

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/01/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Lee County Board of County Commissioners

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

	<b>c. Organizational DUNS:</b>	013461611	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 2440 Thompson Street

**Street 2:**

**City:** Fort Myers

**County:** Lee

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33901

### e. Organizational Unit (optional)

**Department Name:** Human and Veteran Services

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Jeannie

**Middle Name:**

**Last Name:** Sutton

**Suffix:**

**Title:** Grants Coordinator

**Organizational Affiliation:** Lee County Board of County Commissioners

**Telephone Number:** (239) 533-7958

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

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6100-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** The Salvation Army Rapid Rehousing Expansion

**16. Congressional District(s):**

**a. Applicant:** FL-019  
**b. Project:** FL-019  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 06/01/2018  
**b. End Date:** 05/31/2019

**18. Estimated Funding (\$)**

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Commissioner

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Lee County Board of County Commissioners

**Prefix:** Ms.

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Organizational Affiliation:** Lee County Board of County Commissioners

**Telephone Number:** (239) 533-2224

**Extension:**

**Email:** dist1@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:** \$99,663.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

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

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

**Part III Interested Parties**

You must disclose:

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

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

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

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** John Manning, Chair, Board of County Commissioners

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

**Date Signed:** 08/21/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Lee County Board of County Commissioners  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

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

X
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**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Commissioner

**First Name:** John

**Middle Name**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017

## **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
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**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:** John Manning, Chair, Board of County Commissioners

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

**Date Signed:** 09/01/2017

# 1J. SF-LLL

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

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

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

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

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

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

**4. Name and Address of Reporting Entity:** Prime

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

**Congressional District, if known:** FL-019

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

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

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

**9. Award Amount:** \$99,663.00

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

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



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

N/A

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Commissioner

**First Name:** John

**Middle Name:**

**Last Name:** Manning

**Suffix:**

**Title:** Chair, Board of County Commissioners

**Telephone Number:** (239) 533-2224  
**(Format: 123-456-7890)**

**Fax Number:** (239) 485-2155  
**(Format: 123-456-7890)**

**Email:** dist1@leegov.com

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

**Date Signed:** 09/01/2017

## 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: \$99,663**

Organization	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501C3 IRS Status	\$99,663

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Salvation Army

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

**c. Employer or Tax Identification Number:** 58-0660607

	<b>* d. Organizational DUNS:</b>	017727103	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 10291 McGregor Blvd.

**Street 2:**

**City:** Fort Myers

**State:** Florida

**Zip Code:** 33919

**f. Congressional District(s):** FL-019  
**(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:** \$99,663

### j. Contact Person

**Prefix:** Major

**First Name:** Timothy

**Middle Name:**

**Last Name:** Gilliam  
**Suffix:**  
**Title:** Area Commander  
**E-mail Address:** timothy.gilliam@uss.salvationarmy.org  
**Confirm E-mail Address:** timothy.gilliam@uss.salvationarmy.org  
**Phone Number:** 239-278-1551  
**Extension:**  
**Fax Number:** 239-278-9028

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

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

The Salvation Army Fort Myers Area Command, a HUD recipient since 1996, has successfully completed two years of a Rapid Rehousing award. Subject to yearly audits, there were no issues or items of concern found with the program. The Salvation Army is fortunate to have received all Federal funding and met all goals to remain self-sufficient in housing, and maintain or increase wages.

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

The Salvation Army continues to leverage funds by applying for, and receiving funding components that provide for each of our programs. Currently included are contracts of approximately 4 million dollars with the State of Florida, Federal Bureau of Prisons, and Lee County that support prison programs and substance abuse. The United Way provides approximately \$400,000 for feeding programs and healthcare services, and Lee Memorial Hospital provides \$120,000 for nursing services, and an additional \$60,000 for food. The Florida Association of Free and Charitable Clinics (FAFCC) supports outpatient health services with \$155,400.

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

The Salvation Army, founded in 1865, is a not-for-profit international religious organization and charitable movement organized and operated on a quasi-military pattern and is a branch of the Christian Church. Its members include officers (clergy), soldiers and adherents (laity), members of varied activity groups and volunteers who serve as advisors, associates and committed participants in its service functions.

The Salvation Army is exempt from income taxation under Section 501(a) as an entity described in Section 501(c) (3) of the Internal Revenue Code of 1986, as amended, and is exempt from state income taxes under related state provisions.

The Salvation Army operates a variety of programs including corps community centers that provide spiritual, educational, and recreational services; homeless and emergency shelters; senior citizens residences, children's homes, children's day care centers; adult rehabilitation centers and substance abuse centers, emergency disaster services; assistance for the poor, disabled and

retired; jail and hospital visitation, and camping activities.

The Salvation Army Fort Myers Area Command, operates under a local Advisory Board, the Florida Divisional Headquarters (DHQ) and the Southern Territorial Headquarters (THQ) of The Salvation Army, a Georgia Corporation. The Fort Myers Area Commander serves in the capacity of a Chief Executive Officer (CEO) and the Operations Program Director serves in the capacity of a Chief Operating Officer (COO). There are a total of 180 employees, and 9 program directors, with an operational budget of 22.1 million dollars.

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

## 3A. Project Detail

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

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

**2. Project Name:** The Salvation Army Rapid Rehousing Expansion

**3. Project Status:** Standard

**4. Component Type:** PH

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

### **3B. Project Description**

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

The 2017 Lee County point in time count totaled 431 homeless, including 38 families and 74 children, and research with the schools and HMIS estimates that 2,785 individuals were homeless throughout the year. The Salvation Army (TSA) operates a 52 bed shelter that provides accelerated case management to moved client to housing using community resources. Last fiscal year 372 unduplicated clients were served through this program. The Rapid Rehousing project allows TSA to identify homeless families seeking shelter for rapid rehousing, and prioritize their move out of shelter into permanent housing. This, in turn, allows for shorter lengths of shelter stay and a higher number of families served annually. Families will be identified as eligible for Rapid Rehousing through intake and coordinated assessments. The intake process will also identify additional needs that will be developed into a service plan. TSA's housing specialist will work with the family to place them in housing through a network of landlords, and case managers will use community resources and supportive services to assist clients with their needs. The case management team will monitor progress through biweekly visits for the first 3 months and them monthly after that, unless circumstances demand more. TSA has identified supportive and direct services that have shown to be prevalent among clients and key components to their success, including case management, access to mental health services, community education and basic skills classes, employment assistance, moving costs, transportation, food, childcare, and utility deposits. At full capacity the program will have 60 plus families in housing (apartment, single family homes, or duplexes) in locations that allow for access to community resources. TSA's housing specialist will work with landlords and clients to aid them in finalizing the lease while a team of case managers will work to connect the family with support services. All participants will be eligible for up to 12 months of rental assistance. The first full three months will be funded at 100% of monthly rent, month 4 to 8 that participant will be required to pay 10% of their monthly net income towards the monthly rental amount. After nine months of their lease, the participant will pay 20% of their monthly net income towards the monthly rental amount in an effort to establish self-sufficiency. After the 12 months of rental assistance the option for an aftercare component allows for additional follow up supports of participants for up to 6 months after rent assistance ends, including case management and access to some support services. The projected outcome of this expansion program is 24 people will be permanently housed with 17 (71%) remaining in stable permanent housing and of the proposed 6 adults in that population, 3 (50%) will maintain or increase their wages and/or skills to manage permanency in their housing.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

This project is an expansion of our current Rapid Rehousing program and will



begin upon contract initiation for June 2018 and continue through May 2019. Our current Rapid Rehousing Program is in its third year and has seen success in promoting self sufficiency with our clients, accomplishing all of our goals in the existence of the program. This expansion will allow us to seamlessly add on to the program and allow us to serve additional families while committing to the same methodology that has been proven effective in that program.

The management of this grant will fall under the existing RRH program that is housed in our Program Services. This program works hand in hand with our 52 bed shelter that allows us to identify clients for this program and provide wrap around care as they enter in housing in a more timely manner through Rapid Rehousing. Supportive services are provided by our staff of intake, housing specialists, employment counselor, life skills counselor, and case management. This multi-dimensional team is led by our Assistant Director and meets regularly to go over client progress and provide direct management of the program.

The method we use to ensure effective and timely completion of the work and program is, aside from the regular team meetings to discuss client progress, we also hold a monthly management program meeting to look in depth at the progress of utilizing funds, number of clients served and projected to serve, and completion of goals. This allows us to move the program forward in an effective and intentional manner.

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

**\* 4. Please identify the project's specific population focus.  
 (Select ALL that apply)**

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

**5. Housing First**

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

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

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

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

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

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

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

Not applicable. Rapid Re-Housing allows client selection of property. The sub-recipient will not be responsible for developing, operating or maintaining any properties.

**7. Will the PH project provide PSH or RRH?** RRH

**8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

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

### 3C. Project Expansion Information

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** Yes

**2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?** Yes

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.**

**Eligible Renewal Grant PIN Number:** FL0537

**Eligible Renewal Grant Project Name:** The Salvation Army Rapid Rehousing

**3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.** Provide additional supportive services to homeless persons, Increase the number of homeless persons served

**Increase number of homeless persons served**

**Indicate how the project is proposing to "increase the number of homeless persons served."**

<b>Current level of effort</b>	
# of persons served at a point-in-time	180
# of units	60
# of beds	280
<b>New effort</b>	
# of additional persons served at a point in time that this project will provide	24
# of additional units this project will provide	6
# of additional beds this project will provide	28

**Additional supportive services to homeless persons**

**Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** Increase number of and/or expand variety of supportive services provided

**Describe the reason for the supportive service increase indicated above.**

In our current Rapid Rehousing Program we have a variety of supportive services focused on providing clients with true wrap around care to promote self sufficiency during and after the program. This includes items like utility deposits, case management, housing assistance, moving assistance, mental health assistance, life skills, etc. The missing component in our current RRH program is Outreach Services as we have no dedicated supportive services within this program that allows us to provide outreach in an effort to help funnel families into this program that may not enter through other avenues.

This increase in our supportive service will allow us to staff an Outreach Social worker that will have a focus of identifying homeless families on the front end and being able to refer them into the program while also providing them with items they need to address urgent physical needs.

## 4A. Supportive Services for Participants

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

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

Participants work with a TSA Housing Specialist upon entry to complete an initial Housing Assessment to determine needs and barriers. The Housing Specialist will assist in the housing search and works with a network of landlords to identify housing based on client needs. Clients are assigned a case manager. Specific attention is given to the self-sufficiency, including teaching clients how to budget, understand lease terms and renewals, etc. The RRH has a graduated payment model. The RRH program pays 100% the first 3 months, the client pays 10% of their income towards their rent from months 4-8, and the client pays 20% of their income towards rent for the last 3 months of the lease to create a gradual transition to self-sufficiency and increased responsibility as the program progresses. It also establishes standards for success that ensure clients are equipped to handle the full rent payment. Up to 18 months of continued case management is also offered to each client.

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

Clients work with an employment specialist to complete an assessment of their current income and skills. The employment specialist reviews the client's plans and action steps to take to increase their earnings. Over the past several years, the RRH program has met and exceeded the goal of 50% of clients maintaining or increasing income. Specifically, a large percentage of unemployed clients become employed as a direct result of working with the employment specialist on their resume, interview skills, and job searching abilities. TSA also works to connect each client with external mainstream resources to begin receiving benefits or employment. This includes referrals to SSI, other benefit programs, local temp agencies, job resources such as

Goodwill Job Link. As the client progresses, the case manager continues to work with the employment specialist to ensure clients are continuing to work or receive the correct benefits.

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

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

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

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

**5b. Use of a single application form for four or more mainstream programs?** No



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

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

**partner agency?**

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 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:** 6

**Total Beds:** 26

Housing Type	Units	Beds
Scattered-site apartments (...)	4	16
Single family homes/townhou...	2	10



## 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 project participants at the selected housing site.**

**a. Units:** 4

**b. Beds:** 16

### 3. Address

**Street 1:** Various

**Street 2:**

**City:** Various

**State:** Florida

**ZIP Code:** 99999

**\*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

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single family homes/townhouses/duplexes

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

**a. Units:** 2

**b. Beds:** 10

### 3. Address

**Street 1:** Various  
**Street 2:**  
**City:** Various  
**State:** Florida  
**ZIP Code:** 99999

**\*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

## 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	6			6
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5			5
Adults ages 18-24	1			1
Accompanied Children under age 18	18			18
Unaccompanied Children under age 18				0
<b>Total Persons</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>24</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				0			1	0	1	3
Adults ages 18-24							0	0	0	1
Children under age 18						0	0	1	1	16
<b>Total Persons</b>	0	0	0	0	0	0	1	1	2	20

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Unlisted sub-populations include clients that are verified homeless due to other extenuating circumstances (economic, etc.) but do not fit in the listed categories.

## 5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

The Outreach plan for this project incorporates TSA's Outreach Center and Homeless Shelter which are open daily to serve the local homeless population. The Outreach Center provides a variety of services including daily meals, laundry and shower services, crisis management, and more- that provides an inflow of families experiencing homelessness who are in need of shelter and Rapid Rehousing. The plan incorporated with this expansion is to have an Outreach Social Worker present in the Center to refer families to the shelter so they can receive intake and be processed, if appropriate. The second part of the Outreach Plan begins at the shelter. All clients within the shelter are screened for Rapid Rehousing. This is done during intake and continues through the Shelter Case Manager. Should they be Rapid Rehousing eligible, families enter into the program while in the shelter and begin supportive services in an effort to obtain housing as efficiently and appropriately as possible.

## 5D. Discharge Planning Policy

**1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?** Yes

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** 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 being requested:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 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.**

<b>Total Request for Grant Term:</b>			\$79,224
<b>Total Units:</b>			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MSA (1...	6	\$79,224



## 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	\$511	x	12	=	\$0
0 Bedroom		x	\$681	x	12	=	\$0
1 Bedroom		x	\$730	x	12	=	\$0

<b>2 Bedrooms</b>	2	x	\$911	x	12	=	\$21,864
<b>3 Bedrooms</b>	4	x	\$1,195	x	12	=	\$57,360
<b>4 Bedrooms</b>		x	\$1,255	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,443	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,632	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,820	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,008	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,196	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	6						\$79,224
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$79,224

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
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	.5 PTE Outreach Social Service Worker, supplies and services addressing urgent physical needs	\$20,439

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$20,439
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$20,439

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$31,657
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$31,657

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Salaries for Staff	08/17/2017	\$31,657

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Salaries for Staff  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$31,657

## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$79,224	1 Year	\$79,224
<b>4. Supportive Services</b>	\$20,439	1 Year	\$20,439
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$99,663
<b>8. Admin (Up to 10%)</b>			
<b>9. Total Assistance Plus Admin Requested</b>			\$99,663
<b>10. Cash Match</b>			\$31,657
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$31,657
<b>13. Total Budget</b>			\$131,320

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C3 Documentation	08/23/2017
3) Other Attachment(s)	No	HUD 2880	09/01/2017
2) Other Attachment(s)	No	Match Documentation	08/23/2017



## **Attachment Details**

**Document Description:** 501C3 Documentation

## **Attachment Details**

**Document Description:** HUD 2880

## **Attachment Details**

**Document Description:** Match Documentation

## 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 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.**

For 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.**

For 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 provided.

**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:** John Manning

**Date:** 09/01/2017

**Title:** Chair, Board of County Commissioners

**Applicant Organization:** Lee County Board of County Commissioners

**PHA Number (For PHA Applicants Only):**

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

X

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

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2017	Page 53 09/15/2017

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/31/2017
<b>1E. SF-424 Compliance</b>	08/31/2017
<b>1F. SF-424 Declaration</b>	08/31/2017
<b>1G. HUD 2880</b>	08/31/2017
<b>1H. HUD 50070</b>	08/31/2017
<b>1I. Cert. Lobbying</b>	08/31/2017
<b>1J. SF-LLL</b>	08/31/2017
<b>2A. Subrecipients</b>	08/31/2017
<b>2B. Experience</b>	08/31/2017
<b>3A. Project Detail</b>	08/31/2017
<b>3B. Description</b>	08/31/2017
<b>3C. Expansion</b>	08/31/2017
<b>4A. Services</b>	08/31/2017
<b>4B. Housing Type</b>	08/31/2017
<b>5A. Households</b>	08/31/2017
<b>5B. Subpopulations</b>	08/31/2017
<b>5C. Outreach</b>	08/31/2017
<b>5D. Discharge Policy</b>	08/31/2017
<b>6A. Funding Request</b>	08/31/2017
<b>6E. Rental Assistance</b>	08/31/2017
<b>6F. Supp Srvcs Budget</b>	08/31/2017
<b>6I. Match</b>	08/31/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/31/2017
<b>7D. Certification</b>	08/31/2017



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248404892  
Mar. 31, 2011 LTR 4168C E0  
58-0660607 000000 00

00015662

BODC: TE

THE SALVATION ARMY  
TERRITORIAL HEADQUARTERS  
% KATIE TATE  
1424 NE EXPRESS WAY  
ATLANTA GA 30329



001556

Employer Identification Number: 58-0660607  
Person to Contact: Jeff Seibert  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 23, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1955.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(i).

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

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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

Sincerely yours,

S. A. Martin, Operations Manager  
Accounts Management Operations

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

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

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Lee County Board of County Commissioners, Human and Veteran Services 2440 Thompson St., Fort Myers, FL 33901 239-533-7930	2. Social Security Number or Employer ID Number: 596000702
3. HUD Program Name Continuum of Care	4. Amount of HUD Assistance Requested/Received \$1,877,789.00
5. State the name and location (street address, City and State) of the project or activity: Lee County, FL	

## Part I Threshold Determinations

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

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

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

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

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

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

(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: X <i>John Manning</i>	Date: (mm/dd/yyyy) 08/31/2017
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Approved as to Form for the Reliance of Lee County Only

*Whelan*  
Office of the County Attorney

LINDA DOGGETT  
CLERK OF CIRCUIT COURT

*Theresa*  
DEPUTY CLERK



Project Name	Applicant Name	Budget Amount	Project Type	Will project receive HUD assistance of \$200,000 in HUD FY 2017?
CASL Broadway	Lee County Board of County Commissioners	\$13,354	Renewal	No
CASL Broadway - Expansion	Lee County Board of County Commissioners	\$53,977	New	No
CASL S+C I	Lee County Board of County Commissioners	\$76,372	Renewal	No
CASL S+C II	Lee County Board of County Commissioners	\$72,800	Renewal	No
CASL Sans Souci	Lee County Board of County Commissioners	\$53,816	Renewal	No
The Salvation Army	Lee County Board of County Commissioners	\$1,291,074	Renewal	Yes; Form 2880 attached.
The Salvation Army - Expansion	Lee County Board of County Commissioners	\$99,663	New	No
Catholic Charities, Diocese of Venice, Inc.	Lee County Board of County Commissioners	\$144,489	New	No.
2017 CoC Planning Grant	Lee County Board of County Commissioners	\$72,244	New	No

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

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

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): The Salvation Army, a Georgia Corporation, for Ft. Myers Area Command, FL 10291 McGregor Blvd, Ft Myers, FL 33919 239-278-1551		2. Social Security Number or Employer ID Number: 58-0660607
3. HUD Program Name Rapid Rehousing		4. Amount of HUD Assistance Requested/Received 1,390,737.00
5. State the name and location (street address, City and State) of the project or activity: The Salvation Army Area Command, 2400 Edison Ave, Ft Myers FL 33901		

## Part I Threshold Determinations

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

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Lee County Department of Human Services 2440 Thompson St, Ft Myers 33901,	PFR Grant	\$53,000	Emergency Shelter

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

## 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: x 	Date: (mm/dd/yyyy) 08/15/2017
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DOING THE  
MOST GOOD

William Booth, Founder  
André Cox, General  
Commissioner David Jeffrey, National Commander  
Commissioner Donald Bell, Territorial Commander  
Lt. Colonel Kenneth Luyk, Divisional Commander  
Majors Timothy & Cheryl Gilliam, Area Commanders  
Lieutenants Christopher & Elyse Doborwicz, Corps Officers

August 17, 2017

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

Dear Ms. Sutton,

This letter will serve as confirmation that The Salvation Army Fort Myers Area Command will provide \$31,657 in private cash donations as matching funds for the FY2017 Continuum of Care Program award. These funds come from multiple donations of unrestricted funds received throughout the year. There are no major fiscal donors this year to be noted.

This funding is comprised of the following:

- 1 FTE Kitchen Manager \$31,657

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Bob Poff  
Operations Program Manager

