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:	09/23/2022
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: CASL PSH Scattered Site Rental Assistance

16. Congressional District(s):

16a. Applicant: FL-019

16b. Project: FL-019
(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:	09/23/2022

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: $296,143.00

(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: 09/23/2022

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:	09/23/2022

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:	09/23/2022

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:	$296,143.00

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:	09/23/2022

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:	09/23/2022

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: $296,143

Organization	Type	Sub-Award Amount
Community Assisted and Supported Living, Inc.	M. Nonprofit with 501C3 IRS Status	$296,143

2A. Project Subrecipients Detail

a. Organization Name: Community Assisted and Supported Living, Inc.

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

c. Employer or Tax Identification Number: 65-0869993

d. Unique Entity Identifier: HMBJWPX9JKA1

e. Physical Address
Street 1: 2911 Fuitville Rd.
Street 2:
City: Sarasota
State: Florida
Zip Code: 34234

f. Congressional District(s): FL-016, 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: $296,143

j. Contact Person
Prefix: Mr.

First Name:	J.
Middle Name:	Scott
Last Name:	Eller
Suffix:	
Title:	CEO
E-mail Address:	scott.eller@caslinc.org
Confirm E-mail Address:	scott.eller@caslinc.org
Phone Number:	941-225-2373
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. The HVS has clear policieis and procudures to fiscal management and separation of duties. Community Assisted and Supported Living (CASL) also has significant experience with federal state and local funding sources. CASL has multiple sucessfull Low Income Housing Tax Credit projects, past and current HOME funding awards, and has been a funded collaborative partner with the CoC for many years. In 2020, CASL served more than 670 individuals with a disabling condition, with more than half coming from homelessness. CASL's annual budget is approximately $5.5 million, which is funded through Federal (HOME, CDBG, HUD-Rental Assistance and CoC programs), State (Central Florida Behavioral Health Network, Medicaid HMO), local government contract dollars, donors, and resident rents. Of the total $5.5 million budget, approximately $3.5 million is reserved for services that are provided to CASL's residents. As part of that total $5.5 million budget, CASL receives $1,686,000 from CFBHN. CASL coordinates and administers rental assistance contracts and multiple state and federal contracts and acts as Medicaid Managed Care organization and functions as a representative payee organization for a portion of its residents. While CASL's primary mission is to assist individuals and households who have a mental illness, substance abuse, or developmental disability; we find many in this population intersect with being at-risk of, currently, or chronically homeless. To that end, our organization is intent on helping households obtain permanent housing as quickly as possible – whether through rapid re-housing or permanent supportive housing. CASL has been focused on utilizing Housing First principles since our organization's inception. Each Case Manager that works for CASL has a case load of approximately twenty to thirty clients at any one time. This roughly breaks down to an approximate 1:25 Staff-to-Client ratio. Due to the amount of time it takes to plan and develop significant capital expansion, the universal population of the number of beds and clients that CASL can serve at any one time remains relatively static for the period. With the recent pandemic, CASL is working to subscribed to HUD's best practices for Case Management Ratios in mind with the national Covid-19 Homeless System Response, which recommends a ratio of 1:20 for single site supportive housing for Critical Time Intervention Caseloads. This is an evidence-based practice where case managers provide wrap-around services more intensely at the beginning of the person becoming rapidly re-housed, decreasing as and after the tenant becomes stabilized.

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, HVSleverages 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. CASL has increased its operating budget from $360,000 per year to over $6,000,000 per year over the past twenty-three years in operation. Due to our diligent efforts, we have expanded capacity through matching and leveraging Federal, state and local sources for our organizations on-going operations. CASL's strategy of diversifying its funding agencies and sources, as well as its programs provides the best insurance policy that CASL will be able to continue to operate in the event of loss of funding from any one source. Over the past twenty-three years never has CASL reduced capacity due to a of loss of funding.

Rather, CASL has developed collaborative relationships and partnerships with over thirty separate providers across five counties to assure we maintain access to services on behalf of our clients. We will be our clients primary champion to address and break the barriers that exist to Florida's most vulnerable citizens, the homeless, chronically homeless, and the disabled. CASL has consistently maintained a recidivism rate of less than 5 percent over the past twenty-three years due to its continued efforts. CASL and it collaborative partners have supported each other over the years in order to achieve these results. CASL's has designed its model in conjunction with partnerships and collaboration being the primary goal in its strategic planning. Due to CASL's nature as a real estate developer, housing and service provider, the budget describes the costs that are required to fund its operations. CASL strives to maintain a healthy maintenance budget in order to provide quality residences and address any potential issues. Additionally, CASL is required to address the associated occupancy costs to run, manage, and operate housing for persons who were homeless and have a disability. These costs can be substantial as CASL operates a 24/7 assisted living facility, large multi-family housing complexes that require constant security, and as well as direct payments by CASL for all utility costs for each one of its residences. This is one way in which CASL reduces the barriers to continued permanent housing, as often clients are unable or incapable of handling such tasks as regularly paying
for their basic utilities. Any surpluses that CASL receives is allocated towards capital expenditures or operational reserves for the next fiscal year. CASL currently has a substantial number of unfunded units in Lee County. Having recently added ninety-five additional units demonstrates the need for additional support for chronically homeless persons. They have a track record of obligating rental assistance funds within 30 days of contract execution, and regular invoice requests to subsidize clients on a monthly basis. CASL expects a continuing trend of expending the totality of funds at the very least, two months prior to the contract end date.

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. CASL recognizes the need to provide consistent and compliant oversight of its funding in order to meet the obligations of its various funding agencies. This is beneficial for all stakeholders involved, whether it be CASL, Lee County HVS, or our clients and program beneficiaries. Maintaining program success and compliance places us in a prime position to receive additional federal funding to serve the continuing needs of our community and program stakeholders. CASL has a dedicated finance team, overseen by a CFO, and several accounting staff. The organization has extensive policies and procedures in place to ensure effective separation of duties, accurate cost allocations, and suitable documentation to support reimbursement. On an annual or bi-annual basis, CASL's programs are monitored by AHCA, HUD, Lee County and Central Florida Behavioral Health Network. These audits evaluate client outcomes, regulatory compliance, and financial managment. Assurances are made which include thoroughness of documentation and consistent review of FARS every 6 months or upon significant change of circumstances for the client. Over the past five years, Central Florida Behavioral Health Network not only awarded CASL as a 5-star provider but provided CASL a commendation for the quality of our documentation and the significance of our outcomes. For the past 20 years, the Florida Agency for Health Care Administration (AHCA) has concluded their bi-annual survey with only two minor deficiencies. CASL has been recognized by AHCA for our success in reducing recidivism to Hospitals and CSU admissions.

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:	CASL PSH Scattered Site Rental Assistance
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
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
9. Will this project include replacement reserves in the Operating budget?	No

3B. Project Description

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

Community Assisted and Supported Living, Inc. is a 501c3 corporation formed in 1998 for the purpose of developing permanent supportive housing and operating various programs to provide wrap around case management, PSH housing, and combat homelessness. Over the past 24 years, CASL has served over 2,500 individuals with a Disabling Condition and/or Homeless. To date, our housing inventory includes 8 single family homes, 312 multifamily units, four group homes, and a 50-bed assisted living facility. CASL proposes the following Scope to address the need for additional Permanent Supportive Housing Rental Assistance in Lee County. Number of Clients: 40 Clients. Type of Clients: Our experience in serving the community demonstrates that most residents will come from (1) a state of homelessness; (2) an institution or a group home; (3) an inpatient facility or (4) jail. Homelessness coupled with mental illness, substance abuse or, cooccurring addiction leaves the individual lacking the characteristics of stably housed individuals and households. Our clientele is generally ill-equipped with: 1) Basic skills necessary for activities of daily living; 2) The skills necessary to cope and address their homelessness, mental illness or substance abuse disorder; 3) The skills necessary to reside in stable permanent housing; 4) lack of education 5) poor credit and 6) lack of employment and employable skills. Services to be Provided: Approximately 60 percent of our residents were at one time or another, chronically homeless or at risk of becoming chronically homeless. CASL's case managers utilize individual service plans (ISPs), should the client choose to participate, to set short- and long-term goals which are essential on maintaining stability and recovery. For the duration of residency, all residents have an assigned case manager, if they so wish, who is available to help clients meet goals, resolve challenges, barriers and obstacles, and access outside resources and additionally assists with issues such as; literacy skills, job/volunteer search skills, accessing government benefits, budgeting skills, healthcare access, transportation, community services, crisis intervention, finding clothing resources, computer skills, nutrition, social skills, hygiene management, security management, safety management and housekeeping skills.

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	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			

Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Not applicable. No capital costs being requested.

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	☐
Veterans	☐	Substance Abuse	X
Youth (under 25)	☐	Mental Illness	X
Families	☐	HIV/AIDS	☐
		Chronic Homeless	X
		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? Yes

6a. Explain how and why the project will implement this requirement.

CASL has a variety of housing stock, including single and multi family homes where they provide permanent supportive housing. Clients referred to CASL's PSH Scattered Site program will be required to reside in one of the units provided by CASL. Client choice is at the center of all of CASLs program, and clients will have selection options, based on availability of housing units and client needs.

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

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or DedicatedPLUS? DedicatedPLUS

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.

All of our programs are actively designed to reduce barriers for housing entry, incorporating systems for accurate tracking, and focused on sub-populations including households who are homeless or at risk of chronic homelessness, often due to with mental illness, substance abuse and other special needs which would not be barriers for entry. CASL has made it a standard practice to enter all of its assisted clients into HMIS as the local CoC has developed more defined coordinated entry procedures. CASL recognizes there are many obstacles that appear before people attempting to attain and sustain permanent supportive housing. CASL provides housing to its CoC clients who are persons with a disabling condition without placing preconditions or eligibility requirements, beyond HUD's eligibility requirements, in line with Housing First. CASL does not require program participants to participate in supportive service activities and does not make other rules such as sobriety, a condition of housing. CASL offers and encourages program participants to participate in services, but there is not a time limit or requirement as to when he or she must participate. We offer a variety of supports in the effort for our clients to end their chronic homelessness and to empower them to live independently. CASL offers clean, well maintained, and furnished residences even though our participants may initially be unable to pay for rent or services CASL. Rental assistance funding is vital to support CASL's efforts to employ the Housing First model as most people who are chronically homeless have no income and cannot afford to pay rent. Upon referral from the CoC's Coordinated Entry and subsequent to the VI-SPDAT assessment; CASL's SOAR trained case management staff will schedule, interview and conduct a Functional Assessment Rating Scale (FARs) assessment. This assessment is a best practice across the board for all its clients and is a requirement of DCF funding. CASL does not place a timeline on a person's recovery and offers housing on a continuing and permanent basis. Entry into CASL's housing should be the end goal for persons who were formerly homeless and chronically homeless. Should a client wish to exit CASL's permanent supportive housing, every effort will be made to assist the tenant to move into other private permanent housing or housing through the PHA. If clients require a higher level of care, CASL's case managers will follow up with the tenant to determine if a return to the PSH unit is sufficient, or if a higher level of care such as permanenet supported living is needed.

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.

CASL recognizes there are many obstacles that appear before people attempting to attain and sustain permanent supportive housing. One of the obstacles is transportation. CASL owns a fleet of 27 passenger vans which provide free transportation to supportive services, shopping, and meaningful activities. CASL also utilizes PATH incidental funds to purchase monthly bus passes. CASL has existing working partnerships with employment programs such as The Hope Clubhouse with offers community supports, employment training and education for its members. CASL works with the Community Cooperative which offer social and education resources, mobile food pantries, a community café and market, and meals on wheels. Centerstone operates two FACT teams in Lee County which provide comprehensive therapeutic homebased services. Coastal Behavioral Healthcare and SALUS care offer a variety of inpatient and out-patient services for persons with mental illness and/or substance abuse. These services include Crisis Stabilization Units, Detox, counseling, psychiatry, nursing and vocational. Lee Memorial Health Systems has pioneered the Extended Community Health Outreach (ECHO) program to address high utilizing patients who frequently use ERs to help find housing, access to mental health or substance abuse treatment and information on how to better maintain stability in conjunction with their mental illness. Lee Health also provide a Wellness Center located next door to the Hospital designed for non-emergency health care that our clients may access. The National Alliance on Mental Illness (NAMI) offers a vast list of programs and resources such as peer counseling and advocacy. Lee County Legal Aid Society provides free legal aid for low-income residents. CASL's mission is to assist individuals to find stable housing, stable living and become productive members of the local community. This is accomplished by supporting them to live independently while providing a menu of choice driven supportive programs and assistance. This project's goal will be to target those HNHU individuals and provide them with support in order to step down to a lower level of care. When a potential resident is referred to CASL, CASL's PATH and SOAR trained case management staff schedule a screening and conduct a Functional Assessment Rating Scale (FARs) assessment. The FARs assessment is a requirement of DCF and PATH funding and is a national best practice. Initial screening and intake procedures determine an applicant's eligibility and pre-entry needs establishing an entry benchmark for which subsequent goals and evaluations may be based. During
the initial screening, case managers gather information on six domains, including medical, social, legal, daily living skills, work/school, and security management. CASL provides an initial layer of intensive case management to its clients which help to link clients with a variety of supportive services. CASLs PATH case managers are SOAR trained, which gives the best and fastest route to SSI/SSDI benefits. CASL's case managers work with local food banks to provide clients as they come into our residences with a source of donated food stuffs. CASL's case managers also work to help clients obtain their social security benefits and supplementary social security as well as Medicare and Medicaid benefits. CASL's SOAR specialist have a 98% success record.

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		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Partner	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: 14

Total Dedicated CH Beds: 14

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

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: 14

3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 14

This includes both the "dedicated" and "prioritized" beds.

4. 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: Various.

Street 2:

City:

State: Florida

ZIP Code:

***5. 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				0
Unaccompanied Children under age 18				0
Total Persons	0	14	0	14

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										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	12									
Persons ages 18-24	2									
Total Persons	14	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

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?	Reallocation
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:**

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
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:	$164,472
Total Units:	14

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	FL - Cape Coral-Fort Myers, FL MSA (1...	14	$164,472

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: PRA

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	14	x	$979	x	12		=	$164,472

2 Bedrooms		x	$1,231	x	12		=	$0
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							$164,472
Grant Term								1 Year
Total Request for Grant Term								$164,472

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	0.5 Bachelors level FTE + Benefits	$54,832
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	0.5 FTE Supportive Housing Specialist + Benefits	$50,000
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		$104,832
Grant Term		1 Year
Total Request for Grant Term		$104,832

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:	$75,000
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$75,000

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	Government	Central Florida B...	$75,000

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Central Florida Behavioral Health Network Contract #QG041-22
4. Amount of Written Commitment:	$75,000

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	$164,472	1 Year	$164,472
4. Supportive Services	$104,832	1 Year	$104,832
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$269,304
8. Admin (Up to 10%)			$26,839
9. Total Assistance Plus Admin Requested			$296,143
10. Cash Match			$75,000
11. In-Kind Match			$0
12. Total Match			$75,000
13. Total Budget			$371,143

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CASL Nonprofit Do...	09/23/2022
3) Other Attachment(s)	No	CASL HUD 2880	09/23/2022
2) Other Attachment(s)	No	CASL Match	09/23/2022

Attachment Details

Document Description: CASL Nonprofit Documentation

Attachment Details

Document Description: CASL HUD 2880

Attachment Details

Document Description: CASL 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: 09/23/2022
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	09/16/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2022
1E. SF-424 Compliance	09/16/2022
1F. SF-424 Declaration	09/16/2022
1G. HUD 2880	09/16/2022
1H. HUD 50070	09/16/2022
1I. Cert. Lobbying	09/16/2022
1J. SF-LLL	09/16/2022
IK. SF-424B	09/16/2022
1L. SF-424D	09/16/2022
2A. Subrecipients	09/16/2022
2B. Experience	09/16/2022
3A. Project Detail	09/17/2022
3B. Description	09/17/2022
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	09/19/2022
6F. Supp Srvcs Budget	09/23/2022
6I. Match	09/17/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2022
7D. Certification	09/23/2022

0000033 03/16/19

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012579193C-4	05/31/2019	05/31/2024	501(C)(3) ORGANIZATION

This certifies that

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

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):
Community Assisted and Supported Living, Inc/ 2911 Fruitville Road, Sarasota, Fl. 34237/941-225-2373
Fax 941-366-0033

2. Social Security Number or Employer ID Number:
65-0869993

3. HUD Program Name
CASL Permanent Supportive Housing Lee County

4. Amount of HUD Assistance Requested/Received
$1,483,488.20

5. State the name and location (street address, City and State) of the project or activity:
2229 Unity Avenue, Ft. Myers, Fl. 33901/ Scattered Site Permanent Supportive Housing

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

(**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 %)

(**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 Julian Scott Eller	09/19/2022

CASL
Transforming Lives
2911 Fruitville Rd., Sarasota, FL 34237 | Main: (941) 225-2373 Fax: (941) 366-0033

August 15, 2022

Jeannie Sutton, Deputy Director
Lee County Human and Veteran Services
2440 Thompson Street
Ft. Myers, FL 33901

Re: FY 2022 Match

To Whom It May Concern,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the following application:

FY 2022 – Lee County PSH Scattered Site Rental Assistance.

Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse, often many of whom are homeless or chronically homeless.

Our list of leveraged and match funding is as follows:

CoC Project	**Match**	**Type**	**Source**
Lee PSH Scattered Site RA	$75,000.00	Cash (CFBHN)	CFBHN Contract #QG041-22
TOTAL	$75,000.00		

Sincerely,

J. Scott Eller
CEO
Community Assisted & Supported Living, Inc.