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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2022 CoC Program Competition NOFO.

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:	09/20/2022
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Lee County Board of County Commissioners
b. Employer/Taxpayer Identification Number (EIN/TIN):	59-6000702
c. Unique Entity Identifier:	SS8JCN35XH77
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:	Deputy Director
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-6600-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): (for multiple selections hold CTRL key) Florida

15. Descriptive Title of Applicant's Project: Catholic Charities DV-RRH

16. Congressional District(s):

16a. Applicant: FL-019

16b. Project: FL-018
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: X

21. Authorized Representative

Prefix:	Commissioner
First Name:	Cecil
Middle Name:	
Last Name:	Pendergress
Suffix:	
Title:	Chair, Board of County Commissioners
Telephone Number: (Format: 123-456-7890)	(239) 533-2227
Fax Number: (Format: 123-456-7890)	(239) 485-2143
Email:	dist2@leegov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/20/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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:	Pendergress
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

4a. Total Amount Requested for this project: $256,726.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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	$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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

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

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

Date Signed: 09/20/2022

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.	X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix:	Commissioner
First Name:	Cecil
Middle Name	
Last Name:	Pendergress
Suffix:	
Title:	Chair, Board of County Commissioners
Telephone Number: (Format: 123-456-7890)	(239) 533-2227
Fax Number: (Format: 123-456-7890)	(239) 485-2143
Email:	dist2@leegov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/20/2022

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 Pendergress, Chair, Board of County Commissioners
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/20/2022

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-6600-N-25
9. Award Amount:	$256,726.00

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

The Ferguson Group LLC
1901 Pennsylvania Ave NW, Suite 700
Washington, DC 20006

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

Phillips, Lisa G.

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. X

Authorized Representative

Prefix:	Commissioner
First Name:	Cecil
Middle Name:	
Last Name:	Pendergress
Suffix:	
Title:	Chair, Board of County Commissioners
Telephone Number: (Format: 123-456-7890)	(239) 533-2227
Fax Number: (Format: 123-456-7890)	(239) 485-2143
Email:	dist2@leegov.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/20/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2.	Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3.	Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4.	Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5.	Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6.	Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Lee County Board of County Commissioners
Prefix: Commissioner
First Name: Cecil

Middle Name:	
Last Name:	Pendergress
Suffix:	
Title:	Chair, Board of County Commissioners
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/20/2022

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

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: $256,727

Organization	Type	Sub-Award Amount
Catholic Charities Diocese of Venice, Inc.	M. Nonprofit with 501C3 IRS Status	$256,727

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities Diocese of Venice, Inc.

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

c. Employer or Tax Identification Number: 59-2473176

d. Unique Entity Identifier: FTXXZCN4B753

e. Physical Address
Street 1: 1000 Pinebrook Rd.
Street 2:
City: Venice
State: Florida
Zip Code: 34285

f. Congressional District(s): FL-017
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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: $256,727

j. Contact Person
Prefix: Mr.

First Name:	Eduardo
Middle Name:	
Last Name:	Gloria
Suffix:	
Title:	CEO
E-mail Address:	eduardo.gloria@catholiccharitiesdov.org
Confirm E-mail Address:	eduardo.gloria@catholiccharitiesdov.org
Phone Number:	941-486-4700
Extension:	
Fax Number:	

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Lee County Human and Veteran Services (HVS) has been administering federal, stated and local funds effectively for more than 30 years. HVS receives approximately $7 million annually from the U.S. Department of Housing and Urban Development's ESG, HOME, CDBG, and CoC programs. HVS has clear policieis and procudures to fiscal management and separation of duties.

Catholic Charities (CCDOV) has been providing rapid re-housing through State ESG-CV dollars for the past 2 years within Lee County. CCDOV also receives federal state and local grant funding for a variety of supportive servies programs, including human trafficking initiatives. CCDOV has received bond financing to assist with the development of affordable housing projects in Lee County. They were also recently awarded American Rescue Plan Act funds through HVS and through a local United Way funding process. These funds will be used to provide housing and supportive services to persons who are experiencing homeelssness.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

In addition to the $7 million received through federal funding sources, HVS leverages more than $8 million annually from State and local funding sources to provide for human services in Lee County. County Generals, in the amount of $5 million are allocated annually to support the provising of shelter, food, childcare, tutoring, after school programs, and services for persons with special needs. In addition, Lee Coutny receives ESG, Challenge Grant, and TANF funding through the Florida Department of Children and Families. These funds are dedicated to addressing and preventing homelessness.

Catholic Charities Diocese of Venice's leadership, staff, Board and regional Advisory Boards are all committed to the successful implementation of all of the agency's anti-poverty programs and to continuing to offer quality services to low-income residents in the communities covered in the 10 county Diocese. While grant funding is a critical component of the agency budget, programs are also funded through an annual Diocesan subsidy, community donations and fundraising events. In addition, the agency has reserve funds to cover situations where anticipated funding is reduced or lost. The Board of Directors has recently adopted a five-year strategic plan with six programmatic priorities identified. Affordable housing is one of the to priorities for the agency. CCDOV is in a position to easily scale program implementation and deliverables based on changes in funding levels. Catholic Charities will follow all guidelines determined by Lee County for drawing down funds. It is anticipated that funds will be used in equal proportions over the 12 month grant period. Program activities can begin immediately after a contract is signed. Depending on demand for services, funds may be exhausted before the end of the 12 month grant cycle.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Lee County HVS has a dedicated fiscal team that routes contracts, establishes purchase orders, and completes draws from the LOCCS system. Oversight of that team is a carried out by the fiscal manager, who is a CPA. The contract management team, overseen by a seasoned program manager, is responsible for drafting contracts, verifying supporting documentation for payment requests, and monitoring financial and program management of subrecipients.

Catholic Charities (CCDOV) has dedicated accounting staff that work to ensure complaince with fedearl state and local best practices for the administration of funds. CCDOV has a Finance Director, who is charged with administration of federal, and local funding received by CCDOV. A senior accountant and three other accounting staff report directly to the Finance Director. The finance department has a clear separation of duties. Additionally there are three grant specific positions that focus on funding awards, contract management, and procuring new grants. These two teams are lead by policies and procedures compliant with accounting principles.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name:	FL-603 - Ft Myers, Cape Coral/Lee County CoC
2. CoC Collaborative Applicant Name:	Lee County Board of County Commissioners
3. Project Name:	Catholic Charities DV-RRH
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	RRH
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No

3B. Project Description

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

Catholic Charities Diocese of Venice (CCDOV) will provide victim-center Rapid Rehousing (RRH) to assist victims of domestic violence locate and secure permanent housing. In addition, the program will offer clients intensive case management including mental health counseling, SOAR screening for SSI and SSDI eligibility, referral to employment and training opportunities, and connection to low-cost medical care and health care coverage navigation. These interventions address many of the barriers faced by victims of domestic violence as they seek to gain financial independence and rebuild their lives. CCDOV will coordinate referrals with Abuse, Counseling and Treatment (ACT) for domestic violence victims transitioning out of emergency shelter. Over the course of one year, it is anticipated that approximately 14 households (approximately 30 individuals) will receive housing for approximately 12 months in one bedroom and two bedroom housing units. The Rapid Re-Housing Program will apply a Housing First approach to reduce and eliminate barriers to housing. This approach is informed by a belief that people's basic needs such as housing and food must be met before attending to less critical things like budgeting, educational advancement, and job hunting.In addition to securing safe housing, CCDOV will provide intensive case management to all clients coming through the program. It is expected that most clients will be referred by ACT. CCDOV will coordinate with ACT to ensure that clients are smoothly transitioned between the two agencies and that any additional community supports needed are in place. CCDOV has a robust mental health program which offers in person and remote access to bilingual mental health counselors. These services will be provided free of charge to program clients. For both medical needs and health insurance needs, Case Managers will refer clients and provide soft hand offs to Family Health Services. An MOU with Family Health Services for program referrals has been secured. CCDOV Case Managers will work closely with appropriate staff from Family Health Services to ensure that program clients gain access to needed medical care and health coverage access. For job training and job placement resources, clients will be referred to Career Source, https://careersourcesouthwestflorida.com/. Case workers will provide clients with guidance and follow up to make sure that clients can access these free resources.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			

Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Domestic Violence	X
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

5d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

4A. Supportive Services for Participants

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

Catholic Charities has a long history of developing and implementing housing programs throughout Southwest Florida. Programs incorporate national best practices and evidenced based models including; Housing First, Client Choice, and Critical Time Intervention. In the proposed program, Catholic Charities will apply a Housing First approach to reduce and eliminate barriers to housing. This approach is informed by CCDOV's firm belief that people need necessities, like food and housing, before attending less critical things like personal budgeting, education advancement, or job hunting. In working with clients, case managers will prioritize client choice to determine locations that are convenient for them, are safe, have access to public transportation (if needed) and are close to employment. Every effort will be made to secure housing for participants in geographic areas of preference. The program will also provide Critical Time Intervention (CTI) as an early intervention designed to prevent recurrent homelessness. The CTI approach to case management focuses on strengthening an individual's long-term ties to services, family, and friends combined with significant post program follow-up to ensure ongoing stability and success retaining permanent housing. Client-centered and CTI case management are the current, widely accepted best practices in case management. Finally, CCDOV will use SOAR (SSI/SSDI Outreach, Access, and Recovery) trained case managers to ensure that clients who are eligible can receive all benefits for which
they are entitled. The majority of CCDOV staff in Lee County are Hispanic or African American. Hispanic staff is bilingual in Spanish. This cultural competency leads to greater trust and better outcomes for clients. Clients complete CCDOV's RRH intake forms including program participant agreement and guidelines, establishing a monthly budget, review of tenant history and current credit concerns, and determining what portion of rent clients will pay when housing is secured. Services are offered in a client-centered manner with clients actively participating in developing their own stability plans. Stability plans are reviewed throughout service provision to assess and identify where progress has been made and to develop additional strategies to overcome new barriers and/or changing priorities. Case managers meet with clients regularly to provide direct 1:1 assistance, review progress toward meeting stated goals, and make referrals to other community agencies. Clients can voluntarily determine that they no longer want to participate in services and program staff then work with them to develop an exit plan. Once a client has successfully discharged from the program, at a minimum, staff will attempt to conduct 3 follow-up phone interviews to assess the client's progress/stability and, if applicable, discuss any issues or concerns. If the client is struggling, or in need of additional supports, staff will continue to provide information and referrals, or directly connect them to the appropriate agencies that are able to assist in maintaining permanent housing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

In addition to finding appropriate, sustainability housing, the proposed CCDOV D.V. Bonus Rapid Rehousing project will offer client-centered case management involving a highly collaborative and planned approach that ensures clients actively participate in identifying goals and service needs with shared accountability on results. Based upon the results of the comprehensive assessment done at intake, clients may be referred to other programs within CCDOV and to other Lee County providers able to meet their specific needs in order to ensure long term housing stability. CCDOV case managers will work closely with counterparts at Goodwill Industries to connect clients to employment readiness, job search and job retention needs. Case managers will also make “warm hand off” connections and referrals for clients with medical needs to a convenient Family Health Center of Southwest Florida location. (See attached MOUs with Goodwill Industries and Family Health Centers). Case managers will connect clients to internal or external behavioral health services as appropriate. CCDOV’s SOAR case managers will work with clients identified as needing SSI/SSDI application assistance. In addition, Catholic Charities regularly refers clients from its various programs in Lee County to other services providers including; ACT, Gulfcoast Legal Services, the Literacy Council and others with whom the agency has worked over a number of years. Examples of other services which clients will be connected with include; free mental health services, food pantry services, after school care, SNAP benefits, senior support services, housing counseling and other important stabilization services. Case managers will follow up with clients and counterparts at partner agencies to ensure that services are accessed. Stability plans are reviewed throughout service provision to assess and identify where progress has been made and to develop additional strategies to overcome new barriers and/or changing priorities. Case managers meet with clients regularly to provide direct 1:1 assistance, review progress toward meeting stated goals, and make referrals to other community agencies. The intensity and duration of case management my increase or lessen depending on participant progress towards securing additional supports. Overall, the intent will be to help participants build a strong community-based network outside of the program. It is important to note that some existing CCDOV services (e.g., behavioral health, food pantry, SNAP, after school care care) will be available to program participants long after exiting the program since CCDOV already provides these on an ongoing basis at no cost.

3. For all supportive services available to program 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	As needed
Assistance with Moving Costs		Subrecipient	As needed

Case Management	Subrecipient	As needed
Child Care	Subrecipient	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?	Yes
6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 14

Total Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	14	30	

4B. Housing Type and Location Detail

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

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

2a. Units: 14

2b. Beds: 30

3. 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: 4235 Michigan Ave. Link

Street 2:

City: Fort Myers

State: Florida

ZIP Code: 33916

***4. 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	14			14

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
Persons over age 24	12			12
Persons ages 18-24	2			2
Accompanied Children under age 18	16			16
Unaccompanied Children under age 18				0
Total Persons	30	0	0	30

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							12			
Persons ages 18-24							2			
Children under age 18							16			
Total Persons	0	0	0	0	0	0	30	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024?	Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition?	DV Bonus
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 requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$191,688
Total Units:	14

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MSA (1...	14	$191,688

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated 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 annual assistance requested 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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - Cape Coral-Fort Myers, FL MSA (1207199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$732	x	12		=	$0
0 Bedroom		x	$976	x	12		=	$0
1 Bedroom	5	x	$979	x	12		=	$58,740

2 Bedrooms	9	x	$1,231	x	12		=	$132,948
3 Bedrooms		x	$1,603	x	12		=	$0
4 Bedrooms		x	$1,820	x	12		=	$0
5 Bedrooms		x	$2,093	x	12		=	$0
6 Bedrooms		x	$2,366	x	12		=	$0
7 Bedrooms		x	$2,639	x	12		=	$0
8 Bedrooms		x	$2,912	x	12		=	$0
9 Bedrooms		x	$3,185	x	12		=	$0
Total Units and Annual Assistance Requested	14							$191,688
Grant Term								1 Year
Total Request for Grant Term								$191,688

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.75 FTE @ $40,000 + Benefits @ 39%	$41,700
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		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$41,700
Grant Term		1 Year
Total Request for Grant Term		$41,700

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	$64,182
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$64,182

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	CCDOV Donations C...	$64,182

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	CCDOV Donations Cash Match
4. Amount of Written Commitment:	$64,182

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	$0	1 Year	$0
3. Rental Assistance	$191,688	1 Year	$191,688
4. Supportive Services	$41,700	1 Year	$41,700
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$233,388
8. Admin (Up to 10%)			$23,338
9. Total Assistance Plus Admin Requested			$256,726
10. Cash Match			$64,182
11. In-Kind Match			$0
12. Total Match			$64,182
13. Total Budget			$320,908

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCDOV 501C3 Docum...	09/20/2022
3) Other Attachment(s)	No	CCDOV HUD 2880	09/20/2022
2) Other Attachment(s)	No	CCDOV Match	09/20/2022

Attachment Details

Document Description: CCDOV 501C3 Documentation

Attachment Details

Document Description: CCDOV HUD 2880

Attachment Details

Document Description: CCDOV Match

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 Pendergress

Date: 09/20/2022

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

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

1B. SF-424 Legal Applicant	09/17/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2022
1E. SF-424 Compliance	09/17/2022
1F. SF-424 Declaration	09/17/2022
1G. HUD 2880	09/17/2022
1H. HUD 50070	09/17/2022
1I. Cert. Lobbying	09/17/2022
1J. SF-LLL	09/17/2022
IK. SF-424B	09/17/2022
1L. SF-424D	09/17/2022
2A. Subrecipients	09/17/2022
2B. Experience	09/20/2022
3A. Project Detail	09/17/2022
3B. Description	09/20/2022
3C. Expansion	09/17/2022
4A. Services	09/17/2022
4B. Housing Type	09/17/2022
5A. Households	09/17/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/17/2022
6E. Rental Assistance	09/17/2022
6F. Supp Srvcs Budget	09/17/2022
6I. Match	09/17/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/20/2022
7D. Certification	09/20/2022

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: November 2, 2020

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:
0928

Dear Sir/Madam:

This responds to your July 23, 2020, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2020*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2020* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Diocese of Venice

(Dioecesis Venetiae in Florida)

Most Reverend

FRANK J. DEWANE

Bishop of Venice; ordained July 16, 1988; appointed Coadjutor Bishop of Venice April 25, 2006; Episcopal ordination July 25, 2006; appointed Second Bishop of Venice January 19, 2007. *Res.: 1000 Pinebrook Rd., Venice, FL 34285.*

ESTABLISHED OCTOBER 25, 1984.

Square Miles 9,035.

Comprises the Counties of Charlotte, Collier, Glades, Hardee, Hendry, Highlands, Lee, Manatee, Sarasota in the State of Florida.

For legal titles of parishes and diocesan institutions consult the Chancellor.

Catholic Center: 1000 Pinebrook Rd., Venice, FL 34285.
Tel: 941-484-9543; Fax: 941-484-1121.

Web: dioceseofvenice.org

Email: info@dioceseofvenice.org

STATISTICAL OVERVIEW

Personnel	
Bishop	1
Priests: Diocesan Active in Diocese	76
Priests: Diocesan Active Outside Diocese	6
Priests: Diocesan in Foreign Missions	1
Priests: Retired, Sick or Absent	30
Number of Diocesan Priests	113
Religious Priests in Diocese	48
Total Priests in Diocese	161
Extern Priests in Diocese	58
Ordinations:	
Diocesan Priests	1
Transitional Deacons	2
Permanent Deacons in Diocese	28
Total Brothers	6
Total Sisters	53
Parishes	
Parishes	61
With Resident Pastor:	
Resident Diocesan Priests	47
Resident Religious Priests	14
Missions	10
Pastoral Centers	2
Professional Ministry Personnel:	
Brothers	1
Sisters	4
Lay Ministers	106
Welfare	
Homes for the Aged	9
Total Assisted	599
Day Care Centers	2
Total Assisted	58
Specialized Homes	4
Total Assisted	47
Special Centers for Social Services	13
Total Assisted	31,304
Other Institutions	17
Total Assisted	807
Educational	
Diocesan Students in Other Seminaries	17
Total Seminarians	17
Colleges and Universities	1
Total Students	1,123
High Schools, Diocesan and Parish	4
Total Students	1,529
Elementary Schools, Diocesan and Parish	11
Total Students	2,752
Elementary Schools, Private	1
Total Students	252
Non-residential Schools for the Disabled	
Total Students	
Catechesis/Religious Education:	
High School Students	
Elementary Students	
Total Students under Catholic Instruction	
Teachers in the Diocese:	
Sisters	
Lay Teachers	
Vital Statistics	
Receptions into the Church:	
Infant Baptism Totals	
Minor Baptism Totals	
Adult Baptism Totals	
Received into Full Communion	
First Communions	
Confirmations	
Marriages:	
Catholic	
Interfaith	
Total Marriages	
Deaths	
Total Catholic Population	
Total Population	

Former Bishop—Most Rev. JOHN J. NEVINS, D.D., ord. June 6, 1959; appt. Titular Bishop of Rusticiana and Auxiliary of Miami Feb. 6, 1979; cons. March 24, 1979; appt. First Bishop of Venice July 17, 1984; installed Oct. 25, 1984; retired Jan. 19, 2007; died Aug. 26, 2014.

Catholic Center—1000 Pinebrook Rd., Venice, 34285. Tel: 941-484-9543; Fax: 941-484-1121.

Office of the Bishop—MRS. SHEILA HAASE, Exec. Sec.; MRS. MARIANNE MARZIANO, Receptionist & Sec.

Vicar General—Rev. Msgr. STEPHEN E. MCNAMARA, V.G., V.F.

Chancellor—DR. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D.

Administrative Assistant to the Chancellor—MRS. LYNN SLOCKBOWER.

College of Consultors—Rev. Msgr. STEPHEN E. MCNAMARA, V.G., V.F.; Very Rev. JOSE GONZALES, V.F.; Rev. JIOBANI BATISTA; Very Rev. JOHN COSTELLO; Revs. ROBERT T. DZIEDZIAK, J.C.L.; HUGH MCGUIGAN, O.S.F.S.; GEORGE RATZMANN; MICHAEL VANNICOLA, O.S.F.S.; TOMASZ ZALEWSKI; Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Deans—Very Rev. JOSE ANTONIO GONZALEZ, V.F., Eastern Deanery; Rev. Msgr. STEPHEN E. MCNAMARA, V.G., V.F., Central Deanery; Very Revs. ROBERT KANTOR, V.F., Southern Deanery; FAUSTO STAMPIGLIA, S.A.C., V.F., Northern Deanery.

Presbyteral Council—Rev. Msgr. STEPHEN E. MCNAMARA, V.G., V.F.; Very Revs. FAUSTO STAMPIGLIA, S.A.C., V.F.; JOSE ANTONIO GONZALEZ, V.F.; ROBERT KANTOR, V.F.; Rev. ROBERT T. DZIEDZIAK; Rev. Msgr. JOSEPH E. STEARNS, (Retired); Revs. MICHAEL VANNICOLA, O.S.F.S.; JANUSZ JAY JANCARZ, S.T.L.; STEVEN CLEMENTE; ERIC SCANLAN; VINCENT L. CLEMENTE; EDUARDO COLL; MARK L. HEUBERGER; CASEY JONES; JEAN WOADY LOUIS; SEAN MORRIS, O.M.V.; DUONG NGUYEN; LUIS HURTADO PACHECO; GORDON ZANETTI.

Theologian to the Bishop—Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Vicar for Priests—VACANT.

Director for Deacons—Deacon DAVID REARDON.

Director for Religious—VACANT.

Continuing Education of Clergy—Very Rev. GEORGE RATZMANN, V.F.

Child Protection and Safe Environment Issues—DR. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D., Chancellor.

Victim Assistance Coordinator—Tel: 941-416-6114. MS. SUSAN BENTON.

Official Archivist—DR. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D., Chancellor.

Historical Archivist—MRS. CARA SMITH.

Diocesan Tribunal—All Pastoral Center searches for information prior to October 25, 1984 should be directed to the Diocese of St. Petersburg for Manatee, Hardee, Sarasota, DeSoto, Glades, Charlotte and Lee Counties; to the Diocese of Orlando for Highlands Co. and to the Archdiocese of Miami for Hendry and Collier Counties

Judicial Vicar—Very Rev. JOSEPH L. WATERS, J.C.L.

Auditor—Very Rev. FAUSTO STAMPIGLIA, S.A.C., V.F.

Defender of the Bond—Rev. ANTHONY HEWITT, J.C.L.

Promoter of Justice—Rev. ANTHONY HEWITT, J.C.L.

Judges—Very Rev. JOSEPH L. WATERS, J.C.L.; Rev. ROBERT T. DZIEDZIAK, J.C.L.; DR. VOLODYMYR SMERYK, M.A., M.B.A., J.C.D., J.D.; Rev. [illegible] SCHWEDA, J.C.L.; JAROSLAW (JAREK) [illegible] J.C.L.

Ecclesiastical Notary/Case Assessor—[illegible] MENDEZ.

Diocesan Offices

Building Department—MR. BOHDAN NEPIP, Dir.; JANE GAIA, Project Mgr.

Catholic Campaign for Human Development—[illegible] SEAN MYERS.

**Catholic Charities of the Diocese of Venice, Inc.*—[illegible] PHILOMENA A. PEREIRA, CEO.

Catholic Relief Services/Operation Rice Bowl—[illegible] SEAN MYERS.

Communications Department—MRS. SUSAN [illegible] Dir.

The Florida Catholic, Venice Edition—[illegible] FRANK J. DEWANE, Publisher; MR. ROBE[illegible] Editor, Venice Edition, Tel: 941-486-4[illegible] 941-486-4763.

Stewardship and Development Department—[illegible] CARLA REPOLLET, Dir.

Diaconate—Very Rev. FAUSTO STAMPIGLIA, S.A.C., [illegible]

Ecumenical and Interreligious Office—Deacon [illegible] C. MACAULAY.

Education—DR. BEN MOORE, Dir. Educ.

Finance Department—MR. PETER MCPARTL[illegible] C.D.F.M., Dir.; MRS. DEBORAH H[illegible] Controller; DONNA FOTI, Risk Mgmt. Coord.

Human Resources—MRS. ELLEN STINE, [illegible] HOUDE, Employee Rels./Benefits Coord.; MELISSA PRECOURT, Payroll Specialist; [illegible] PETERS, Payroll Coord.; MS. AMELIA VIL[illegible]

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0112 (exp. 12/31/2024)

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):	2. Social Security Number or Employer ID Number:
Catholic Charities Diocese of Venice, Inc. 1000 Pinebrook Rd.	59-2473176
3. HUD Program Name	**4. Amount of HUD Assistance Requested/Received**
Continuum of Care Funding, Supplemental Funding to Address Unsheltered Homeless, Co	$626,080

5. State the name and location (street address, City and State) of the project or activity:
Rapid Rehousing, Domestic Violence Rapid Rehousing Bonus, 4235 Michigan Link Ave., Fort Myers, FL 33916

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).
☑ **Yes** ☐ **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
☑ **Yes** ☐ **No.**

If you answered "**No**" to either question 1 or 2, **Stop**! You do not need to complete the remainder of this form. ***However***, you must sign the certification at the end of the report.

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
None			

(**Note**: Use Additional pages if necessary.)

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 in Project/Activity	Financial Interest in Project/Activity ($ and %)
None			

(**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)
x [signature]	9/15/2022

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

(1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;

(2) You are updating a prior report as discussed below; or

(3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

CATHOLIC CHARITIES
Diocese of Venice, Inc.

Most Reverend Frank J. Dewane, Bishop of Venice in Florida
Rev. Msgr. Stephen E. McNamara, V.F. - Vicar General
Dr. Volodymyr Smeryk, M.A., J.C.D., J.D. - Chancellor

Rita Cavuoto, Chair
Robert Farnham, Vice-Chair
Eduardo Gloria, CEO

August 24, 2022

Ms. Jeannie Sutton
Lee County Human and Veteran Services
2440 Thompson Street
Fort Myers, FL 33901

Ref: Continuum of Care Funding D.V. Bonus Request

Dear Ms. Sutton,

Through this letter I would like to confirm the 25% match commitment that will be provided by Catholic Charities Diocese of Venice Inc. regarding the above referenced grant opportunity. Our agency has committed to provide a combination in-kind and cash match of at least $64,181.70.

Thank you and please reach out to me if I may be of further assistance or if there are any questions or concerns: eduardo.gloria@catholiccharitiesdov.org or 941-486-4700.

Sincerely,

Eduardo Gloria, CEO

8/24/2022
Date

1000 Pinebrook Road, Venice, FL 34285 | 941-486-4700 | fax 941-441-1150 | www.catholiccharitiesdov.org