 day pass	\$460
16. Utility Deposits		
17. Operating Costs		\$0
Total Annual Assistance Requested		\$7,800
Grant Term		1 Year
Total Request for Grant Term		\$7,800

Click the 'Save' button to automatically calculate totals.

## 6F. Operating Budget

#### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value "1 Year" 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

# A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs		nantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		12 Months x 3 Units; 0.10 Staff; repairs, locks, paint, tree trimming, pressure washing	
2. Property Taxes and Insurance	Property Taxes and Ir	nsurance	\$300
3. Replacement Reserve			
4. Building Security	0.50 FTE, 24/7	0.50 FTE, 24/7	
5. Electricity, Gas, and Water	Water, sewer, trash, e	Water, sewer, trash, electric; 3 units x 12 months	
6. Furniture			
7. Equipment (lease, buy)	Replace as necessary	Replace as necessary appliances	
Total Annual Assistance Requested			
Grant Term			1 Year
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Total Request for Grant Term		\$19,089
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Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

## 6H. 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:						\$7,071
Total Value	of In-Kind Commitments	<b>:</b>					\$0
Total Value	of All Commitments:						\$7,071
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	Cash	Government	CFBHI	١	07/28/2016	\$7,071	

Project: SalusCare Chrysalis 136895

## **Sources of Match Detail**

#### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: CFBHN (Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 07/28/2016

6. Value of Written Commitment: \$7,071

**Applicant:** Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Chrysalis

FL-603 136895

## 61. Summary Budget

#### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs		Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units		\$0
1b. Leased Structures		\$0
2. Rental Assistance		\$0
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3. Supportive Services	\$7,800
4. Operating	\$19,089
5. HMIS	\$0
6. Sub-total Costs Requested	\$26,889
7. Admin (Up to 10%)	\$1,396
8. Total Assistance plus Admin Requested	\$28,285
9. Cash Match	\$7,071
10. In-Kind Match	\$0
11. Total Match	\$7,071
12. Total Budget	\$35,356

## 7A. Attachment(s)

#### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit     Documentation	No	Nonprofit Status	10/21/2014
2) Other Attachment	No	Documentation of	08/02/2016
3) Other Attachment	No	Documentation of	10/23/2015

## **Attachment Details**

**Document Description:** Nonprofit Status

## **Attachment Details**

**Document Description:** Documentation of Match

## **Attachment Details**

**Document Description:** Documentation of Leverage

## 7B. 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.

Renewal Project Application FY2016	Page 44	09/09/2016
		00,00,00

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. Explanation.

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 Franklin Mann

**Date:** 08/19/2016

**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



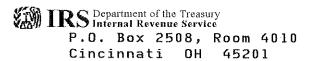
Renewal Project Application FY2016   Page 45   09/09/2016		Page 45	1 03/03/2010
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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last Updated			
1A. Application Type	08/10/2016			
1B. Legal Applicant	No Input Required			
1C. Application Details	No Input	No Input Required		
1D. Congressional District(s)	08/10	/2016		
1E. Compliance	08/10	08/10/2016		
1F. Declaration	08/10/2016			
2A. Subrecipients	08/10/2016			
2B. Recipient Performance	08/10/2016			
Renewal Project Application FY2016	Page 47	09/09/2016		

3A. Project Detail	08/10/2016
3B. Description	08/10/2016
4A. Services	08/10/2016
4B. Housing Type	08/10/2016
5A. Households	08/10/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/10/2016
6A. Funding Request	08/10/2016
6E. Supp. Srvcs. Budget	08/10/2016
6F. Operating	08/10/2016
6H. Match	08/10/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/10/2016
7B. Certification	08/19/2016



In reply refer to: 0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00

00035052

BODC: TE

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806



00974

Employer Identification Number: 59-1287693
Person to Contact: C DAKS

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 05, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in January 1972.

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 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.

0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00 00035053

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806

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

Sincerely yours,

Kenneth Corbin, Acting Director

Exempt Organizations

Kenn cer-



July 28, 2016

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

Re: Match verification for Chrysalis renewal application

Dear Ms. Sutton:

SalusCare, Inc. has committed \$7,071 of Adult Substance Abuse funding as match funds for this Fresh Start II project. The funds are part of a Federal Block Grant and are included in our contract with Central Florida Behavioral Health Care Network Sincerely,

Ronne Apicella

Chief Financial Officer

'16 JUL 29 pm 2:37

3763 Evans Avenue Fort Myers, Florida 33901 239.332.6937 239.332.6985 FAX www.SalusCareFlorida.org

FORMERLY







October 20, 2015

Ms. Cyndy Cook Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: Leverage for Chrysalis CoC Project

Dear Ms. Cook,

This letter is to confirm that \$3,000 from client rents and \$5,000 from our PATH funds and \$15,000 from our 2015-2016 contract with Central Florida Behavioral Network is available as Leverage for the 2015-2016 CoC application Attached is a copy of the documentation indicating that these funds are available for this purpose.

If you have need for additional information, please feel free to contact me.

Sincerely, Romaniculla

Ms. Ronne Apicella Chief Financial Officer

SalusCare, Inc. 239-791-1542





3763 Evans Avenue Fort Myers, Florida 33901 239.332.6937 239.332.6985 FAX www.SalusCareFlorida.org

#### SUBCONTRACT BETWEEN

#### CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

#### AND

#### SALUSCARE, INC.

Contract Number: QB023

Date: 07/01/2015

THIS CONTRACT is entered into by and between CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC., hereinafter referred to as the "Managing Entity" and SALUSCARE, INC., hereinafter referred to as the "Subcontractor", for the provision of Substance Abuse and Mental Health services in accordance with those provisions and conditions described in the Master Contract # QD1A9 as amended (The Master contract includes the Standard Contract, Attachments, Exhibits, and any documents incorporated by reference) between Central Florida Behavioral Health Network, Inc. and the Department of Children and Families, Suncoast Region for Fiscal Years 2015-2016 through 2019-2020, included herein as Attachment I.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Managing Entity and the Subcontractor agree as follows:

#### A. Services to be Provided

The Subcontractor is responsible for the administration and provision of programs and services for adults and/or youth from within the Suncoast region (Circuit 10 is incorporated within the Suncoast region reference).

Specific Subcontractor obligations under this Contract require that the Subcontractor:

- Shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that are referenced in this contract.
- 2. Shall notify the Subcontractor's contract manager, by electronic mail, a minimum of 30 days prior to the closure of any DCF funded program(s).
- 3. Shall ensure that the location of Subcontractor's services and the days and times where services are being provided will be as specified pursuant to 65E-14.021(8)(d)d.III. The Subcontractor shall notify the contract manager, in writing, of any changes in locations, days, and/or times where services are being provided pursuant to 65E-14.021(8)(d)(5) F.A.C, 30 days prior to any changes. The Subcontractor shall, within five business days, submit written notification by electronic mail to their Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:

1

- I. Chief Executive Officer (CEO)
- II. Chief Operations Officer (COO)
- III. Chief Financial Officer (CFO)

- IV. Chief Information Technology Officer (CITO) or
- V. Any other equivalent position within the Subcontractor's Organizational chart.
- 4. The Subcontractor will secure and maintain all necessary authority and licenses to provide the services allowable within the cost centers for which the Managing Entity shall be invoiced and to provide those services for the rates specified on the <u>Cost Center Funding Tool</u> which is incorporated by reference.
- 5. Shall comply with the staffing qualifications and requirements (including background screening), required by this contract and as required by applicable law, rule, or regulations, including without limitation, the regulations of the Department of Children and Families. Subcontractor shall comply with the E-Verify clause as subject to the same requirements as the Managing Entity.

Subcontractor shall provide employment screening for all mental health personnel and all chief executive officers, owners, directors, and chief financial officers of subcontractor's using the standards for Level II screening set forth in Chapter 435, and section 408.809 F.S., except as otherwise specified in sections 394.4572(1)(b)-(c), F.S. For the purposes of this Contract, "mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment.

Subcontractor shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S. This includes all chief executive officers, owners, directors, and chief financial officers of Subcontractors and all Subcontractor personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services.

- 6. Shall ensure that all persons served under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions of Attachment I including, where applicable, verification that the services provided cannot be paid for through Medicaid.
- 7. Shall ensure that if the Subcontractor receives substance abuse funding or mental health co-occurring designated funding, it will use the "American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders; second edition-revised July 10, 2006," or the latest revised edition thereof (ASAM PPC-2) Florida Supplement, for assessing and placing clients receiving substance abuse treatment services.
- 8. Shall comply with the Temporary Assistance to Needy Families (TANF) Program Guidelines, which are herein incorporated by reference in Incorporated Document 16 and may be found at: <a href="http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs">http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs</a> if receiving TANF funding.
- 9. Shall comply with procedures for Missing Children outlined in Rule 65C-30.019, F.A.C., Rule 65C-29.013, F.A.C., and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children" for all subcontracts which involve case management or other family services for

- 24. Incorporated Document 24. Local Review Team
- 25. Incorporated Document 25. Managing Entity Monthly Fixed Payment Invoice
- 26. Incorporated Document 26. Managing Entity Monthly Expenditure Report
- 27. Incorporated Document 27. Managing Entity Monthly Carry Forward Expenditure Report
- 28. Incorporated Document 28. Cost Allocation Plan
- 29. Incorporated Document 29. Managing Entity Spending Plan for Carry Forward Report
- 30. Incorporated Document 30. Local Match Calculation Form
- 31. Incorporated Document 31. Deleted
- 32. Incorporated Document 32. Family Intensive Treatment (FIT) Model
- 33. Incorporated Document 33. Reserved for Northwest Region use only
- 34. Incorporated Document 34. ME Reporting Template for SAMH Block Grant
- 35. Incorporated Document 35. Narrative Report SAMHBG
- 36. Exhibit A (of the master contract). Federal Requirements
- 37. CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards
- 38. Reference Guide for State Expenditures
- 39. 65E-14, F.A.C.
- 40. DCF Pamphlet 155-2.

By signing this Contract, the parties agree that they have read and agree to the entire contract. THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this <u>33</u> page contract to be executed on the date and year below.

MANAG	ING ENTITY	SUBCONT	RACTOR
Central l Network	Florida Behavioral Health , Inc.	SalusCare,	Inc.
Ву.		By:	Levin Rollewi
Title:	D CFO	Title:	CEO
Witness:	Yough Boon	Witness:	Michelle Sutherland
Date:	(1/30/15	Date:	6/19/2015

## Exhibit B - Funding Detail

Provider Name SALUSCARE, Inc. (formerly Lee Mental Health Center & SWFAS) Contract No. QB023

#### Fiscal Year 2015-2016

Provider Activity - Adult Mental Health  502018 100610 MHA70 Adult Mental Health Projects-includes Agape Family Christian, Liefman and Pinellas Receiving Facility (formerly AFMMD, LPPME, SMHA1 and SMHA2)  502018 100610 MHAPG Grants PATH (formerly GX018)  502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health	\$3,626,153 \$362,000 \$127,478 \$13,081 \$2,280,143	\$129,055 \$12,884 \$4,537 \$466	\$3,497,098 \$349,116 \$122,941 \$12,615
Family Christian, Liefman and Pinellas Receiving Facility (formerly AFMMD, LPPME, SMHA1 and SMHA2)  502018 100610 MHAPG Grants PATH (formerly GX018)  502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$127,478 \$13,081	\$4,537 \$466	\$122,941
502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$13,081	\$466	
(TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse			\$12,615
Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$2,280,143		. 1
502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	V. 100 100 100 100 100 100 100 100 100 10	\$81,150	\$2,198,993
(category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$233,062	\$8,295	\$224,767
Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$132,562	\$4,718	\$127,844
Activity - Children's Substance Abuse	\$717,952	\$25,552	\$692,400
502003 100420 BASC25 Provention Sources	\$1,559,207	\$55,492	\$1,503,715
502003 100420 W3C23 Prevention Services	\$99,460	\$3,540	\$95,920
502003 100420 MSCTB Temporary Assistance for Needy Families (TANF)	\$15,439	\$549	\$14,890
MSA00 Managing Entity Services and Supports Provider \$2 Activity - Adult Substance Abuse	\$2,625,214	\$93,431	\$2,531,783
503007 100618 MSA25 Prevention Services	\$202,187	\$7,196	\$194,991
	\$186,563	\$0	\$186,563
Temporary Assistance for Needy Families (TANF)	\$111,060	\$3,953	\$107,107
Fiscal Year 2015-2016 Total \$12	2.291.561	\$430,818	\$11,860,743

Multi-Year Contract No. QB023 Total \$12,291,561

\$12,291,561 \$430,818 \$11,860,743

# Cash Receipts Report

SalusCare, Inc

\*\*\* Selections \*\*\*
Unit Selection: 7000 Housing
SubUnit Selection: NON-CONTIG 741-747 Pay Source Selection: 3 Residential Rent

Fiscal Periods: 1/2015 thru: 4/2016 Service Dates: 07/01/2014 thru: 06/30/2015

102,485.00 -102,485.00

-27,056.00 -49,574.50 -16,343.00 -9,511.50

27,056.00 49,574.50 16,343.00 9,511.50

Donations

Unapplied Payments

Accounts Receivable

Cash

Date 10/20/2015 Time: 15:11

Report Totals:

SubUnit: SubUnit:

Housing/ASA Fresh Start I Rents Housing/ASA Fresh Start II Rents Housing/ASA Fresh Start II Phase 2 Ren Housing/ASA Chrysalis Rents

7000/741 7000/743 7000/745 7000/747

SubUnit: SubUnit:

: AZ158RG : REED, DEBBIE

Report Staff

## **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 via 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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.

- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.

- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

### 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

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

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

If "Other", specify:

3. Date Received: 08/24/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0271L4D031508

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number



6. Date Received by State:

7. State Application Identifier:

Renewal Project Application FY2016	Page 2	09/09/2016
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Applicant: Ft Myers/Cape Coral/Lee County CoC

FL-603 Project: SalusCare Fresh Start II 136896

### 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

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

c. Organizational DUNS:	013461611	PLUS 4	

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 Services

**Division Name:** 

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Ms.

Renewal Project Application FY2016	Page 3	09/09/2016
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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. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program

litle:

CFDA Number: 14.267

**12. Funding Opportunity Number:** FR-6000-N-25

**Title:** Continuum of Care Homeless Assistance

FL-603

136896

Competition

13. Competition Identification Number:

Title:

### 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
- b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) Florida only):

(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** SalusCare Fresh Start II

16. Congressional District(s):

a. Applicant: FL-019

(for multiple selections hold CTRL key)

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2017b. End Date: 01/31/2018

### 18. Estimated Funding (\$)

Renewal Project Application FY2016	Page 6	09/09/2016
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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

### 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants\_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

**19.** Is the Application Subject to Review By b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No. debt?

If "YES," provide an explanation:

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Fresh Start II

FL-603 136896

### 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: X

21. Authorized Representative

**Prefix:** Commissioner

First Name: Franklin

Middle Name: B

Last Name: Mann

Suffix:

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

**Telephone Number:** (239) 533-2225

(Format: 123-456-7890)

Fax Number: (239) 485-2092

(Format: 123-456-7890)

Email: dist5@leegov.com

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

**Date Signed:** 08/24/2016

### 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:** \$125,355

Organization	Туре	Sub- Award Amount
SalusCare, Inc.	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$125,355

### 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: SalusCare, Inc.

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other

than Institution of Higher Education)

If "Other" specify:

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c. Employer or Tax Identification Number: 59-1287693

\* d. Organizational DUNS: 001882273 PLUS 4

e. Physical Address

Street 1: 3763 Evans Ave.

Street 2:

City: Fort Myers

State: Florida

**Zip Code:** 33901

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

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

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

i. Expected Sub-Award Amount: \$125,355

j. Contact Person

Prefix: Ms.

First Name: Stacey

Middle Name:

Last Name: Cook Hawk

Suffix:

Title: Interim CEO and President

E-mail Address: SCookHawk@SalusCareFlorida.org

Confirm E-mail Address: SCookHawk@SalusCareFlorida.org

**Phone Number:** 239-275-3222

Extension:

**Fax Number:** 

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Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 2B. Recipient Performance

#### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

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### 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: FL0271L4D031508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: SalusCare Fresh Start II

4. Project Status: Standard

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5. Component Type: PH

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

### 3B. Project Description

#### Instructions:

#### **ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?:This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed
- reasons? (Check all that apply) Multiple checkbox selections are provided.

   Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants. PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select" PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

#### FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

#### FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

Fresh Start II is a permanent housing project with 16 units in 8 duplexes. This program served its first homeless person under the CoC effort in 2004. This award winning program was designed to be self-governed, peer supported and peer driven. In the past reporting period 28 individuals were served in the program, of these 86% remained or moved into other permanent housing situations. All participants have entered from homelessness, all have a substance abuse disorder(s) (SUD), most have a severe and persistent mental illness and some have a physical or developmental disability. The project offers addiction treatment and education, continuing care substance abuse treatment, mental health services including ongoing psychiatric care and medication assistance. Extensive case management is available and on site counseling is available for PTSD and Trauma. Other services available include supported housing (skills to maintain housing) and supported employment. Although this program is not specific to chronic homeless, three individuals within this category were served this past year. Other specific populations served include veterans, and those fleeing domestic violence. This project works with all CoC homeless providers to meet a participants additional needs such as Lee County Human Services for housing assistance from their LIFT (Living Independently for Today) program, Family Health Centers for medical assistance and other CoC providers for food assistance, eye care, dental services and household

goods. The general populations served are individuals who could not enter other housing projects due to their lack of income, active addictions, and or their unstable mental illness. By this project providing treatment for these issues the participants have been very successful to maintain or move into other affordable permanent housing opportunities. The focus is not just finding housing, but rather being able to maintain stable housing thus reducing the cycle of homelessness. This current year we are providing housing and support services to two women who have given birth and have been able to have their infants with them in stable housing.

# 2. Does your project have a specific Yes population focus?

### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	х	Domestic Violence	х
Veterans	х	Substance Abuse	х
Youth (under 25)		Mental Illness	х
Families with Children	х	HIV/AIDS	х
		Other (Click 'Save' to update)	х

Other: Pregnant and/or Post Partum

### 3. Housing First

# **3a. Does the project quickly move** Yes participants into permanent housing

# 3b. 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	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: SalusCare Fresh Start II	136896
None of the above	
3c. 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	X
Failure to make progress on a service plan	x
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	x
None of the above	
3d. Does the project follow a "Housing First" Yes approach?	

4a. Does the project request costs under the No rental assistance budget line item?

### 4A. Supportive Services for Participants

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed

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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Fresh Start II 136896

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Applicant	As needed
Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	Weekly
Applicant	As needed
Non-Partner	As needed

FL-603

# 2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?

**2b. Use of a single application form for four** Yes or more mainstream programs?

2c. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?

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

3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

### 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: 16

Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Shared housing	8	16	0	0

### 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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1. Housing Type: Shared housing

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

a. Units: 8b. Beds: 16

### 3. Beds for the Chronically Homeless

- a. How many of the total beds entered in 0 "2b. Beds" are dedicated to the chronically homeless?
  - b. How many of the total beds entered in 16 "2b. Beds" are not dedicated to the chronically homeless?

    Auto calculated
- c. How many of the beds listed in question 12 "3b." above will likely become available through turnover in the FY 2016 operating year?
- d. How many of the beds listed in question 0
  "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

#### 4. Address:

Street 1: 2560, 2580 Grand Ave. I 2066 South St.

Street 2:

City: Fort Myers

State: Florida

**ZIP Code: 33901** 

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

120966 Ft Myers

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FL-603 Project: SalusCare Fresh Start II 136896

### 5A. Project Participants - Households

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

Households	Households with at Least One Adult and One Child	Adult Households without Children		olds with Children	Total
Total Number of Households	2	14		0	16
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Househ	sons in nolds with Children	Total
Renewal Project Applica	ition FY2016	Page 27		0:	9/09/2016

Adults over age 24	
Adults ages 18-24	
Accompanied Children under age 18	
Unaccompanied Children under age 18	
Total Persons	

2	12
0	2
2	
4	14

	14
	2
0	2
0	0
0	18

### Click Save to automatically calculate totals

### 5B. Project Participants - Subpopulations

FL-603

136896

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	Chronic ally Homeles s Non- Veterans	S	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24				2	0	1	1	1	0	0
Adults ages 18-24				0						0
Children under age 18				0						2
Total Persons	0	0	0	2	0	1	1	1	0	2

### Click Save to automatically calculate totals

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### Persons in Households without Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse		Severely Mentally III		Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	1	0	1	12	1	8	1	5	0	0
Adults ages 18-24		0	0	2	0	1	0	0	0	0
Total Persons	1	0	1	14	1	9	1	5	0	0

### **Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	ce Abuse	Persons with HIV/AID S	Severely Mentally III	Victims of Domesti c Violence	Physical Disabilit y	mentai Disabilit	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

### Describe the unlisted subpopulations referred to above:

There are two children under the age of 18 who are not represented by the listed sub populations. These are infants, born to women currently residing in housing.

### 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
  - Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

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

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

1%	Directly from the street or other locations not meant for human habitation.		
26% Directly from emergency shelters.			
0%	Directly from safe havens.		
72%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.		
1%	Persons fleeing domestic violence.		
100%	Total of above percentages		

### **6A. Funding Request**

#### Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

## 1. Do any of the properties in this project Yes have an active restrictive covenant?

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Applicant: Ft Myers/Cape Coral/Lee County CoC	FL-603
Project: SalusCare Fresh Start II	136896

Was the original project awarded as either	No
a Samaritan Bonus or Permanent Housing	
Bonus project?	

- 3. Are the requested renewal funds reduced No from the previous award as a result of reallocation?
- 4. Does this project propose to allocate funds No according to an indirect cost rate?

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units
Leased Structures

Supportive Services Operations

**HMIS** 

### 6E. 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. 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. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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 with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource 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
1. Assessment of Service Needs	30 assessments at \$20 each	\$600
2. Assistance with Moving Costs	\$100 vouchers x 15 for basic households items upon move in	\$1,500
3. Case Management	360 Hours	\$6,600
4. Child Care		
5. Education Services		
6. Employment Assistance	120 Hours	\$2,400
7. Food	\$100 vouchers x 15 for 1st month in housing	\$1,500
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	110 Hours	\$2,200
11. Mental Health Services	30 Hours Psychiatric Assessment and Medication Management	\$3,750
12. Outpatient Health Services	Dental, Medication, Vision, Labs	\$3,470
13. Outreach Services	50 Hours of Outreach Services	\$750

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14. Substance Abuse Treatment Services	2 groups x 40 weeks, 32 Individual Sessions	\$1,920
14. Substance Abuse Treatment Services	2 groups x 40 weeks, 32 marviada Sessions	\$1,920
15. Transportation	30 day bus passes @ \$23/each	\$960
16. Utility Deposits		
17. Operating Costs		\$0
Total Annual Assistance Requested		\$25,650
Grant Term		1 Year
Total Request for Grant Term		\$25,650

Click the 'Save' button to automatically calculate totals.

### **6F. Operating Budget**

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value "1 Year" 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

# A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)		Annual Assistance Requested	
1. Maintenance/Repair	12 months x 16 units, pressure washing	12 months x 16 units, .45 FTE staff, annual tree trim, paint, pressure washing		
2. Property Taxes and Insurance	10 months insurance	\$5,664		
3. Replacement Reserve				
4. Building Security	24/7 staff x 12 months	24/7 staff x 12 months		
5. Electricity, Gas, and Water	12 months x 8 units	12 months x 8 units		
6. Furniture	5 units (bedrooms, com	5 units (bedrooms, common rooms)		
7. Equipment (lease, buy)	As needed (lawn, washer, dryer, refrigerator)		\$5,836	
Total Annual Assistance Requested			\$92,643	
Grant Term			1 Year	
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Total Request for Grant Term		\$92,643
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### Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

### 6H. 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:							\$31,341
Total Value	of In-Kind Commitments	:					\$0
Total Value of All Commitments:			\$31,341				
Match	Туре	Source	Contri	butor	Date of Commitment	Value of Commitments	
Yes	Cash	Government	CFBHI	N contract	07/28/2016	\$31,341	

### **Sources of Match Detail**

#### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Yes Match?

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: CFBHN contract

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/28/2016

6. Value of Written Commitment: \$31,341

Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Fresh Start II

# 61. Summary Budget

FL-603

136896

#### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units			\$0
1b. Leased Structures			\$0
2. Rental Assistance			\$0
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Applicant: Ft Myers/Cape Coral/Lee County CoC

Project: SalusCare Fresh Start II

FL-603 136896

3. Supportive Services	\$25,650
4. Operating	\$92,643
5. HMIS	\$0
6. Sub-total Costs Requested	\$118,293
7. Admin (Up to 10%)	\$7,062
8. Total Assistance plus Admin Requested	\$125,355
9. Cash Match	\$31,341
10. In-Kind Match	\$0
11. Total Match	\$31,341
12. Total Budget	\$156,696

# 7A. Attachment(s)

#### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
Subrecipient Nonprofit Documentation	No	Nonprofit Determi	01/03/2014
2) Other Attachment	No	SalusCare Documen	08/02/2016
3) Other Attachment	No	Documentation of	10/30/2015

### **Attachment Details**

**Document Description:** Nonprofit Determination

### **Attachment Details**

**Document Description:** SalusCare Documentation of Match

### **Attachment Details**

**Document Description:** Documentation of Leverage

### 7B. 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.

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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. Explanation.

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 Franklin Mann

**Date:** 08/24/2016

**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



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Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

# **8B Submission Summary**

Page	Last U	pdated		
1A. Application Type	08/10	/2016		
1B. Legal Applicant	No Input Required			
1C. Application Details  No Input Required				
1D. Congressional District(s)	08/10	08/10/2016		
1E. Compliance	/2016			
1F. Declaration	08/10/2016			
2A. Subrecipients	ts 08/10/2016			
2B. Recipient Performance	08/10/2016			
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3A. Project Detail	08/10/2016
3B. Description	08/10/2016
4A. Services	08/10/2016
4B. Housing Type	08/10/2016
5A. Households	08/10/2016
5B. Subpopulations	08/10/2016
5C. Outreach	08/10/2016
6A. Funding Request	08/10/2016
6E. Supp. Srvcs. Budget	08/24/2016
6F. Operating	08/24/2016
6H. Match	08/10/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/10/2016
7B. Certification	08/24/2016



In reply refer to: 0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00

00035052

BODC: TE

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806



00974

Employer Identification Number: 59-1287693

Person to Contact: C OAKS

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 05, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in January 1972.

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 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.

0223445576 Sep. 26, 2013 LTR 4168C 0 59-1287693 000000 00 00035053

SALUSCARE INC 2789 ORTIZ AVE FT MYERS FL 33905-7806

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

Sincerely yours,

Kenneth Corbin, Acting Director

Exempt Organizations

Kenn cer-



July 28, 2016

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

Re: Match verification for Fresh Start-II renewal application

Dear Ms. Sutton:

SalusCare, Inc. has committed \$31,341 of PATH Adult Mental Health funding as match funds for this Fresh Start II project. The funds are part of a Federal Block Grant and are included in our contract with Central Florida Behavioral Health Care Network Sincerely,

Ronne Apicella

Chief Financial Officer

'16JUL 29M 2:37

3763 Evans Avenue Fort Myers, Florida 33901 239.332.6937 239.332.6985 FAX www.SalusCareFlorida.org

FORMERLY







October 20, 2015

Ms. Cyndy Cook Lee County Department of Human Services 2440 Thompson St. Fort Myers, FL 33901

Re: Leverage for Fresh Start II

Dear Ms. Cook,

This letter is to confirm that \$20,000 from client rents and \$45,000 from our 2015-2016 contract with Central Florida Behavioral Network is available as Leverage for the 2015-2016 HUD CoC application. Attached is a copy of the documentation indicating that these funds are available for this purpose.

If you have need for additional information, please feel free to contact me.

Sincerely,

Ms. Ronne Apicella
Chief Financial Officer

SalusCare, Inc.

239-791-1542

Fort Myers, Florida 33901 239.332.6937 239.332.6985 FAX www.SalusCareFlorida.org

3763 Evans Avenue





#### SUBCONTRACT BETWEEN

### CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

#### AND

#### SALUSCARE, INC.

Contract Number: QB023

Date: 07/01/2015

THIS CONTRACT is entered into by and between CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC., hereinafter referred to as the "Managing Entity" and SALUSCARE, INC., hereinafter referred to as the "Subcontractor", for the provision of Substance Abuse and Mental Health services in accordance with those provisions and conditions described in the Master Contract # QD1A9 as amended (The Master contract includes the Standard Contract, Attachments, Exhibits, and any documents incorporated by reference) between Central Florida Behavioral Health Network, Inc. and the Department of Children and Families, Suncoast Region for Fiscal Years 2015-2016 through 2019-2020, included herein as Attachment I.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Managing Entity and the Subcontractor agree as follows:

### A. Services to be Provided

The Subcontractor is responsible for the administration and provision of programs and services for adults and/or youth from within the Suncoast region (Circuit 10 is incorporated within the Suncoast region reference).

Specific Subcontractor obligations under this Contract require that the Subcontractor:

- Shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that are referenced in this contract.
- 2. Shall notify the Subcontractor's contract manager, by electronic mail, a minimum of 30 days prior to the closure of any DCF funded program(s).
- 3. Shall ensure that the location of Subcontractor's services and the days and times where services are being provided will be as specified pursuant to 65E-14.021(8)(d)d.III. The Subcontractor shall notify the contract manager, in writing, of any changes in locations, days, and/or times where services are being provided pursuant to 65E-14.021(8)(d)(5) F.A.C, 30 days prior to any changes. The Subcontractor shall, within five business days, submit written notification by electronic mail to their Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:

1

- I. Chief Executive Officer (CEO)
- II. Chief Operations Officer (COO)
- III. Chief Financial Officer (CFO)

- IV. Chief Information Technology Officer (CITO) or
- V. Any other equivalent position within the Subcontractor's Organizational chart.
- 4. The Subcontractor will secure and maintain all necessary authority and licenses to provide the services allowable within the cost centers for which the Managing Entity shall be invoiced and to provide those services for the rates specified on the <u>Cost Center Funding Tool</u> which is incorporated by reference.
- 5. Shall comply with the staffing qualifications and requirements (including background screening), required by this contract and as required by applicable law, rule, or regulations, including without limitation, the regulations of the Department of Children and Families. Subcontractor shall comply with the E-Verify clause as subject to the same requirements as the Managing Entity.

Subcontractor shall provide employment screening for all mental health personnel and all chief executive officers, owners, directors, and chief financial officers of subcontractor's using the standards for Level II screening set forth in Chapter 435, and section 408.809 F.S., except as otherwise specified in sections 394.4572(1)(b)-(c), F.S. For the purposes of this Contract, "mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment.

Subcontractor shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S. This includes all chief executive officers, owners, directors, and chief financial officers of Subcontractors and all Subcontractor personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services.

- 6. Shall ensure that all persons served under this Subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions of Attachment I including, where applicable, verification that the services provided cannot be paid for through Medicaid.
- 7. Shall ensure that if the Subcontractor receives substance abuse funding or mental health co-occurring designated funding, it will use the "American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders; second edition-revised July 10, 2006," or the latest revised edition thereof (ASAM PPC-2) Florida Supplement, for assessing and placing clients receiving substance abuse treatment services.
- 8. Shall comply with the Temporary Assistance to Needy Families (TANF) Program Guidelines, which are herein incorporated by reference in Incorporated Document 16 and may be found at: <a href="http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs">http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contracts-docs</a> if receiving TANF funding.
- 9. Shall comply with procedures for Missing Children outlined in Rule 65C-30.019, F.A.C., Rule 65C-29.013, F.A.C., and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children" for all subcontracts which involve case management or other family services for

- 24. Incorporated Document 24. Local Review Team
- 25. Incorporated Document 25. Managing Entity Monthly Fixed Payment Invoice
- 26. Incorporated Document 26. Managing Entity Monthly Expenditure Report
- 27. Incorporated Document 27. Managing Entity Monthly Carry Forward Expenditure Report
- 28. Incorporated Document 28. Cost Allocation Plan
- 29. Incorporated Document 29. Managing Entity Spending Plan for Carry Forward Report
- 30. Incorporated Document 30. Local Match Calculation Form
- 31. Incorporated Document 31. Deleted
- 32. Incorporated Document 32. Family Intensive Treatment (FIT) Model
- 33. Incorporated Document 33. Reserved for Northwest Region use only
- 34. Incorporated Document 34. ME Reporting Template for SAMH Block Grant
- 35. Incorporated Document 35. Narrative Report SAMHBG
- 36. Exhibit A (of the master contract). Federal Requirements
- 37. CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards
- 38. Reference Guide for State Expenditures
- 39. 65E-14, F.A.C.
- 40. DCF Pamphlet 155-2.

By signing this Contract, the parties agree that they have read and agree to the entire contract. THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this <u>33</u> page contract to be executed on the date and year below.

MANAGING ENTITY		SUBCONTRACTOR		
Central l Network	Florida Behavioral Health , Inc.	SalusCare,	Inc.	
Ву.		By:	Levin Rollewi	
Title:	D CFO	Title:	CEO	
Witness:	Yough Boon	Witness:	Michelle Sutherland	
Date:	(1/30/15	Date:	6/19/2015	

# Exhibit B - Funding Detail

Provider Name SALUSCARE, Inc. (formerly Lee Mental Health Center & SWFAS) Contract No. QB023

#### Fiscal Year 2015-2016

Provider Activity - Adult Mental Health  502018 100610 MHA70 Adult Mental Health Projects-includes Agape Family Christian, Liefman and Pinellas Receiving Facility (formerly AFMMD, LPPME, SMHA1 and SMHA2)  502018 100610 MHAPG Grants PATH (formerly GX018)  502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health	\$3,626,153 \$362,000 \$127,478 \$13,081	\$129,055 \$12,884 \$4,537 \$466	\$3,497,098 \$3 <b>49,11</b> 6 \$122,941
Family Christian, Liefman and Pinellas Receiving Facility (formerly AFMMD, LPPME, SMHA1 and SMHA2)  502018 100610 MHAPG Grants PATH (formerly GX018)  502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$127,478	\$4,537	\$122,941
502018 100610 MHATB Temporary Assistance for Needy Families (TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse			
(TANF)  502018 100611 MHA00 Managing Entity Services and Supports Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$13,081	\$466	200000000000000000000000000000000000000
Provider Activity - Adult Mental Health  502018 100611 MHA72 Community Forensic Beds (formerly CFBAS)  502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse		1	\$12,615
502018 101350 MHA76 Indigent Psychiatric Medication Program (category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$2,280,143	\$81,150	\$2,198,993
(category 101350)  503001 100435 MHC00 Managing Entity Services and Supports Provider Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$233,062	\$8,295	\$224,767
Activity - Children's Mental Health  602003 100420 MSC00 Managing Entity Services and Supports Provider Activity - Children's Substance Abuse	\$132,562	\$4,718	\$127,844
Activity - Children's Substance Abuse	\$717,952	\$25,552	\$692,400
602003 100420 MSC25 Prevention Services	\$1,559,207	\$55,492	\$1,503,715
14/3C23   14/3C23   1 Teverition   Services	\$99,460	\$3,540	\$95,920
502003 100420 MSCTB Temporary Assistance for Needy Families (TANF)	\$15,439	\$549	\$14,890
MSA00 Managing Entity Services and Supports Provider \$2 Activity - Adult Substance Abuse	\$2,625,214	\$93,431	\$2,531,783
503007 100618 MSA25 Prevention Services	\$202,187	\$7,196	\$194,991
	\$186,563	\$0	\$186,563
Temporary Assistance for Needy Families (TANF)	\$111,060	\$3,953	\$107,107
Fiscal Year 2015-2016 Total \$12	2.291.561	\$430,818	\$11,860,743

Multi-Year Contract No. QB023 Total \$12,291,561

\$12,291,561 \$430,818 \$11,860,743

### Page 1

Date = 10/20/2015 Time: 15:11

### **Cash Receipts Report**

SalusCare, Inc

\*\*\* Selections \*\*\*

Unit Selection: 7000 Housing

SubUnit Selection: NON-CONTIG 741-747

Pay Source Selection: 3 Residential Rent Fiscal Periods: 1/2015 thru: 4/2016

Service Dates: 07/01/2014 thru: 06/30/2015

Report : AZ158RG Staff

: REED, DEBBIE

			Cash	Accounts Receivable	Unapplied Payments	Donations
 SubUnit: SubUnit: SubUnit: SubUnit:	7000/741 7000/743 7000/745 7000/747	Housing/ASA Fresh Start I Rents Housing/ASA Fresh Start II Rents Housing/ASA Fresh Start II Phase 2 Ren Housing/ASA Chrysalis Rents	27,056,00 49,574,50 16,343,00	-27,056.00 -49,574.50 -16,343.00		
Report Totals:			9,511.50	-9,511.50		

102,485.00 -102,485.00

# Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:

- Reallocation forms must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventóry Worksheet (GIW) Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

#### Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Project Priority List FY2016	Page 1	09/09/2016
Project Phonty List P12016	raye i	09/09/2016

# 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: Lee County Board of County Commissioners

### 2. Reallocation

#### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. Is the CoC reallocating funds from one or No more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?

# 3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewa I Amount	Type of Reallocation
This list contains no items				

### 4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Reduced Grant Number Annual Renewal Amount Retained For new project Reallocation Type				Reallocation Type	
This list contains no items					

# 5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests (Must be less than or equal to total amount(s) eliminated and/or reduced)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

### 6. Reallocation: Balance Summary

#### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, "Remaining Reallocation Balance" should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

#### **Reallocation Chart: Reallocation Balance Summary**

Reallocated funds available for new project(s):	\$0
Amount requested for new project(s):	
Remaining Reallocation Balance:	\$0

Applicant: Lee County CoC

Project: FL-603 CoC Registration FY2016

# Continuum of Care (CoC) New Project Listing

#### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						

# Continuum of Care (CoC) Renewal Project Listing

#### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

Χ

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
The Salvation Arm	2016-08-19 15:25:	1 Year	Ft Myers/Cape Cor	\$1,291,074	5	PH
SalusCare S+C	2016-08-19 15:27:	1 Year	Ft Myers/Cape Cor	\$101,220	8	PH
CASL S+C I	2016-08-19 15:24:	1 Year	Ft Myers/Cape Cor	\$76,372	7	PH
CASL Broadway	2016-08-19 15:23:	1 Year	Ft Myers/Cape Cor	\$13,354	3	PH
SalusCare Chrysalis	2016-08-19 15:29:	1 Year	Ft Myers/Cape Cor	\$28,285	4	PH

Project Priority List FY2016	Page 9	09/09/2016

Applicant: Lee County CoCFL-603\_2011 New ApplicantProject: FL-603 CoC Registration FY2016COC\_REG\_2016\_135636

CASL Sans Souci	2016-08-19 15:26:	1 Year	Ft Myers/Cape Cor	\$53,816	1	PH
CASL S+C II	2016-08-19 15:26:	1 Year	Ft Myers/Cape Cor	\$72,800	6	PH
SalusCare Fresh S	2016-08-24 07:16:	1 Year	Ft Myers/Cape Cor	\$125,355	2	PH

# Continuum of Care (CoC) Planning Project Listing

#### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
This list contains no items					

### **Funding Summary**

#### Instructions

For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$1,762,276
New Amount	\$0
CoC Planning Amount	\$0
Rejected Amount	\$0
TOTAL CoC REQUEST	\$1,762,276

Applicant: Lee County CoCFL-603\_2011 New ApplicantProject: FL-603 CoC Registration FY2016COC\_REG\_2016\_135636

# **Attachments**

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2016 HUD 2991	09/09/2016
2. FY 2016 HUD-approved Grant Inventory Worksheet	Yes	FY16 HUD Approved	08/05/2016
3. FY 2016 Rank (from Project Listing)	No		
4. Other	No		
5. Other	No		

Applicant: Lee County CoC

Project: FL-603 CoC Registration FY2016

### **Attachment Details**

**Document Description: 2016 HUD 2991** 

### **Attachment Details**

**Document Description:** FY16 HUD Approved GIW

### **Attachment Details**

**Document Description:** 

### **Attachment Details**

**Document Description:** 

### **Attachment Details**

**Document Description:** 

**Applicant:** Lee County CoC **Project:** FL-603 CoC Registration FY2016

# **Submission Summary**

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/05/2016
2. Reallocation	08/05/2016
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
6. Balance Summary	No Input Required
7A. CoC New Project Listing	No Input Required
7B. CoC Renewal Project Listing	08/24/2016
7D. CoC Planning Project Listing	No Input Required

Project Priority List FY2016	Page 15	09/09/2016
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Applicant: Lee County CoCFL-603\_2011 New ApplicantProject: FL-603 CoC Registration FY2016COC\_REG\_2016\_135636

**Attachments** 09/09/2016

Submission Summary No Input Required

# Certification of Consistency with the Consolidated Plan

# U.S. Department of Housing and Urban Development

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

(Type or clearly print the following information:)

Applicant Name:	Lee County Board of County Commissioners
••	
Project Name:	Continuum of Care
Location of the Project:	Lee County, Florida
Name of the Federal	
Program to which the applicant is applying:	U.S. Department of Housing and Urban Development Continuum of Care
#F100-000 00 00 00 00	
Name of Certifying Jurisdiction:	Lee County, Florida
Certifying Official	
of the Jurisdiction	Franklin B. Mann
Name:	Tulkili D. Hull
Title:	Chair, Lee County Board of County Commissioners
	11/20
Signature:	W M Varian
Signatule.	
Date:	9/6/2016
(	
	•

Approved as to Form for the Reliance of Lee County Only

Office of the County Attorney