

Notice of Funding Availability (NOFA)

**For American Rescue Plan Funds
to provide**

Supportive Services

for persons who are experiencing homelessness

NOFA Released

Tuesday, November 16, 2021

Applications Due

Wednesday, January 5, 2022 at 5:00 pm

**Applications must be submitted by email to
Jeannie Sutton at jsutton@leegov.com.**

**Lee County Human and Veteran Services
2440 Thompson St., Fort Myers, FL 33901**

**It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time.
Applications received after 5:00 p.m. will be returned to the applicant and will not be considered.**

This Document can be made available in alternative accessible formats upon request.



Notice of Funding Availability #ARP3.11SS

Lee County Human and Veterans Services
2440 Thompson St. Fort Myers, FL 33901
CFDA # 21.027

Lee County Human and Veteran Services (HVS) is issuing a Notice of Funding Availability (NOFA) for U.S. Treasury American Rescue Plan funds to support the provision of street outreach, case management, and supportive services for persons who are experiencing homelessness.

On March 11, 2021, the American Rescue Plan Act was signed into law, and established the Coronavirus State Fiscal Recovery Fund and Coronavirus Local Fiscal Recovery Funds, which together make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program. This program is intended to provide support to State, territorial, local, and Tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and businesses.¹

Lee County received a direct allocation of \$149,675,549, from the U.S. Treasury. The Lee County Board of County Commissioners allocated approximately \$1,800,000 to support street outreach, case management, and supportive services for persons who are experiencing homelessness. \$800,000 will be retained by HVS to support street outreach and case management staff at HVS.

Funding Available

U.S. Treasury American Rescue Plan Funds	\$1,000,000
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Minimum Funding Request

The minimum funding request for any project is \$100,000. HVS reserves the right to award more or less than the amount of funds requested based on funding available.

Maximum Funding Request

The maximum funding request for any project is \$500,000. HVS reserves the right to award more or less than the amount of funds requested based on funding available.

This NOFA contains information and required forms for potential applicants to apply and compete for grant funds. Potential applicants are advised to read the materials carefully. The material in this NOFA does not represent all of the particular priorities, program components, or funding sources currently/potentially available through local, state, or federal funders and may change upon the release of NOFAs for the various funding sources.

¹ <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>



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Lee County Human and Veterans Services
2440 Thompson St. Fort Myers, FL 33901
CFDA # 21.027

Questions Regarding this NOFA

Questions from the agencies must be submitted in writing to Jeannie Sutton at jsutton@leegov.com and be received no later than **Wednesday, December 1, 2021**. HVS will compile all questions and answers, and provide to the agencies no later than **5:00 pm, Wednesday, December 8, 2021**.

Successful applications must meet the guidelines provided in this Request for Applications (NOFA). To submit an application for consideration, complete the submission requirements listed here within.

The organization of this RFP is as follows:

SECTION I:	General Information
SECTION II:	Scope of Grant Activities
SECTION III:	Funding Guidelines
SECTION IV:	Application Evaluation and Selection
SECTION V:	Application Forms
SECTION VI:	Appendices

SECTION I: General Information

Strategic Use and Alignment of Resources

Lee County is designated as an entitlement community by the U.S. Department of Housing and Urban Development (HUD). Lee County Human and Veteran Services (HVS) is responsible for ensuring that resources available to the community are strategically utilized to maximize impact and effectiveness. Therefore, HVS reserves the right to match funding opportunities available to the applications received to ensure alignment of resources with community needs and appropriate target populations. All applications received will be evaluated for their appropriateness for each funding opportunity that may be available. HVS reserves the right to award more than one (1) funding source to a selected application if necessary to maximize a project’s effectiveness and overall impact.

Project Completion Timeframes

For most project types, the Proposed Project should be able to be operational within 1 to 3 months following the award of funding. Funds must be fully expended by December 31, 2024.

Critical Dates and Timeline

Tuesday, November 16, 2021		HVS Issued Notice of Funding Availability (NOFA)
Wednesday, December 1, 2021	5:00 PM	Deadline for questions regarding NOFA
Wednesday, December 8, 2021	5:00 PM	Responses to NOFA questions sent to Applicants
Wednesday, January 5, 2022	5:00 PM	SUBMISSION DEADLINE
Wednesday, January 19, 2022	1:00 PM	Evaluation and Ranking Committee Members will meet to score each project application using the published Scoring Criteria.
Friday, January 21, 2022	5:00 PM	Notice of Conditional Selection or Non-Selection to all project applicants.



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Lee County Human and Veterans Services
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Applicant Eligibility

All public (local government) and private non-profit agencies that **are currently funded through Lee County (federal, state or local funding) to provide rapid re-housing, permanent supportive housing, OR supportive services for persons experiencing homelessness** are eligible to apply.

ATTACHMENT: Applicant must include proof of nonprofit status, and proof that they have provided services for at least 12 months with submission.

Applicant must also meet all the following requirements
(documentation does not need to be included with submission, but may be requested at a later time):

- Independent certified audited financial statement of the most recent or immediate prior fiscal year, including the management letter and written response.
- Current CPA's Peer Review letter.
- Most recent Form 990.
- Monthly Financial Statements (within last 60 days).

Any applicant on the excluded parties list (www.sam.gov/SAM/) will be considered **ineligible** for funding.

SECTION II: Scope of Grant Activities

HVS encourages applicants to submit applications for projects, even if the project does not 'fit' perfectly into the descriptions here within. By submitting an application, the applicant is informing HVS of projects it intends or desires to develop to help meet an unmet need in the community and collaboratively work to make homeless experiences in Lee County rare, brief and one-time.

Eligible Activities

Funding may be used to support projects can be used for the following activity types:

- Case Management
 - Assisting clients who are participating in CoC permanent housing programs to work toward their housing plan, including making necessary referrals to available supportive services and referrals for permanent housing vouchers, as needed.
- Supportive Services
 - Provision of supportive services to clients, including, but not limited to, transportation (including for the purposes of diversion), legal services, housing search assistance, behavioral health services, physical health services, SOAR assistance, etc.
 - Supportive Services
- Operating Expenses
 - Costs associated with the provision of housing and services to persons who are homeless. Including, but not limited to building lease, computer and telephone equipment, vehicle costs, etc. (funds may not be used to provide rental assistance or ongoing rental subsidy)

Projects must comply with all program guidelines and requirements.

American Rescue Plan Interim Final Rule

<https://www.govinfo.gov/content/pkg/FR-2021-05-17/pdf/2021-10283.pdf>

Lee County Continuum of Care Written Standards and Coordinated Entry Policies and Procedures:

<https://www.leegov.com/dhs/Documents/CoC/2020%20Written%20Standards%20and%20Coordinated%20Entry%20Policies%20and%20Procedures%208.6.2020.pdf>

Eligible Clients

To be eligible for assistance with these funds, individuals or families must meet the following criteria:

- Individuals and families who qualify as homeless under Category one (1) and Category four (4) of HUD's Definition of Homelessness. **(See Appendix 1)**

SECTION III: Funding Guidelines

Funding Priorities

The submitted applications will be evaluated based on the extent that the project is able to demonstrate achievement of the intended program outcomes, is financially feasible, and complies with all requirements of the [U.S. Treasury American Rescue Plan Interim Final Rule](#) and [all associated guidance](#).

HVS shall make funding available to projects that:

1. are evidence based,
2. utilize the Housing First philosophy,
3. emphasize rapid exit from homelessness,
4. emphasize stable, permanent housing as the primary strategy for ending homelessness, and
5. provide innovative solutions to move Lee County forward in making homelessness rare, brief and one-time.

Evidenced-based Programs

The U.S. Treasury requires that program funds be used to support evidenced-based interventions and/or projects that are being evaluated through program evaluation that are designed to build evidence.

What is evidence-based?

For the purposes of the U.S. Treasury American Rescue Plan funds, evidence-based refers to interventions with strong or moderate evidence as defined below:

- Strong evidence means the evidence base that can support causal conclusions for the specific program proposed by the applicant with the highest level of confidence. This consists of one or more well-designed and well-implemented experimental studies conducted on the proposed program with positive findings on one or more intended outcomes.
- Moderate evidence means that there is a reasonably developed evidence base that can support causal conclusions. The evidence base consists of one or more quasi-experimental studies with positive findings on one or more intended outcomes OR two or more non-experimental studies with positive findings on one or more intended outcomes. Examples of research that meet the standards include: well-designed and well-implemented quasi-experimental studies that compare outcomes between the group receiving the intervention and a matched comparison group (i.e., a similar population that does not receive the intervention).
- Preliminary evidence means that the evidence base can support conclusions about the program's contribution to observed outcomes. The evidence base consists of at least one non-experimental study. A study that demonstrates improvement in program beneficiaries over time on one or more intended outcomes OR an implementation (process evaluation) study used to learn and improve program operations would constitute preliminary evidence. Examples of research that meet the standards include: (1) outcome studies that track program beneficiaries through a service pipeline and measure beneficiaries' responses at the end of the program; and (2) pre- and post-test research that determines whether beneficiaries have improved on an intended outcome.²

² <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

Sub-recipients are encouraged to use relevant evidence Clearinghouses, among other sources, to assess the level of evidence for their interventions and identify evidence-based models that could be applied in their jurisdiction; such evidence clearinghouses include the [U.S. Department of Education's What Works Clearinghouse](#), the [U.S. Department of Labor's CLEAR](#), and [the Childcare & Early Education Research Connections](#) and the [Home Visiting Evidence of Effectiveness](#) clearinghouses from Administration for Children and Families, as well as other clearinghouses relevant to particular projects conducted by the recipient.

Evidence Based Programs that will be supported through this NOFA:

- Critical Time Intervention: <https://evidencebasedprograms.org/programs/critical-time-intervention/>
- Rapid Re-Housing Programs: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rapid-re-housing-programs>
- Housing First: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/housing-first>
- Returning Home: <https://crimesolutions.ojp.gov/ratedprograms/557>
- Assertive Community Treatment: <https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>
- Permanent Supportive Housing: <https://store.samhsa.gov/sites/default/files/d7/priv/howtouseebpkits-psh.pdf>

NOTE: Applicants should select one of the evidence based program models above, unless the applicant is planning to conduct a program evaluation in lieu of carrying out an evidenced based program.

In such cases where an applicant is conducting a program evaluation in lieu of carrying out evidence-based interventions, they must describe the evaluation design including:

- whether it is a randomized or quasi-experimental design;
- the key research questions being evaluated;
- whether the study has sufficient statistical power to disaggregate outcomes by demographics; and the timeframe for the completion of the evaluation (including a link to completed evaluation if relevant).

Once the evaluation has been completed, the results must post the evaluation publicly and provide the link for the completed evaluation to HVS. For all projects, sub-recipients may be selected to participate in a national evaluation, which would study their project along with similar projects in other jurisdictions that are focused on the same set of outcomes. In such cases, sub-recipients may be asked to share information and data that is needed for the national evaluation.

Sub-recipients are encouraged to consider how a Learning Agenda, either narrowly focused on U.S. Treasury ARP funded projects or broadly focused on the community's broader policy agenda, could support their overarching evaluation efforts in order to create an evidence-building strategy for their jurisdiction.³

³ <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

Administrative Costs

Lee County is allowing for a maximum of 5% of the total award costs for administrative expenses. If awarded, the project's admin funding will be based on available and allowable admin funding as determined by the funding source. Eligible costs include general management, oversight, and coordination; training on grant requirements; consolidated plans; and environmental reviews.

Cost Reimbursement

All contracts will be on a cost reimbursement basis. Sub-recipient will be required to submit proper back-up documentation for project eligible expenses as determined by the funding source regulations and requirements.

Match

No match is required for U.S. Treasury American Rescue Plan funds.

Cost of Submitting Applications

The cost of preparing and submitting an application is the sole responsibility of the applicant and shall not be chargeable in any manner to HVS. HVS will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview (*if required*).

Conflict of Interest

The applicant agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged for said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The applicant or sub-recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the applicant. For federally funded contracts, conflict of interest provisions described in 2 CFR 200.112 and all other HUD regulations currently in effect and as may be amended from time to time shall apply.

Federal, State, and Local Administrative Requirements

Agencies must comply with Federal administrative requirements. All agencies awarded funds through this NOFA will be required to comply with a variety of requirements governing the use of State and Federal funds. Additionally, agencies awarded funds through this NOFA will be required to provide access to their financial records to a representative of HVS to evaluate their financial management systems. HVS staff will monitor each program to ensure compliance with the terms of the funding agreement between the HVS and the agency. This will include monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, and other required information.

Executive Compensation. As required by the 2 CFR Part 170, Appendix A award term regarding reporting subaward and executive compensation, recipients must also report the names and total compensation of their five most highly compensated executives and their subrecipients' executives for the preceding completed fiscal year if (1) the recipient received 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards), and received \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act (and subawards), and (2) if the information is not otherwise public.

SAM.gov Registration. All eligible recipients are required to have an active registration with the System for Award Management (SAM) (<https://www.sam.gov>).

Recordkeeping. Generally, your organization must maintain records and financial documents for five years after all funds have been expended or returned to Treasury. Treasury may request transfer of records of long-term value at the end of such period. Wherever practicable, such records should be collected, transmitted, and stored in open and machine-readable formats. Your organization must agree to provide or make available such records to Treasury upon request, and to any authorized oversight body, including but not limited to the Government Accountability Office ("GAO"), Treasury's Office of Inspector General ("OIG"), and the Pandemic Relief Accountability Committee ("PRAC").

Single Audit Requirements. Recipients and subrecipients that expend more than \$750,000 in Federal awards during their fiscal year will be subject to an audit under the Single Audit Act and its implementing regulation at 2 CFR Part 200, Subpart F regarding audit requirements.⁸ Recipients and subrecipients may also refer to the Office of

Liability insurance is required for all Grants. All agencies awarded funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. **Lee County Board of County Commissioners must be named as the Certificate Holder and the additional insured.**

Handicapped Accessibility – All projects must be accessible to persons with disabilities. Programs, information, participation, communications and services must be accessible to persons with disabilities. Agencies must comply with Section 504 of the Rehabilitation Act of 1974 and Americans with Disabilities Act (ADA).

Nondiscrimination – All funded agencies must ensure that all persons have fair and equal access to all forms of assistance regardless of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual

orientation, or perceived sexual orientation. These non-discriminatory practices apply to employment and contracting as well as to marketing, and selection of project participants. Lee County requires agencies to practice a person-centered model that incorporates participant choice and inclusion of all homeless subpopulations present in Lee County, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families.

Funding is provided only to providers that operate in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579), must ensure equal access to the HUD-assisted program in accordance with all general HUD program requirements as specified in 24 CFR Part 5.

Additionally, funded agencies must maintain compliance with the HEARTH Act's involuntary family separation provision (42 USC 11361a), which ensures that emergency shelters, transitional housing, and permanent housing providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, marital status, gender, gender identity, perceived gender identity, sexual orientation, or disability, when entering shelter or housing.

Funded agencies must maintain records demonstrating compliance with the nondiscrimination and equal opportunity requirements under §576.407(a), including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with the awarded funding source and the affirmative outreach requirements in § 576.407(b).

Formal Termination Policy – Funded agencies must develop a formal Termination Policy that clearly describes a process by which clients' services may be terminated if program requirements are violated. The process must recognize individual rights and allow termination in only the most severe cases. Termination processes for rental assistance, leasing, and/or housing relocation and stabilization services must include written notice to the program participant, with a clear statement of reasons for termination; review of decision to terminate, with opportunity for the program participant to present written or oral objections to agency; prompt written notice to the project participant of final decision.

Supportive Assistance – Funded agencies must assure that homeless individuals and families are connected to appropriate supportive services including permanent housing, mental health treatment, medical health treatment, counseling, case management, supervision, and other services essential for achieving maintaining permanent, stable housing. Additionally, agencies must assure that the homeless are assisted in obtaining other Federal, State, local and private assistance, where available. This will include individually assisting clients to identify, apply for and obtain benefits under mainstream health and social services program for which they are eligible such as: TANF, Medicaid, SSI/SSDI, Food Stamps, and various Veterans Programs. *The Lee County CoC encourages a "soft hand-off" model, which ensures transfer of client and referral information directly to the receiving case manager, and prevents missed service connections.*

Uniform Administrative Requirements – Funded agencies compliance with all requirements set forth in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as outlined in 2 CFR Part 200. Compliance includes provisions related to procurement, suspension, debarment, program income, equipment, and real property management.

Confidentiality – Agencies must comply with confidentiality requirements and privacy protections outlined in the CoC written standards (<https://www.leegov.com/dhs/Documents/CoC/2020-21%20HMIS%20Policies%20and%20Procedures%201.0.pdf>), and Homeless Management Information System Privacy Notice (<https://www.leegov.com/dhs/Documents/CoC/CSN-User-Policy-Responsibility-Statement.pdf>)

Participation in Continuum of Care (CoC) –

Any agency awarded funding through this NOFA is **required** to:

- 1) currently funded through Lee County (federal, state or local funding) to provide services to persons who experiencing homelessness,
- 2) actively participate in the CoC including attendance at the monthly CoC and Connect List committee meetings,
- 3) actively participate and comply with Homeless Management Information System (HMIS) Procedures, and
- 4) participate in the Coordinated Entry Process.

SECTION IV: Application Evaluation and Selection

Threshold Requirements

Applications will be reviewed by HVS staff to ensure the submission does NOT contain any fatal flaws, as listed below. If HVS determines the threshold requirements are not met, the project will be rejected and the applicant agency notified in writing. If the applicant and application are determined eligible, then the application will proceed to the Application Review, Scoring and Conditional Selection Process.

Fatal Flaws

Applications that commit the following will be considered as having a fatal flaw, and will not be given consideration for funding:

- Applications received after the stated due date and time
- Applications received from an agency not eligible to apply (is not a non-profit, local government and/or is listed on the Excluded Parties List, has not provided direct services for 12 months prior to application due date)
- The Application is not signed by the agency official designated to execute contracts
- The Applicant is not currently funded through Lee County (federal, state, or local funding) to provide services to persons experiencing homelessness.

Application Review, Scoring and Conditional Selection Process

Applications that meet threshold criteria will be forwarded to the Lee County Funders Forum for review, scoring and conditional selection. The Committee Members will meet to review and score each project application in accordance with the Project Ranking Tool (**Appendix 3**).

Committee Members who have an interest in a submitted project application will recuse themselves from scoring. An interest includes being an employee, volunteer and/or board member of an applicant agency or other entity that is direct partner and/or would otherwise directly benefit of the proposed project.

Notice of Funding Decision

HVS staff will provide written notice regarding the funding decision to each applicant by **Friday, January 21, 2022**.

Post Award Requirements

If awarded, a contract will be executed by the Lee County Board of County Commissioners and administered by the HVS (See Sample Contract Document in Appendix 2). The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. Contract language is not negotiable. **The contract is reimbursement based and the applicant must be able to pay for project costs prior to requesting payment.** Modifications and updates to application exhibits may be required prior to contract execution. Applicants should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.

See Appendix 4 for additional Post Award Reporting Requirements.



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 2440 Thompson St. Fort Myers, FL 33901
CFDA # 21.027

SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

1. Applicant Information

Organization Name:	Authorized Organization Representative Name/Title:
Address:	Telephone:
City, State/Zip:	Organization Website:
Contact Person Name/Title:	DUNS #:
Contract Person E-mail:	Federal Employer ID #:

2. Project Information

Project Name:
Project Address <i>(if different from organization address)</i> :
This is a/an: <input type="checkbox"/> New Project or <input type="checkbox"/> Expanded Project
Total Funding Requested for this Project: \$_____

Services Provided <i>(check the services that will be provided with the funding requested)</i>:	
<input type="checkbox"/> Case Management <input type="checkbox"/> Employment Assistance and Job Training <input type="checkbox"/> Outpatient Health Services <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Street Outreach Engagement/Supplies <input type="checkbox"/> Life Skills <input type="checkbox"/> Education Services <input type="checkbox"/> Assessment of Service Needs	<input type="checkbox"/> Legal Services <input type="checkbox"/> Housing Search Assistance <input type="checkbox"/> SOAR Assistance <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Housing <input type="checkbox"/> Services for Special Populations, describe: _____ _____

Target Population (check as many as applicable below):	
<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Single Individuals <input type="checkbox"/> Victims of Domestic Violence <input type="checkbox"/> LGBTQI+ Individuals/Families/Youth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (ages 18-24) <input type="checkbox"/> Veterans <input type="checkbox"/> Individuals with Severe and Persistent Mental Illness
Target Service Location (check as many as applicable below):	
<input type="checkbox"/> City of Cape Coral <input type="checkbox"/> City of Fort Myers <input type="checkbox"/> City of Bonita Springs <input type="checkbox"/> City of Sanibel	<input type="checkbox"/> Town of Fort Myers Beach <input type="checkbox"/> Unincorporated Lee County <input type="checkbox"/> All of Lee County <input type="checkbox"/> Other: _____

3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: _____

Typed Name: _____

Title: _____ Date: _____

4. Project Description

Provide an overall summary of your project. Narrative response must include:

- sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities;
- how the project will follow a “Housing First” approach to maintain a low barriers process for accessing housing and services to quickly move clients into permanent housing;
- the project’s plan to coordinate with housing providers, workforce development boards, and healthcare organizations to provide permanent housing, access to healthcare, and increased income through employment or mainstream benefits. (must provide executed written agreements to support formal partnerships)
- the projects role in helping to ensure homelessness in Lee County is rare, brief, and one-time; and
- an overall demonstration of need.

5. Quality of Service Questionnaire

- A. Describe how the project is innovative, based on national best practices, and designed in accordance with an existing evidence-based program, or will be subject to a formal program evaluation. ***Documentation of evidence-based model and/or planned program evaluation model is required for ARP funding and must be attached to this application.***
- B. Describe how the project will engage and gather feedback from program participants, persons with lived experience in homelessness, and persons of any particular historically underserved, marginalized, or adversely affected groups.
- C. Describe how the project will be marketed to individuals who may need assistance, and how marketing will be targeted to those least likely to apply for assistance, specifically those persons of any particular historically underserved, marginalized, or adversely affected groups.
- D. Explain how your agency is actively participating in the Coordinated Entry System, the Homeless Management Information System (HMIS), and the Continuum of Care (CoC), and how this project will integrate with the CoC’s Coordinated Entry System.
- E. Describe your procedure for assessing participant’s needs and making client referrals to other service providers.
- F. Explain your agency’s experience providing services to individuals and families experiencing homelessness, including federal, state, and/or local government grant experience and capacity of the organization to administer the project and oversee all compliance requirements.
- G. Describe how your agency has worked to remove traditional barriers to housing and services for individuals and families who are experiencing homelessness.
- H. Does your agency conduct an internal annual evaluation of services provided (other than HMIS)? If yes, please provide a copy of the most recent evaluation.
- I. Describe how the agency will continue to provide quality services in the community in the case

of reduced or loss of funding (i.e., reallocation of services based on CoC established priorities, how services would be scaled to meet changing needs, etc.).

6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

- Timelines of critical tasks to be accomplished for each proposed activity;
- Monthly spending plans and proposed drawn down schedules; and
- Reporting schedule for outcomes achieved.

7. Budget Narrative

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds expected for the period of the grant. The budget narrative *must* include the following criteria:

- Description and justification of all costs.
- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- If the applicant plans to additionally provide services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.

A copy of the applicants overall budget, including other services or programs and funding sources, general management and oversight budget, overhead/indirect rates charged to grant sources, and chart of key project staff, including a description of their duties and qualifications must be attached following the Budget Narrative.

8. Budget and Match Form

Complete each line as applicable to the proposed project. *An excel version of the budget and match form, which automatically calculates totals is available at <https://www.leegov.com/dhs/funding/rfp>.*

Budget Template
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Complete ONLY BLUE fields. Do not edit grey fields.

Supportive Services (All projects)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Employment Assistance and Job Training		
3. Case Management		
4. Housing Search Assistances		
5. Child Care		
6. Housing/Counseling Services		
7. Legal Services		
8. Life Skills		
9. Mental Health Services		
10. Outpatient Health Services		
11. Street Outreach Engagement/Supplies		
12. Substance Abuse Treatment Services		
13. Transportation		
14. SOAR Assistance		
15. Services for Special Populations, describe.		
16. Operating Expenses		
17. Other		
Subtotal Requested		\$ -
Admin Requested (max of 5%)		
Total Amount Requested		\$ -

9. Performance Outcomes

Applicants must provide anticipated outcomes for each of the following performance measures.

Performance Measure	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
<p>Length of time persons remain homeless <i>Based on demonstrating a reduction of the average and median length of time persons remain enrolled in emergency shelter, transitional housing, or safe haven projects before exiting to permanent housing.</i></p>	<p>_____ days Enter the estimated number of days between project enrollment and placement into permanent housing.</p>	
<p>The extent to which persons who exit homelessness to permanent housing destinations return to homelessness <i>Based on demonstrating a reduction in the percent of persons who have left homelessness (i.e., exited continuum projects into permanent housing destinations) who return to homelessness after 6 months, 12 months, and 24 months (i.e., return to any continuum projects for which homelessness is an eligibility criterion).</i></p>	<p>_____ % Enter the estimated percent of clients that will remain housed after 6 mo. _____ % Enter the estimated percent of clients that will remain housed after 12 mo. _____ % Enter the estimated percent of clients that will remain housed after 24 mo.</p>	
<p>Number of persons that are no longer homeless <i>Based on the geographic coverage of the project, and the projects ability engage clients, including those who are unsheltered, through street outreach efforts.</i></p>	<p>_____ Enter the estimated number of persons that will be housed.</p>	
<p>Jobs and income growth <i>Based on demonstrating that the number and percent of homeless adults being served in the project increase their earned (i.e., employment) income and/or other income between their enrollment in the system and their exit (or follow-up assessment).</i></p>	<p>_____ # _____ % Enter the estimated number and percent of clients that will increase their earned income. _____ # _____ % Enter the estimated number and percent of clients that will increase their unearned income. _____ # _____ % Enter the estimated number and percent of clients that will maintain their earned or unearned income.</p>	

10. Equity Outcomes

The U.S. Treasury encourages uses of funds that promote strong, equitable growth, including racial equity.

1. Describe how your project prioritizes economic and racial equity as a goal,
2. Name specific targets intended to produce meaningful equity results, and articulate the strategies to achieve those targets.
3. Explain how your agencies overall equity strategy translates into the specific services or programs offered by your agency in the following Expenditure Categories (*answer all that apply*):
 - a. services to address health disparities and the social determinants of health,
 - b. build stronger neighborhoods and communities (e.g., affordable housing),
 - c. address educational disparities (e.g., evidence based tutoring, community schools, and academic, social-emotional, and mental health supports for high poverty schools),
 - d. and promote healthy childhood environments (e.g., home visiting, child care).
4. Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?

11. Required Attachments

- a. Applicants Annual Operating Budget
- b. Chart of Key Project Staff, including a description of their duties and qualifications
- c. Documentation of how the agency's project meets community goals
- d. Documentation of National Best Practices or Evidence Based Program design
- e. Proof of 501c3 Status



Notice of Funding Availability #ARP3.11SS

Lee County Human and Veterans Services
 2440 Thompson St. Fort Myers, FL 33901
CFDA # 21.027

12. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<u>Project Name:</u>	
<u>Project Applicant:</u>	
Table of Contents (COMPLETENESS CHECKLIST)	1
1. Applicant Information	
2. Project Information	
3. Certification	
4. Project Description	
5. Quality of Service Questionnaire	
6. Ability to Complete Activities Outline	
7. Budget Narrative	
8. Budget Form	
9. Performance Outcomes	
10. Equity Outcomes	
11. Required Attachments	
b. Applicants Annual Operating Budget	
c. Chart of Key Project Staff	
d. Documentation of Project’s Alignment with Community Goals	
e. Documentation of National Best Practices or Evidence Based Program design	
g. Proof of 501c3 Status	


SECTION VI: APPENDICES

Appendix 1 – Homeless Definitions and Recordkeeping

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

Notice of Funding Availability #ARP3.11SS

Lee County Human and Veterans Services
2440 Thompson St. Fort Myers, FL 33901
CFDA # 21.027

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECORDKEEPING REQUIREMENTS</p> 	<p>Category 1</p>	<p>Literally Homeless</p>	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ○ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
	<p>Category 2</p>	<p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a <u>hotel</u> or <u>motel</u>—evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	<p>Category 3</p>	<p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	<p>Category 4</p>	<p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Appendix 2 – Sample Contract Document

FEDERALLY-FUNDED SUBAWARD AND FUNDING ASSISTANCE AGREEMENT

The following information is provided pursuant to 2 C.F.R. §200.331(a)(1):

Name of sub-recipient: **NAME**

Unique identifier: **ARPA-XXXXXX**

Federal Award Identification Number: **SLT-2390**

Federal Award Date: **June 14, 2021 (first payment/tranche received)**

Subaward Period of Performance: Start Date: **date**

End Date: **date**

Total Amount: **Not to Exceed \$X**

Program Description: On March 11, 2021, the American Rescue Plan Act (ARPA) was signed into law by the President. Section 9901 of ARPA amended Title VI of the Social Security Act (the Act) to add section 602, which establishes the Coronavirus State Fiscal Recovery Fund, and section 603, which establishes the Coronavirus Local Fiscal Recovery Fund (together, the Fiscal Recovery Funds). The Fiscal Recovery Funds are intended to provide support to state, local, and tribal governments (together, recipients) in responding to the impact of COVID-19 and in their efforts to contain COVID-19 on their communities, residents, and businesses. The Fiscal Recovery Funds build on and expand the support provided to these governments over the last year, including through the Coronavirus Relief Fund (C.R.F.).

The American Rescue Plan will deliver \$350 billion for state, local, territorial, and tribal governments to respond to the COVID-19 emergency and restore jobs. The Coronavirus State and Local Fiscal Recovery Funds provide a substantial infusion of resources to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery. Recipients may use Coronavirus State and Local Fiscal Recovery Funds to:

- Support public health expenditures by funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff;
- Address negative economic impacts caused by the public health emergency, including economic harms to workers, households, small businesses, impacted industries, and the public sector;
- Replace lost public sector revenue by using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic;
- Provide premium pay for essential workers by offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors; and,
- Invest in water, sewer, and broadband infrastructure by making necessary investments to improve access to clean drinking water, to support vital wastewater and stormwater infrastructure, and to expand access to broadband internet.

Federal awarding agency: **U.S. Department of Treasury**

Pass-through entity: **Lee County, FL**

CFDA number: **21.027**

CFDA name: **Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)**

R&D designation: **Non R&D**

Should you have any question about this sub-award, please contact: **Glen Salyer, Assistant County Manager at 239-533-2221**

As required by Federal Regulations and the terms and conditions of this award, the applicant agrees to complete and sign this document to ensure that they are eligible for any future COVID-19 funding from Lee County. This also includes that the Sub recipient agrees to report any fraud, waste or abuse of these funds to Lee County Administration.

SAMPLE

**SUBRECIPIENT CONTRACT BETWEEN
THE LEE BOARD OF COUNTY COMMISSIONERS
AND NAME**

THIS AGREEMENT is entered into by Lee County, a charter county and political subdivision of the State of Florida, herein referred to as COUNTY and NAME whose address is street, city, state, zip, herein referred to as SUBRECIPIENT.

RECITALS

WHEREAS, Lee County is a body corporate and politic established under the Florida Constitution and the Laws of Florida, and is authorized to, among other things, accept and administer grants from State and Federal authorities to enhance the quality of life in Lee County; and

WHEREAS, Congress passed the American Rescue Plan Act (ARPA) on March 10, 2021 and President Biden signed the American Rescue Plan Act into law on March 11, 2021; and

WHEREAS, the American Rescue Plan Act, in part, amends the Social Security Act (42 U.S.C. 601) by establishing the Fund in the amount of \$350 billion dollars for payments to States, Tribal governments and units of local government based on their populations.

WHEREAS, Lee County accepted American Rescue Plan Act funding from the United States Department of the Treasury; and

WHEREAS, this Agreement is consistent with American Rescue Plan Act guidelines to respond to the public health emergency or its negative economic impacts; and

WHEREAS, the SUBRECIPIENT requests and the COUNTY agrees, to provide funding to the SUBRECIPIENT for eligible expenditures under the American Rescue Plan Act, specifically pursuant to the terms and conditions specified herein relating to COVID-19; and

NOW, THEREFORE, in consideration of the mutual covenants, promises, and representations contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

Section 1. Recitals

The foregoing recitals are true and correct and form a material part of this Agreement upon which the Parties relied.

Section 2. Term

This Agreement is effective on date and ends on date unless terminated earlier in accordance with this Agreement.

Section 3. American Rescue Plan Act Funding

- A. The American Rescue Plan (ARP) Act, Section 603(c)(1) of the Social Security Act, established the \$350 billion Coronavirus State and Local Fiscal Recovery Funds. The United States Department of Treasury made payments from the Fund to States and eligible units of local government. The American Rescue Plan Act requires that payments from the Coronavirus State and Local Fiscal Recovery Fund (CSLFRF) only be used to cover expenses that: (a) To respond to the public health emergency or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality; (b) To respond to workers performing essential work during the COVID-19 public health emergency by providing premium pay to eligible workers; (c) For the provision of government services to the extent of the reduction in revenue due to the COVID-19 public health emergency relative to revenues collected in the most recent full fiscal year prior to the emergency; and (d) To make necessary investments in water, sewer, or broadband infrastructure.
- B. For the purposes this Agreement, the COUNTY serves as the pass-through entity for a Federal award and the SUBRECIPIENT serves as the recipient of a sub award. This Agreement is entered into based on the following representations:
1. The SUBRECIPIENT represents that it is fully qualified and eligible to receive these grant funds per the funding requirements.
 2. The COUNTY received these funds from the Federal government, and the COUNTY has the authority to sub grant these funds to the SUBRECIPIENT upon the terms and conditions outlined below.
 3. The COUNTY has authority to disburse the funds under this Agreement.
- The COUNTY agrees to provide financial assistance to the SUBRECIPIENT in an amount not-to-exceed \$X.00 _____. The SUBRECIPIENT must use this financial assistance for expenses eligible under 603(c)(1) of the Social Security Act, specifically the Coronavirus State and Local Fiscal Recovery Fund (CSLFRF) to mitigate financial hardships incurred because of COVID-19 during the Term. These funds must be spent in accordance with the guidance on the United States Treasury’s website <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>. SUBRECIPIENTS are responsible for ensuring that any procurement using CSLFRF funds, or payments under procurement contracts using such funds are consistent with the procurement standards set forth in the Uniform Guidance at 2 CFR 200.317 through 2 CFR 200.327, and Appendix II to Part 200, as applicable.
- C. SUBRECIPIENT is required to review the United States Treasury’s website for updates to ensure compliance with the most updated CSLFRF guidance.
- D. SUBRECIPIENT acknowledges that it has read, understands, and agrees to be bound by the following terms and conditions:
1. Project: SUBRECIPIENT has carried out or shall carry out, or cause to be carried out, the project as described in the **Project Description (Attachment A)**.

2. Reporting: SUBRECIPIENT agrees to comply with all ARPA-CSLFRF reporting requirements as described in the example **Reporting Requirements (Attachment B)**. As well as additional reporting requirements that the United States Treasury may identify during the project.

3. Award Payment:

a. All payments made under this Agreement shall be on a reimbursement basis. These reimbursement monies are from CFDA 21.027. In order to obtain reimbursement for expenditures, the SUBRECIPIENT must file with the COUNTY, through the portal, its request for reimbursement and any other information required to justify and support the payment request. Reimbursement requests may be submitted as frequently as monthly. The final reimbursement request is due on or before DATE.

b. Reimbursement requests must include a certification, signed by an official who is authorized to legally bind the SUBRECIPIENT, which reads as follows:

By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the reimbursement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

c. The COUNTY shall verify all documentation received prior to expending Funds under this Agreement and may request additional documentation, if needed. Reimbursements will only be made for expenditures that the COUNTY provisionally determines are eligible under the CSLFRF. The COUNTY retains the right to deny any requests for Funds under this Agreement if in the COUNTY'S sole discretion the request is not for and documentation does not substantiate an eligible expenditure. However, the COUNTY'S provisional determination that an expenditure is eligible does not relieve the SUBRECIPIENT of its duty to repay the COUNTY for any expenditures that are later determined by the COUNTY or the Federal government to be ineligible.

d. COUNTY shall not be liable to any vendor, supplier or subcontractor for any expenses or liabilities incurred in connection with any Project and SUBRECIPIENT shall be solely liable for such expenses and liabilities.

e. SUBRECIPIENT acknowledges that the COUNTY intends to award a portion of the CSLFRF funding to SUBRECIPIENT, and further acknowledges that the CSLFRF funding may be utilized only for the uses authorized by American Rescue Plan Act. Accordingly, SUBRECIPIENT covenants that the use of the CSLFRF funding by SUBRECIPIENT pursuant to this Agreement is limited to only those uses for which the CSLFRF funding may be utilized under American Rescue Plan Act.

Section 4. Enforcement

SUBRECIPIENT certifies that the information provided is complete, accurate, and current demonstrating SUBRECIPIENT'S eligibility to receive the Funds. SUBRECIPIENT is liable for recapture of Funds if any representation made in the reimbursement requests, reporting or supporting documentation is at any time false or misleading in any respect, or if SUBRECIPIENT is found in non-compliance with laws, rules or regulations governing the use of the Funds provided pursuant to this Agreement. The provisions of this Section 4 shall survive the termination of this Agreement.

Section 5. Recapture of Expenses

- A. Any funds that are not expended as authorized under this Agreement must be refunded to the COUNTY within fourteen (14) days of receipt of written notice provided by the COUNTY.
- B. Any funds that are not expended within the anticipated timeframe under this Agreement are subject to recapture. If requested, a refund to the COUNTY must be made within fourteen (14) days of receipt of written notice for a refund provided by the COUNTY.
- C. The COUNTY'S determination that an expenditure is eligible does not relieve the SUBRECIPIENT of its duty to repay the COUNTY in full for any expenditures that are later determined by the COUNTY or the Federal Government, in each of its sole discretion, to be ineligible expenditures or the discovery of a duplication of benefits.
- D. If requested by the COUNTY, all refunds, return of improper payments, or repayments due to the COUNTY under this Agreement are to be made payable to Lee County and mailed directly to the COUNTY pursuant to Section 17 Notice and this Agreement.

Section 6. Maintenance and Review of Records

SUBRECIPIENT shall maintain all records and accounts, including property, personnel and financial records, contractual agreements, memoranda of understanding, subcontracts, proof of insurance, and any other records related to or resulting from the Agreement to assure a proper accounting and monitoring of all funds awarded and shall maintain all accounts pertaining to such services, including, but not limited to, property, personnel and financial records, and supporting documentation, and any additional records required as a result of or associated with the utilization of the CSLFRF funding as outlined in the United States Treasury Compliance and Reporting Guidance, State and Local Fiscal Recovery Funds, or as maybe amended, which, among other things, shall enable ready identification of SUBRECIPIENT'S cost of goods and use of funds. If any litigation, claim, negotiation, audit, monitoring, inspection or other action has been started before the expiration of the required record retention period, records must be retained until completion of the action and resolution of all issues that arise from it, or the end of the required period, whichever is later.

With respect to all matters covered by this Agreement, records will be made available for examination, audit, inspection or copying purposes at any time during normal business hours and as often as COUNTY may require. SUBRECIPIENT will permit same to be examined and excerpts or transcriptions made or duplicated from such records, and audits made of all contracts, invoices, materials, records of personnel and of employment and other data relating to all matters covered by this Agreement.

The County may access the SUBRECIPIENT records and financial statements as necessary to conduct monitoring activities.

Section 7. Monitoring

The SUBRECIPIENT agrees to permit persons duly authorized by the COUNTY, the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the SUBRECIPIENT and/or interview any clients and employees of the SUBRECIPIENT to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the SUBRECIPIENT reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the SUBRECIPIENT of its obligation to manage the grant in accordance with applicable rules and sound management practices.

Following such monitoring, the COUNTY will deliver to the SUBRECIPIENT a written report regarding the manner in which services are being provided. The SUBRECIPIENT will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the COUNTY with a reasonable and acceptable justification for not correcting the noted shortcomings. The SUBRECIPIENT'S failure to correct or justify the deficiencies within the time specified by the COUNTY may result in the withholding of payments, being deemed in breach or default, or termination of this contract.

Section 8. Audits

A. The COUNTY may perform an audit of the records of the SUBRECIPIENT at any time during the Term of this Agreement and after final disbursements have been made, even if the Agreement has expired or terminated. Audits may be performed at a time mutually agreeable to the SUBRECIPIENT and the COUNTY. When conducting an audit of the SUBRECIPIENT'S performance under this Agreement, the COUNTY must use Generally Accepted Government Auditing Standards ("GAGAS"). As defined by 2 C.F.R. §200.50, GAGAS, also known as the Yellow Book, means generally accepted government auditing standards issued by the Comptroller General of the United States, which are applicable to financial audits.

B. If an audit shows that all or any portion of the Funds disbursed were not spent in accordance with the conditions of and strict compliance with this Agreement, the SUBRECIPIENT will be held liable for reimbursement to the COUNTY of all Funds not spent in accordance with these applicable regulations and this Agreement, within fourteen (14) days after the COUNTY has notified the SUBRECIPIENT of such non-compliance.

C. If the COUNTY elects to have the SUBRECIPIENT perform an audit, the SUBRECIPIENT must have all audits completed by an independent auditor, which is defined in § 215.97(2)(i), Florida Statutes, as "an independent certified public accountant licensed under chapter 473." The independent auditor must state that the audit complied with the applicable provisions noted above. The audits must be received by the COUNTY no later than six (6) months from the end of the SUBRECIPIENT'S fiscal year.

D. The SUBRECIPIENT must send copies of reporting packages required under this paragraph directly to the COUNTY in accordance with Section 17 Notice.

E. **Single Audit Requirements.** SUBRECIPIENTS, that expend more than \$750,000 in Federal awards during their fiscal year will be subject to an audit under the Single

Audit Act and its implementing regulation at 2 C.F.R. Part 200, Subpart F regarding audit requirements.

Section 9. Indemnification

SUBRECIPIENT shall indemnify, hold harmless, and defend COUNTY from and against any and all liabilities, losses, claims, damages, demands, expenses or actions, either at law or in equity, including court costs and attorneys' fees (at the trial and all appellate levels), that may hereafter at any time be made or brought by anyone on account of personal injury, property damage, loss of monies, or other loss, allegedly caused or incurred, in whole or in part, as a result of any negligent, wrongful, or intentional act or omission, or based on any act of fraud or defalcation or breach of any provision or covenant of this Agreement or applicable law by the SUBRECIPIENT, its agents, subcontractors, assigns, heirs, and employees resulting from or arising under this Agreement.

The provisions of this Section 10 shall survive the termination of this Agreement.

Section 10. Termination

This Agreement may be terminated by the COUNTY at any time, with Cause or without Cause, upon not less than thirty (30) days prior written notice delivered to the SUBRECIPIENT as provided for in this Agreement or, at the option of COUNTY, immediately in the event that SUBRECIPIENT fails to fulfill any of the terms, understandings, or covenants of this Agreement. COUNTY will not be obligated to pay for costs incurred by SUBRECIPIENT after SUBRECIPIENT has received notice of termination.

Section 11. Remedies

The COUNTY may exercise any other rights or remedies, which may be available under law. If the COUNTY waives any right or remedy in this Agreement or fails to insist on strict performance by the SUBRECIPIENT, it will not affect, extend or waive any other right or remedy of the COUNTY, or affect the later exercise of the same right or remedy by the COUNTY for any other default by the SUBRECIPIENT.

Section 12. Equal Opportunity; Non-Discrimination

SUBRECIPIENT shall comply with the requirements of all applicable federal, state and local laws, rules, regulations, ordinances and executive orders prohibiting and/or relating to discrimination, as amended and supplemented. All of the aforementioned laws, rules, regulations, and executive orders are incorporated herein by reference.

Section 13. Governing Laws; Venue

This Agreement and terms and conditions shall be governed by the laws, rules, and regulations of the State of Florida, and venue shall be in Lee County, Florida.

Section 14. Public Records Law

This Agreement, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. SUBRECIPIENT acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to SUBRECIPIENT, if a public records request is made for such information, and the COUNTY will not be liable to SUBRECIPIENT for such disclosure. Social security numbers are collected, maintained and reported by the COUNTY must comply with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If SUBRECIPIENT believes that information in the Agreement, including attachments, contains information that is confidential and exempt from disclosure, SUBRECIPIENT must include a general description of the information and provide reference to the Florida Statute or other law which exempts such designated information from disclosure in the event a public records request is made. The COUNTY does not warrant or guarantee that information designated by SUBRECIPIENT as exempt from disclosure is in fact exempt, and if the COUNTY disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

IF THE SUBRECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUBRECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 239-533-2221, 2115 SECOND STREET, FORT MYERS, FL 33901, <http://www.leegov.com/publicrecords>.

Section 15. Independent Contractor

SUBRECIPIENT acknowledges that it is acting as an independent contractor and not as an agent, officer or employee of COUNTY. In no event shall any provision of this Agreement make COUNTY liable to any person or entity that contracts with or provides goods or services to SUBRECIPIENT in connection with this Agreement. There is no contractual relationship, either express or implied, between COUNTY or any political subdivision of the State of Florida and any person or entity supplying any work, labor, services, goods or materials to SUBRECIPIENT as a result of this Agreement.

Section 16. Compliance with Applicable Laws

SUBRECIPIENT shall comply with the requirements of all applicable federal, state and local laws and the rules and regulations promulgated thereunder, including, but not limited to, Florida's Public Records Act, Chapter 119, Florida Statutes and specifically including, but not limited to ARPA.

Section 17. Notice

Any notice delivered with respect to this Agreement must be in writing and will be deemed to be delivered (whether or not actually received) when (1) hand delivered to the persons designated below, or (2) when deposited in the United States Mail, postage prepaid, certified mail, return-receipt requested,

addressed to the person at the address for the party as set forth below, or such other or to such other person as the Party may have specified by written notice to the other Party delivered according to this Section:

As to COUNTY:

Roger Desjarlais
County Manager
PO Box 398
Fort Myers, FL 33902

As to SUBRECIPIENT:

Organization
Name, Title
Address Line 1
City, State Zip

Section 18. Risk Management

A. Hold Harmless and Indemnity Clause

To the fullest extent permitted by applicable law, SUBRECIPIENT shall protect, defend, indemnify, save and hold the COUNTY, the BoCC, its agents, officials, and employees harmless from and against any and all claims, demands, fines, loss or destruction of property, liabilities, damages, for claims based on the negligence, misconduct, or omissions of the SUBRECIPIENT resulting from the SUBRECIPIENT'S work as further described in this contract and its attachments, which may arise in favor of any person or persons resulting from the SUBRECIPIENT'S performance or non-performance of its obligations under this contract except any damages arising out of personal injury or property claims from third parties caused solely by the negligence, omission(s) or willful misconduct of the COUNTY, its officials, commissioners, employees or agents, subject to the limitations as set out in Florida general law, Section 768.28, Florida Statutes, as amended from time to time. Further, SUBRECIPIENT hereby agrees to indemnify the COUNTY for all reasonable expenses and attorney's fees incurred by or imposed upon the COUNTY in connection therewith for any loss, damage, injury, liability or other casualty. SUBRECIPIENT additionally agrees that the COUNTY may employ an attorney of the COUNTY's own selection to appear and defend any such action, on behalf of the COUNTY, at the expense of the SUBRECIPIENT. The SUBRECIPIENT further agrees to pay all reasonable expenses and attorney's fees incurred by the COUNTY in establishing the right to indemnity.

The SUBRECIPIENT further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the contract. All individuals hired are employees of the SUBRECIPIENT and not of the COUNTY.

B. Insurance Requirements

Insurance – Nonprofit SUBRECIPIENTS

The SUBRECIPIENT agrees to secure and maintain the insurance coverage outlined below during the term of this contract. The SUBRECIPIENT agrees that this insurance requirement shall not relieve or limit SUBRECIPIENT'S liability and that the COUNTY does not in any way represent that the insurance required is sufficient or adequate to protect

the SUBRECIPIENT'S interests or liabilities, but are merely minimums. It is the responsibility of the SUBRECIPIENT to insure that all subcontractors comply with the insurance requirements.

Certificate(s) of Insurance *naming Lee Board of County Commissioners as Certificate Holder and additional insured* will be attached to this contract as an exhibit. Name and address for Certificate Holder should be: Lee Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902. Certificate(s) must be provided for the following coverage's at the time of contract execution and upon policy renewal. Renewal certificates are due to the COUNTY on or before expiration date.

1. Workers' Compensation– Statutory benefits as defined by Florida Statute 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees. Employers' liability will have minimum limits of:
 - \$100,000 per accident
 - \$500,000 disease limit
 - \$100,000 disease limit per employee
2. Commercial General Liability – Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:
 - \$500,000 bodily injury per person (B.I.)
 - \$1,000,000 bodily injury per occurrence (B.I.)
 - \$500,000 property damage (PD) or
 - \$1,000,000 combined single limit (C.S.L.) of B.I. and P.D.

The General Liability Policy Certificate shall name "Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials" as "Additional Insured". The SUBRECIPIENT agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.
3. Business Auto Liability – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:
 - \$100,000 bodily injury per person (B.I.)
 - \$300,000 bodily injury per occurrence (B.I.)
 - \$100,000 property damage (PD) or
 - \$300,000 combined single limit (C.S.L.) of B.I. and P.D.
4. Directors & Officers Liability – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.

5. Fidelity Bonding – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

Insurance – Government/Municipality

Documentation of the above coverage requirements are not applicable to government/municipalities that are self-insured.

Section 19. Disclaimer of Third Party Beneficiaries

This Agreement is made for the sole benefit of the Parties of this Agreement and their respective successors and assigns, and is not intended to and will not benefit any third party. No third party will have any rights under this Agreement, because of this Agreement or any right to enforce any provisions of this Agreement.

Section 20. Dispute Resolution

In the event of a dispute related to any performance or payment obligation arising under this Agreement, the Parties shall exhaust COUNTY administrative dispute resolution procedures prior to filing a lawsuit or otherwise pursuing legal remedies.

In the event that COUNTY administrative dispute resolution procedures are exhausted, either Party to this Agreement may notify the other Party in writing that it wishes to commence formal dispute resolution with respect to any unresolved problem under this Agreement. The Parties agree to submit the dispute to a Florida Certified Circuit Court Civil Mediator for mediation, within sixty (60) days following the date of this notice. In the event that any dispute cannot be resolved by mediation, the dispute may be filed as a civil action in the Circuit Court of the Twentieth Judicial Circuit of Florida, in and for Lee County, Florida, which is the sole venue for any such civil action.

Section 21. Assignment

This Agreement may not be assigned nor subcontracted in whole or in part without the prior written consent of the COUNTY.

Section 22. Headings

Article headings have been included in the Agreement solely for the purpose of convenience and shall not affect the interpretation of any of the terms of this Agreement.

Section 23. Survivability

Any term, condition, covenant or obligation which requires performance by either party subsequent to termination of this Agreement shall remain enforceable against such party subsequent to such termination.

Section 24. Modifications

This writing embodies the entire agreement and understanding between the parties hereto and there are no other agreements and/or understandings, oral or written, with respect to the subject matter hereof, that are not merged herein and superseded hereby. This Agreement may only be amended or extended by a written instrument executed by the COUNTY and the SUBRECIPIENT expressly for that purpose.

Section 25. Entire Agreement

It is understood and agreed that the entire agreement of the Parties is contained in this Agreement, which supersedes all oral agreements, negotiations, and previous agreements between the Parties relating to the subject matter of this Agreement.

Any alterations, amendments, deletions, or waivers of the provisions of this Agreement will be valid only when expressed in writing and duly signed by the Parties, except as otherwise specifically provided in this Agreement.

SAMPLE

IN WITNESS WHEREOF, the SUBRECIPIENT and the COUNTY respectively, have caused this Agreement to be executed by their duly authorized representatives.

SUBRECIPIENT: NAME

Signature:

Date:

TYPED NAME

ATTEST:
LINDA DOGGETT, CLERK

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

BY: _____
Deputy Clerk

BY: _____
Roger Desjarlais, County Manager

APPROVED AS TO FORM FOR THE
RELIANCE OF LEE COUNTY ONLY

County Attorney's Office

Appendix 3 –Project Ranking Tool

**2021 Lee County ARP Funding
New 3.11SS Project Ranking Tool**

<p align="center"><i>This portion of the ranking tool will be completed by Lee County HVS.</i></p>	<p align="center">Threshold Requirements</p>
<p align="center">Proposal was submitted by deadline. <i>If no, ineligible to apply.</i></p>	
<p align="center">Applicant is a local government or non-profit organization with 501c3 Status. <i>If no, ineligible to apply.</i></p>	
<p align="center">Applicant agency has been in operation for at least 12 months prior to application deadline. <i>If no, ineligible to apply.</i></p>	
<p align="center">Organization is NOT listed on the excluded parties list. <i>If no, ineligible to apply.</i></p>	
<p align="center">Application is signed by agency official designated to execute contracts. <i>If no, ineligible to apply.</i></p>	
<p align="center">The Applicant is currently funded through Lee County (federal, state, or local funding) to provide services to persons experiencing homelessness. <i>If no, ineligible to apply.</i></p>	
<p align="center">Eligible to Apply</p>	
<p align="center">HVS Review Staff Initial: Date of Threshold Review:</p>	

Project Scoring

*Please enter your score for each scoring criteria based on the project proposal.
While most scoring factors are related to specific questions, reviewer may consider all elements of the proposal to determine score for each item.
Please use only whole and half points.*

<p>4. Project Description - Housing First: The project will strictly adhere to low barrier and housing first practices, that centers on providing people experiencing homelessness with housing as quickly as possible (within 30 days or less) – and then providing services as needed. Maximum Point Value: 10</p>	
<p>4. Project Description - Formal Partnerships for Supportive Services: The project demonstrates, through the provision of executed written agreements, coordination with housing providers, workforce development boards, and healthcare organizations to provide permanent housing, access to healthcare, and increased income through employment or mainstream benefits. (must provide executed written agreements to support formal partnerships). Maximum Point Value: 10</p>	
<p>4. Project Description - Alignment with Community Goals and Needs: The project will assist the CoC in achieving stated goals and/or is a project specifically identified as a priority within the RFA. The project will help to ensure homelessness in Lee County is rare brief and one-time, and fill a gap in services or housing. Maximum Point Value: 5</p>	
<p>5.A. Quality of Service - Innovation and Best Practices: The project is innovative, and addresses housing and service needs in manner not already found within the CoC, or addresses housing and service needs for a population not currently being served in the CoC. The project is designed around an existing evidence based program or is planned to be evidence producing. Maximum Point Value: 10</p>	
<p>5.B.-C. Quality of Service - Stakeholder Engagement: The project will engage and gather feedback from persons with lived experience, including those from historically underserved and marginalized groups. The project will be marketed effectively to members of traditionally marginalized groups and those that are least likely to access assistance. . Maximum Point Value: 15</p>	
<p>5.D.-G. Quality of Service -Agency’s Capacity and Experience: The agency is actively participating in HMIS and Coordinated Entry. The agency demonstrates outstanding performance in addressing the needs of and providing services households who are homeless. The agency also makes clear efforts to provide quality services through a person centered, housing focused model and ensuring "soft hand-offs" when referrals are required. Maximum Point Value: 10</p>	
<p>5.H.-I. Quality of Service - Performance Evaluation and Sustainability: The agency actively evaluates its own performance. The agency has a plan to sustain program operations once funding ends. Maximum Point Value: 10</p>	
<p>6. Ability to Complete Activities: The agency has a clear schedule for project implementation, spending, and reporting, and will be able to carry out activities within the funding period. Maximum Point Value: 5</p>	
<p>7. & 8. Budget, Match and Leverage: The project has a reasonable budget, all anticipated costs are eligible under one of the available funding sources, and adequate match has been committed. The project also uses leveraged funds to expand available housing and services. Maximum Point Value: 5</p>	
<p>9. & 10. Project Outcomes: The project has a estimated outcomes that are within CoC and HUD standards, and support the goal of making homelessness in Lee County rare, brief, and one-time. Addressing - Length of time person remains homeless; Extent to which persons who exit homelessness to permanent housing destinations return to homelessness: Number of persons no longer homeless; Jobs and income growth. Maximum Point Value: 15</p>	
<p>Proposal Presentation: The proposal is organized, and adheres to instructions. Narratives are clear and concise, and the proposal presents new and original information to be considered for funding. Maximum Point Value: 5</p>	
Total	0.00
Total Available Points = 100	

Appendix 4 – Post Award Reporting

ARP Reporting Template

Funded providers will be required to participate in the CoC Homeless Management Information System (HMIS). Reporting templates for ARP required reporting will be built into HMIS. Additional narrative reports will be needed, as indicated in the sample reporting template below.

1. Equity: Describe how you ensure that your program is designed and implemented with equity in mind for disproportionately affected populations. Address the following:
 - a. Goals: Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction?
 - b. Awareness: How do you market the program to Lee County residents with equity in mind? How equal and practical is the ability for residents or businesses to become aware of the services funded by the SLFRF?
 - c. Access and Distribution: Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?
 - d. Outcomes: Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?

2. Community Engagement: Describe your communication, outreach, and engagement plan to make participants and the community aware of your project.

Agency and Programmatic Reporting

Provide a SHORT summary of your organization's mission.
Number of employees in Lee County?
Board member roster (Required for nonprofits.)
IRS Form 990 or equivalent (Required for nonprofits.)
Statement of Profit & Loss (Most recent year ended profit & loss comparative to prior year; not the auditor's report.) (Required for nonprofits.)
Audit Report (Most recent audit if available) (Required for nonprofits)
Agency Budget (Your most recent year-ended profit & loss compared to budget). (Required for nonprofits).
Provide a demographics summary of service for this project for the previous year. Summary will show your organization capability to track service by demographics and your service volumes. Summary may include # served by: geographic areas of the county, total served from Lee County, totals by age, race, ethnicity, etc. (required for nonprofits).
Attach copies of your policies and practices of internal controls related to the program expenditure of program funds, record management (5-years required) (Required for nonprofits).
Attach your statement of compliance with Title VI of the Civil Rights Act of 1964.
Does this project serve an economically disadvantaged community as defined by HUD's Qualified Census Tract?

In what census tract(s) is the service provided? If the tract is unknown, in what area of the county is the service provided?
Are you able to measure or access data related to the economic characteristics of the primary intended beneficiaries of your program or service? If yes, describe the methodology.
Summarize your program eligibility requirements including a description of the qualifying factors for the economically disadvantaged communities, groups, or individuals that your program may serve. Consider using the following: * The program is provided from a physical location in a Qualified Census Tract (for multi-site projects, if a majority of sites are within Qualified Census Tracts); * This program or service is offered primarily to beneficiaries who live within a Qualified Census Tract; * This program or service has an eligibility criteria for earning less than 60 percent of the median income for the relevant jurisdiction (e.g., state, county, metropolitan area, or other jurisdiction); * The program or service has an eligibility criteria wherein more than 25 percent of intended beneficiaries are below the federal poverty line; * Other qualifier including ethnic identity, gender, race, etc.
What are the project's key process outputs and output goals? See Sections 9 and 10 above. This report will be built into HMIS, and does not require manual tracking.
If the project is an evidence-based practice, identify the source(s), the level of evidence, and explain how this project incorporates this principle. If the project is an evidence-producing practice, identify related source(s) of your hypothesis and state your hypothesis clearly. Outline how evidence will be collected to validate that it presents as evidence-producing. See Treasury's Compliance and Reporting Guidance State and Local Fiscal Recovery Fund, Appendix 2? https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf

- Quarterly Reporting: Lee County will send SUBRECIPIENT a reporting link to submit the following information each quarter, within 5 business days after the reporting period ends.

Schedule:

Reporting Periods	Notes
Award – December 31, 2021	Due 5 working days after end of quarter
January 1 – March 31, 2022	
April 1 – June 30, 2022	
July 1 – September 30, 2022	

A. Expenditure Summary

How much of the grant has been expended during this quarter?
Cumulative expenditure
How much of the grant has been obligated but not expended this quarter?
Cumulative obligation

B. Disadvantaged Communities Summary

How much of the grant has been expended to serve disadvantaged communities through program or service that is provided at a physical location in a Qualified Census Tract (for multi-site projects, if a majority of sites are within Qualified Census Tract);
How much of the grant has been expended to serve disadvantaged communities through program or service where the primary intended beneficiaries live within a Qualified Census Tract;
How much of the grant has been expended to serve disadvantaged communities through program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60 percent of the median income for the relevant jurisdiction (e.g., State, county, metropolitan area, or other jurisdiction); or
How much of the grant has been expended to serve disadvantaged communities through program or service for which the eligibility criteria are such that over 25 percent of intended beneficiaries are below the federal poverty line.

C. Performance Success Summary

<p>Project Status: Choice</p> <ul style="list-style-type: none"> • Not Started • Completed less than 50 percent • Completed 50 percent or more • Completed
Provide a success story or summary of successes from this program that can be shared publicly. Always protect the privacy of beneficiaries.
<p>Provide a report of key outputs for the past period [between ____ and ____].</p> <ul style="list-style-type: none"> • See Sections 9 and 10 above. This report will be built into HMIS and does not require manual tracking.
<p>Provide a report of key outcomes for the past period [between ____ and ____].</p> <ul style="list-style-type: none"> • See Sections 9 and 10 above. This report will be built into HMIS and does not require manual tracking.
Primary place (address) for service delivery/performance