

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/11/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000702

	c. Organizational DUNS:	013461611	PLUS 4:	
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d. Address

Street 1: 2440 Thompson Street

Street 2:

City: Fort Myers

County: Lee

State: Florida

Country: United States

Zip / Postal Code: 33901

e. Organizational Unit (optional)

Department Name: Human and Veteran Services

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Jeannie

Middle Name:

Last Name: Sutton

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Lee County Board of County Commissioners

Telephone Number: (239) 533-7958

Extension:
Fax Number: (239) 533-7960
Email: jsutton@leegov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CPE Recovery House

16. Congressional District(s):

a. Applicant: FL-019

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Commissioner

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

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

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

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lee County Board of County Commissioners

Prefix:

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

Organizational Affiliation: Lee County Board of County Commissioners

Telephone Number: (239) 533-2227

Extension:

Email: dist2@leegov.com

City: Fort Myers

County: Lee

State: Florida

Country: United States

Zip/Postal Code: 33901

2. Employer ID Number (EIN): 59-6000702

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$203,703.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See Attached	See Attached	\$0.00	See Attached

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
See Attached	See Attached	See Attached	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that this information is true and complete.

I AGREE:

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

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

Date Signed: 05/02/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lee County Board of County Commissioners

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Commissioner

First Name: Cecil

Middle Name

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

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

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

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Lee County Board of County Commissioners

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

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

Date Signed: 08/11/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Yes

- 1. Type of Federal Action:** Grant
- 2. Status of Federal Action:** Application
- 3. Report Type:** Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: FL-019

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-5900-N-18B

9. Award Amount: \$203,703.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Bill Ferguson
The Ferguson Group LLC
1130 Connecticut Ave NW, Suite 300
Washington, DC 20036

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Ferguson, Bill

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Commissioner

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

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

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

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$203,703

Organization	Type	Sub-Award Amount
Center for Progress and Excellence Inc.	M. Nonprofit with 501C3 IRS Status	\$203,703

2A. Project Subrecipients Detail

a. Organization Name: Center for Progress and Excellence Inc.

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

c. Employer or Tax Identification Number: 47-4810710

	* d. Organizational DUNS:	053685922	PLUS 4:	
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e. Physical Address

Street 1: 6360 Techster Blvd

Street 2:

City: Fort Myers

State: Florida

Zip Code: 33966

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

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

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$203,703

j. Contact Person

Prefix: Mr.

First Name: Alex

Middle Name:

Last Name: Olivares
Suffix:
Title: Executive Director
E-mail Address: alexo@progressandexcellence.com
Confirm E-mail Address: alexo@progressandexcellence.com
Phone Number: 239-677-6162
Extension:
Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

CPE has effectively managed federal funding from The Department of Health and Human Services (HHS). In November 2017 CPE was awarded a sub-contractor agreement HHS to provide intensive case management to survivors of Human Trafficking. Funds for this program are provided on a per capita basis and require monthly reporting on funding use. With our experienced accounting program, CPE has effectively managed these funds and provided timely monthly reports to the funding agency. Furthermore, CPE has obtained state funding from both The Department of Children and Families and The Department of Juvenile Justice. Both of these funding streams also require monthly billing, reporting and compliance with funder requirements. CPE has effectively managed these funds and presented no compliance issues with any current funder. The CPE Assisted Living Facility is a 14 bed facility that provides transitional housing for severely mentally ill adult females that are either homeless or at risk for homelessness. While this program is not exactly the same as a Transitional/Rapid Rehousing Program, it does in fact demonstrate the capacity of our agency to assist homeless individuals that present significant life barriers and complications.

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

CPE is provider of comprehensive behavioral healthcare services, as such our agency firmly believes in and implements the use of multiple programs to meet the individualized needs of all of our clients. An individual, or a family, that resides in CPE Recovery House will have unrestricted access to all of the other funded services that our agency offers. These services include but are not limited to free psychiatric care for minors, Human Trafficking victim assistance, substance abuse services, etc. All of our programs receive funding from other sources and our agency leverages these services in the provision of comprehensive care. Furthermore, CPE also hosts annual fundraisers which will now include CPE Recovery House as a beneficiary of any raised private funds.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

CPE is structured as a non-profit agency, there is a Board of Directors that is currently comprised of twelve members. The Board provides oversight and governance on all CPE business matters. The Executive Director of CPE

responds directly to the Board of Directors and must report on all financial and programmatic situations. The Executive Director has signing authority for CPE and is directly responsible for daily operations of all programs, however, any decisions that will have either a financial or major programmatic impact must be approved by the Board of Directors Executive Committee. Besides the Executive Director, CPE also employs two other officers that have major executive duties, these are the Chief Financial Officer and the Chief Compliance Officer. The CFO is responsible for all accounting and fiscal management, including monitoring of revenues and expenses as well as accounts payable and receivable. The Compliance Officer oversees the implementation of agency wide policies and procedures that include compliance with funder requirements, client rights, privacy, grievance procedures, etc. Front line staff include Mental Health Counselors, Clinical Social Workers, Case Managers, Psychiatric Staff and Administrative Staff. CPE has specific program managers in place among the staff that provide guidance, supervision and oversight regarding service provision. Furthermore, CPE has established a network of community partners that include other provider agencies, law enforcement and private citizens. These partners help ensure continuity of care and collaboration for all clients in our community.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

2. Project Name: CPE Recovery House

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

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

3B. Project Description

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

The CPE Recovery Housing is a Joint TH-RRH project in Lee County, Florida. The project will provide transitional housing, up to 24 months in length, in four 2-bedroom units located within the City of Fort Myers. The broad population of focus for this project are adult homeless individuals and families. This project will be specifically targeted towards individuals and families that have been victims of Domestic Violence and are seeking move forward. The project model is a comprehensive approach that incorporates basic needs with coordinated case management and high quality behavioral healthcare for the household. These elements provide an environment geared toward success, health, and the achievement of recovery and stability. All referred or identified eligible participants will be assessed through the Coordinated Entry System and prioritized based on the following: medical vulnerability, overall wellness, unsheltered sleeping location, length of time classified as homeless and the date of their last vulnerability assessment.

The proposed project will implement a Housing First Low Barrier Approach which is recovery oriented to combat the recurrence of homelessness. CPE's approach integrates services and additional supports for the individual in a manner that is easily accessible and minimizes barriers. Eligibility criteria for this project will be based on the following definitions: The individual or family must be a DV survivor and considered homeless under the federal statute. New clients will be accepted via CoC referral or direct identification by either CPE staff or a community partner. CPE maintains strict non-discriminatory policies in place for both employees and all CPE clients, these policies state specifically that there are no preconditions that will preclude eligible individuals from agency services regardless of substance abuse, income, race, religion, marital status, family status, sexual orientation, gender identity or criminal records.

One of the key elements of program will be the availability of a case manager assisting each program participant. The case manager will assist each person based on their individual needs, always ensuring that necessities related to access of benefits related to income, health care, employment, education and any other community-based services are addressed as part of each person's service plan. The program case managers will also be available to provide advocacy and coordinate with other agencies. The services provided by our case managers are always client centered, voluntary and culturally competent and targeted towards empowering the client. The program will also provide a trauma certified therapist for adults and a child therapist to provide counseling. The counseling will be available at the CPE offices but also in home for those individuals that have difficulty with public offices.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave

the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	100			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?	60			
Rehabilitation started?	60			
Rehabilitation completed?	90			
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

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

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Development activities undertaken as part of this project include ensuring that the property is hospitable and livable for the residents. CPE will ensure that the units are furnished and in good condition. CPE will be responsible for the maintenance and appearance of the property including monitoring conditions for each resident. The safety and security of each resident is of paramount importance for CPE, thus the agency will design safety plans for each resident and ensure that each occupied unit is secure.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

This project is a joint TH-RRH component project in which clients will live in

transitional housing units leased and managed by the Center for Progress and Excellence. Upon readiness, or at 24-months, clients will then be assisted to move into the community through the rapid re-housing portion of this project.

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

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

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

X

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

The process for successfully discharging a client will initiate once the individual is capable of obtaining permanent housing. Each client case will be staffed by the CPE case manager, therapist and all relevant staff. Self-sufficiency will be determined based employment, secured housing, overall wellness and social supports. The case manager will be principally responsible for ensuring that participants obtain permanent housing at the end of their stay. The Case Manager is involved with participants from enrollment and will work with them to obtain independent living skills, job skills, personal empowerment, education and other daily skills that may require reinforcement. The case manager will develop a discharge and aftercare plan with the individual and together plan a tentative discharge date no less than 60 days out. The case manager will assist the individual in obtaining needed services before discharge. Aftercare services will remain in place for 60 days following discharge.

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

The case manager will develop a discharge and aftercare plan with the individual and together plan a tentative discharge date no less than sixty (60) days out. The case manager will assist the individual in obtaining all needed services and assistance before the individual successfully discharges. Throughout the duration of the residents' stay at Recovery House, the case manager will have a targeted individualized plan that will help the resident focus on obtaining benefits and assistance. The case manager will also assist the

resident in developing or strengthening skills related to the workforce, including interviewing, time management, communication and empowerment. All of these efforts will be made to assist each resident increase their earning potential and their ability to live independently.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Partner	As needed
Education Services	Partner	Bi-weekly
Employment Assistance and Job Training	Subrecipient	Bi-weekly
Food	Partner	As needed
Housing Search and Counseling Services	Partner	Quarterly
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Partner	Monthly
Outreach Services	Subrecipient	Monthly
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes


5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the Yes

**technical assistance completed SOAR
training in the past 24 months.**

4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	4	4	8
Total Beds:	8	8	16

Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	4	8
---	Scattered-site ap...	4	8

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. **Housing Type:** Shared housing

3. **What is the funding source for these units and beds?** CoC
(If multiple sources, select "Mixed" from the dropdown menu)

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

- a. **Units:** 4
- b. **Beds:** 8

5. Address

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

Street 1: 6430 Plantation Park Court

Street 2:

City: Fort Myers

State: Florida

ZIP Code: 33966

6. **Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.**
(for multiple selections hold CTRL key)

120966 Ft Myers

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? RRH

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

3. What is the funding source for these units and beds? Mixed Funding
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: ESG, CoC, Private Funds

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

a. Units: 4

b. Beds: 8

5. Address

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

Street 1: 6430 Plantation Park Court

Street 2:

City: Fort Myers

State: Florida

ZIP Code: 33966

**6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

129071 Lee County, 120402 Cape Coral, 120966
Ft Myers

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	1		4
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	1		4
Adults ages 18-24				0
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
Total Persons	7	1	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							3			
Adults ages 18-24										
Children under age 18							4			
Total Persons	0	0	0	0	0	0	7	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							1			
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

10%	Directly from the street or other locations not meant for human habitation.
10%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
10%	Directly from safe havens.
70%	Persons fleeing domestic violence.
	Directly from transitional housing.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

CPE will conduct outreach in multiple ways for this project in efforts to reach the target population. CPE will conduct an awareness presentation (informing of the project, services, etc) at the two local shelters (both are partner agencies with CPE) Abuse, Counseling and Treatment (ACT) and The Naples Shelter for Abused Women and Children. CPE will also conduct awareness presentations at other agencies that assist victims of crime and typically overlap with DV, such as Project Help and C.A.R.E. CPE will also present information regarding the project and eligibility at local community service provider meetings (United Way HSIN, Homeless Coalition, Human Trafficking Task Force, etc). The project case manager will also effectively target and present the project at other important community locations such as the local Sheriff's office and local hospitals. Our agency believes that this outreach plan will effectively reach individuals that could effectively benefit from the program.

6A. Funding Request

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

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

Only RRH, SSO and JOINT component types can apply for this funding

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

4. Select a grant term: 1 Year

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

Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$45,000	
Grant Term:		1 Year	
Total Request for Grant Term:		\$45,000	
Total Structures:		1	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
CPE Recovery House	\$3,750	\$45,000	\$45,000

Leased Structures Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State, and Zip Code.

HUD Paid Rent (per Month): This is a required field. Enter the monthly leasing amount. The amount entered cannot exceed the monthly rent for comparable structures.

12 Months: This field is populated with the value 12 to calculate the annual grant request.

Total Annual Assistance Requested: This field is automatically calculated based on the per month rent entered in the first field.

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

Total Request for Grant Term: This field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

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

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

Structure Name: CPE Recovery House
Street Address 1: Undisclosed
Street Address 2: DV TH Facility
City: Fort Myers
State: Florida
Zip Code: 99999

HUD Paid Rent (per Month):	\$3,750
12 Months:	12
Total Annual Assistance Requested:	\$45,000
Grant Term:	1 Year
Total Request for Grant Term:	\$45,000

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

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Assistance with Moving Costs	\$7,237
3. Case Management	384 hrs of case management @ 30.00 per hour	\$11,520
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	384 hrs of mental health services @ 84.00 per hour (2 therapists each earning 42.00 per hour)	\$32,256
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	Utility Deposits	\$7,000
17. Operating Costs		
Total Annual Assistance Requested		\$58,013
Grant Term		1 Year
Total Request for Grant Term		\$58,013

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	1 FTE to provide maintenance including supplies	\$22,320
2. Property Taxes and Insurance	Property Taxes and Insurance for 1 Year	\$10,000
3. Replacement Reserve	Reserve for replacement of furniture,damages and appliances	\$16,000
4. Building Security	Purchase and installation of external security equipment	\$8,000
5. Electricity, Gas, and Water	Includes all utility costs 1 Year	\$16,000
6. Furniture	Purchase of tables, beds, couches, etc. for TH Facility	\$10,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$82,320
Grant Term		1 Year
Total Request for Grant Term		\$82,320

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$39,676
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$39,676

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	CPE Therapist Sal...	08/09/2018	\$39,676

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** CPE Therapist Salaries
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/09/2018
- 6. Value of Written Commitment:** \$39,676

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$45,000	1 Year	\$45,000
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$58,013	1 Year	\$58,013
5. Operating	\$82,320	1 Year	\$82,320
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$185,333
8. Admin (Up to 10%)			\$18,370
9. Total Assistance Plus Admin Requested			\$203,703
10. Cash Match			\$39,676
11. In-Kind Match			\$0
12. Total Match			\$39,676
13. Total Budget			\$243,379

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CPE 501c3 Documen...	08/11/2018
3) Other Attachment(s)	No	HUD 2880	08/11/2018
2) Other Attachment(s)	No	CPE Match Letter	08/11/2018

Attachment Details

Document Description: CPE 501c3 Documentation

Attachment Details

Document Description: HUD 2880

Attachment Details

Document Description: CPE Match Letter

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Cecil Pendergrass

Date: 08/11/2018

Title: Chair, Board of County Commissioners

Applicant Organization: Lee County Board of County Commissioners

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 53 09/12/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/11/2018
1E. SF-424 Compliance	08/06/2018
1F. SF-424 Declaration	08/06/2018
1G. HUD 2880	08/06/2018
1H. HUD 50070	08/06/2018
1I. Cert. Lobbying	08/06/2018
1J. SF-LLL	08/06/2018
2A. Subrecipients	08/11/2018
2B. Experience	08/11/2018
3A. Project Detail	08/06/2018
3B. Description	08/11/2018
3C. Expansion	08/06/2018
4A. Services	08/11/2018
4B. Housing Type	08/11/2018
5A. Households	08/11/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/11/2018
6A. Funding Request	08/06/2018
6D. Leased Structures	08/11/2018
6F. Supp Srvcs Budget	08/11/2018
6G. Operating	08/11/2018
6I. Match	08/11/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/11/2018
7D. Certification	08/11/2018



**Department of the Treasury Internal
Revenue Service**

P. O. Box 2508
Cincinnati, OH 45201

Date:

October 4, 2017

Person to contact/ID number:

Mrs. Day #0110209

Contact telephone number:

877-829-5500

SHUAMKER, LOOP & KENDRICK, LLP
% JON P SKELTON, ESQ
101 E KENNEDY BLVD. SUITE 2800
TAMPA, FL 33602

Dear Sir or Madam:

We're responding to your letter dated August 31, 2017, requesting copies of The Center for Progress and Excellence Inc.

Your copies are enclosed.

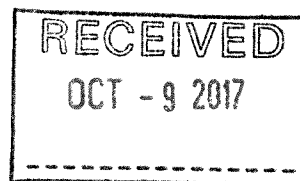
If you have questions, you can contact the person listed above.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Enclosure:
Your Copies



INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

AUG 05 2016

THE CENTER FOR PROGRESS AND
EXCELLENCE INC
14180 METROPOLIS AVE STE 2
FORT MYERS, FL 33912

Employer Identification Number:
47-4810710
DLN:
17053180337036
Contact Person:
DIANE M GENTRY ID# 31361
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
July 31, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

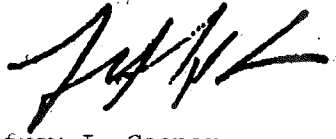
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

THE CENTER FOR PROGRESS AND

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized and cursive, with a prominent initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

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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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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 08/10/2018
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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.



08/09/2018

To whom it may concern,

Through this Memorandum of Understanding I would like to certify that as part of obtaining funding for the 2018 CoC DV Bonus project, titled "CPE Recovery House", our agency The Center for Progress and Excellence Inc. has agreed to provide an in kind match for the sum of \$39,676. These funds will be provided to supplement the salaries of the staff that will be providing supportive services at CPE Recovery House. The funding will be distributed in the following manner \$15,500 for one of the Therapists, \$15,500 for the other Therapist and \$8,676 for the Case Manager. If there are any further questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Olivares", is written over a horizontal line.

Alex Olivares M.S.

Executive Director

The Center for Progress and Excellence Inc.

6360 Techster Boulevard, Fort Myers, FL, 33966

239-677-6162

alexo@progressandexcellence.com