

Before Starting the Project Listings for the CoC Priority Listing

The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.

The FY 2018 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: Lee County Board of County Commissioners

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

2-1. 2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2019 into one or more new projects? No

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$0				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$0				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
JFCS Rapid Re-Hou...	2018-08-11 12:51:...	PH	Ft Myers/Cape Cor...	\$154,496	1 Year	6	PH Bonus	RRH	
LCHDC DV Rapid Re...	2018-08-11 12:37:...	PH	Ft Myers/Cape Cor...	\$53,790	1 Year	1		RRH	
CPE Recovery House	2018-08-11 14:51:...	Joint TH & PH-RRH	Ft Myers/Cape Cor...	\$203,703	1 Year	8			

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
CASL S+C II	2018-08-11 11:36:...	1 Year	Ft Myers/Cape Cor...	\$73,328	4	PSH	PH	Individual
CASL S+C I	2018-08-11 11:35:...	1 Year	Ft Myers/Cape Cor...	\$77,632	2	PSH	PH	Individual
CASL Sans Souci	2018-08-11 11:33:...	1 Year	Ft Myers/Cape Cor...	\$53,986	7	PSH	PH	Individual

The Salvation Arm...	2018-08-28 08:34:...	1 Year	Ft Myers/Cape Cor...	\$1,394,985	5	RRH	PH	
CASL Broadway	2018-08-28 08:35:...	1 Year	Ft Myers/Cape Cor...	\$67,357	3	PSH	PH	Individual
CASL Supportive S...	2018-09-14 08:23:...	1 Year	Ft Myers/Cape Cor...	\$121,343	C3	PSH	PH	Fully Consolidated
CASL Rental Assis...	2018-09-14 08:19:...	1 Year	Ft Myers/Cape Cor...	\$150,960	C4	PSH	PH	Fully Consolidated

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
2018 CoC Planning...	2018-09-06 15:50:...	1 Year	Ft Myers/Cape Cor...	\$75,000	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$1,667,288
Consolidated Amount	\$272,303
New Amount	\$411,989
CoC Planning Amount	\$75,000
Rejected Amount	\$0
TOTAL CoC REQUEST	\$2,154,277

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	09/10/2018
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with Con Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

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Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/12/2018
2. Reallocation	09/12/2018
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
7A. CoC New Project Listing	09/12/2018
7B. CoC Renewal Project Listing	09/14/2018
7D. CoC Planning Project Listing	09/12/2018
Funding Summary	No Input Required

Attachments	09/12/2018
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Lee County Board of County Commissioners

Project Name: Continuum of Care

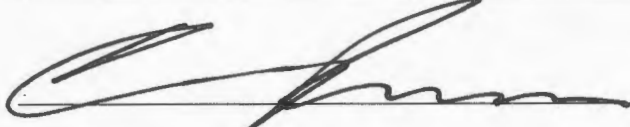
Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: U.S. Department of Housing and Urban Development Continuum of Care

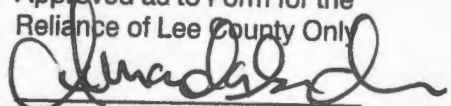
Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Cecil Pendergrass

Title: Chair, Lee County Board of County Commissioners

Signature: 

Date: 9-6-18

Approved as to Form for the
Reliance of Lee County Only

Office of the County Attorney

Project Name	Applicant Name	Budget Amount	Project Type	Will project receive HUD assistance of \$200,000 in HUD FY 2018?
CASL Broadway	Lee County Board of County Commissioners	\$67,357	Renewal	Yes; Form 2880 attached.
CASL S+C I	Lee County Board of County Commissioners	\$77,632	Renewal	Yes; Form 2880 attached.
CASL S+C II	Lee County Board of County Commissioners	\$73,328	Renewal	Yes; Form 2880 attached.
CASL Sans Souci	Lee County Board of County Commissioners	\$53,986	Renewal	Yes; Form 2880 attached.
The Salvation Army Rapid Re-Housing	Lee County Board of County Commissioners	\$1,394,985	Renewal	Yes; Form 2880 attached.
JFCS Rapid Re-Housing	Lee County Board of County Commissioners	\$154,496	New	No
LCHDC DV Rapid Re-Housing	Lee County Board of County Commissioners	\$53,790	New	No
CPE Recovery House	Lee County Board of County Commissioners	\$203,703	New	Yes; Form 2880 attached.
2018 Continuum of Care Planning Grant	Lee County Board of County Commissioners	\$75,000	New	No

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Community Assisted and Supported Living, Inc. 1401 16th St Sarasota FL 34236	2. Social Security Number or Employer ID Number: 65-0869993
3. HUD Program Name Continuum of Care - Lee County	4. Amount of HUD Assistance Requested/Received 272,303
5. State the name and location (street address, City and State) of the project or activity: Scattered Sites Lee County, FL	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Suncoast Partnership to End Homelessness	CoC	287,000	Rental Assistance/ Supporti

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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


Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
J. Scott Eller	265-73-0445	Program Director/ CEO	0.00

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 8/6/2018
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Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): The Center for Progress and Excellence Inc. 6360 Techster Boulevard, Fort Myers, FL, 33966	2. Social Security Number or Employer ID Number: 47-4810710
3. HUD Program Name CPE Recovery House	4. Amount of HUD Assistance Requested/Received \$203,703
5. State the name and location (street address, City and State) of the project or activity: 6430 Plantation Park Court, Fort Myers, FL, 33966	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

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I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 08/10/2018
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Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

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

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): The Salvation Army, a Georgia Corporation, for Ft. Myers Area Command, FL 10291 McGregor Blvd, Fort Myers, FL 33919 239.219.7207	2. Social Security Number or Employer ID Number: 58-0660607
3. HUD Program Name Rapid Rehousing	4. Amount of HUD Assistance Requested/Received 1,394,985.00
5. State the name and location (street address, City and State) of the project or activity: The Salvation Army Area Command, 2400 Edison Ave, Ft Myers FL 33901	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Lee County Department of Human Services 2400 Thompson St. Fort Myers, 33901	PFR Grant	53,000	Emergency Shelter

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

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I certify that this information is true and complete.

Signature: x 	Date: (mm/dd/yyyy) 8/10/18
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