

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 via 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 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/01/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0537

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

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

	c. Organizational DUNS:	013461611	PLUS 4	
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d. Address

Street 1: 2440 Thompson Street

Street 2:

City: Fort Myers

County: Lee

State: Florida

Country: United States

Zip / Postal Code: 33901

e. Organizational Unit (optional)

Department Name: Human and Veteran Services

Division Name:

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

Prefix: Mrs.

First Name: Jeannie

Middle Name:

Last Name: Sutton

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Lee County Board of County Commissioners

Telephone Number: (239) 533-7958

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

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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

16. Congressional District(s):

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

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:

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: \$1,291,074.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: The Salvation Army Rapid Rehousing 2440 Thompson Street Fort Myers Florida

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

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

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;	

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 the accompaniment herewith, is true and

X

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

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: \$1,233,892.00

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 Official: Considered signed upon submission in e-snaps.

Date Signed: 09/01/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$1,291,074

Organization	Type	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$1,291,074

2A. Project Subrecipients Detail

a. Organization Name: The Salvation Army

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 58-0660607

	* d. Organizational DUNS:	017727103	PLUS 4	
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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: \$1,291,074

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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: FL0537

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC

2b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

3. Project Name: The Salvation Army Rapid Rehousing

4. Project Status: Standard

5. Component Type: PH

6. 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 operates a 52 bed shelter the provides accelerated case management to move clients into housing using community resources. Last fiscal year 372 unduplicated clients were served through this program. The Rapid Rehousing project allows The Salvation Army 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. Through intake and coordinated assessments, families will be identified as eligible for Rapid Rehousing. The intake process will also identify the families' additional needs that will be developed into a service plan. Our housing specialist will work with the family to place them in housing through our network of landlords, and case managers will utilize community resources and supportive services to assist clients with their needs. Our case management team will monitor progress through biweekly visits for the first 3 months and then monthly after that, unless circumstances demand more. We have identified supportive and direct services that have shown to be prevalent among our clientele 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 (apartments, single family homes, or duplexes) in locations that allow for access to community resources. Our housing specialist will work with landlords and clients to aid them in finalizing the lease while our 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 month 8 the 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 support 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 program is 180 people will be permanently housed with 126 (70%) remaining in stable permanent housing and of the proposed 60 adults in that population, 30 (50%) will maintain or increase their wages and/or skills to manage permanency in their housing.

2. Does your project have a specific population focus? Yes

2a. Please identify the 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. 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"/>

3d. Does the project follow a "Housing First" Yes

approach?

4. Does the PH project provide PSH or RRH? RRH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

4A. Supportive Services for Participants

**1. 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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 60

Total Beds: 280

Housing Type	Units	Beds
Scattered-site apartments (...)	45	210
Single family homes/townhou...	15	70

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: 45

b. Beds: 210

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 multiple selections hold CTRL Key)**

120966 Ft Myers, 120402 Cape Coral, 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: 15

b. Beds: 70

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 multiple selections hold CTRL Key)**

120966 Ft Myers, 120402 Cape Coral, 129071
Lee County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	60			60

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	48			48
Adults ages 18-24	12			12
Accompanied Children under age 18	120			120
Unaccompanied Children under age 18				0
Total Persons	180	0	0	180

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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				3		2	6	3	4	30
Adults ages 18-24							1	3	3	5
Children under age 18						1	1	1	2	115
Total Persons	0	0	0	3	0	3	8	7	9	150

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										
Total Persons	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										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted subpopulations include clients that are verified homeless due to other extenuating circumstances (economical, etc.) but do not fit in the listed categories.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.
0%	Persons fleeing domestic violence.
	Directly from transitional housing 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.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal 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"/> |

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:		\$724,080	
Total Units:		60	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MSA (1...	60	\$724,080

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$511	\$511	x		=	\$0
0 Bedroom		x	\$681	\$681	x		=	\$0
1 Bedroom		x	\$730	\$730	x		=	\$0
2 Bedrooms	40	x	\$911	\$911	x		=	\$437,280
3 Bedrooms	20	x	\$1,195	\$1,195	x		=	\$286,800
4 Bedrooms		x	\$1,255	\$1,255	x		=	\$0
5 Bedrooms		x	\$1,443	\$1,443	x		=	\$0
6 Bedrooms		x	\$1,632	\$1,632	x		=	\$0
7 Bedrooms		x	\$1,820	\$1,820	x		=	\$0
8 Bedrooms		x	\$2,008	\$2,008	x		=	\$0
9 Bedrooms		x	\$2,196	\$2,196	x		=	\$0
Total Units and Annual Assistance Requested	60							\$724,080
Grant Term								1 Year
Total Request for Grant Term								\$724,080

Click the 'Save' button to automatically calculate totals.

6D. 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:	\$300,804
Total Value of In-Kind Commitments:	\$155,441
Total Value of All Commitments:	\$456,245

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Early Learning Co...	05/05/2017	\$140,441
Yes	In-Kind	Government	Healthcare for th...	05/05/2017	\$15,000
Yes	Cash	Private	Salaries	05/05/2017	\$300,804

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Early Learning Coalition
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 05/05/2017
- 6. Value of Written Commitment:** \$140,441

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Healthcare for the Homeless
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 05/05/2017
- 6. Value of Written Commitment:** \$15,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 05/05/2017

6. Value of Written Commitment: \$300,804

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$724,080
3. Supportive Services	\$509,812
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$1,233,892
7. Admin (Up to 10%)	\$57,182
8. Total Assistance plus Admin Requested	\$1,291,074
9. Cash Match	\$300,804
10. In-Kind Match	\$155,441
11. Total Match	\$456,245
12. Total Budget	\$1,747,319

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	10/15/2015
2) Other Attachmenbt	No	Match Documentation	08/23/2017
3) Other Attachment	No	HUD 2880	09/01/2017

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: HUD 2880

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

C. Explanation.

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A-updated to reflect a change in e-mail address and name prefix
- 3B-updated to reflect current PIT and project beneficiary numbers & that clients are not screened out based on active or history of substance abuse or having a criminal record
- 4A-supportive services information updated to reflect current agreements & frequency of services
- 6D-updated match documentation
- 7A-HUD 2880 attached

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/17/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/25/2017
Renewal Project Application FY2017	Page 52
	09/15/2017

1E. SF-424 Compliance	08/17/2017
1F. SF-424 Declaration	08/17/2017
1G. HUD-2880	08/17/2017
1H. HUD-50070	08/17/2017
1I. Cert. Lobbying	08/17/2017
1J. SF-LLL	08/25/2017
2A. Subrecipients	08/17/2017
2B. Recipient Performance	08/17/2017
3A. Project Detail	08/17/2017
3B. Description	08/17/2017
4A. Services	08/17/2017
4B. Housing Type	08/17/2017
5A. Households	08/17/2017
5B. Subpopulations	08/17/2017
5C. Outreach	08/17/2017
6A. Funding Request	08/17/2017
6C. Rental Assistance	08/17/2017
6D. Match	08/23/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2017
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/25/2017
Submission Without Changes	08/23/2017



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 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



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

May 5, 2017

Ms. Jeannie Sutton
Grants Coordinator
Lee County Human 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 \$140,441 in government in-kind donations as matching funds for the FY2017 Continuum of Care Program award. These funds come from the Early Learning Coalition.

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

Sincerely,

Bob Poff
Operations Program Director



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

May 5, 2017

Ms. Jeannie Sutton
Grants Coordinator
Lee County Human 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 \$15,000 in government in-kind donations as matching funds for the FY2017 Continuum of Care Program award. These funds come from Healthcare for the Homeless Clinic through Family Health Centers of Southwest Florida, which is located on The Salvation Army's Social Services Campus. All Salvation Army clients who are homeless and do not have medical insurance are eligible for services at the Clinic.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Poff".

Bob Poff
Operations Program Director



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

May 5, 2017

Ms. Jeannie Sutton
Grants Coordinator
Lee County Human 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 \$300,804 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 donors this fiscal year to be noted.

This funding is comprised of the following:

- 1 FTE Food Services Manager \$47,866.00
- 1 FTE Cook \$36,588.79
- 1 FTE Security Monitor \$50,816.75
- 1 FTE Shelter Monitor \$45,086.06
- 1 FTE Social Services Worker \$40,195.82
- 1 FTE Building Maintenance Mechanic \$59,644.56
- .33 FTE Substance Abuse Counselor \$20,605.81

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

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Poff".

Bob Poff
Operations Program Director

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.
--	---

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
-------------------------------------	----------------------------------

Approved as to Form for the
Reliance of Lee County Only

William J. Fesjo
Office of the County Attorney

LINDA DOGGETT
CLERK OF CIRCUIT COURT

Theresa K. ...
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).

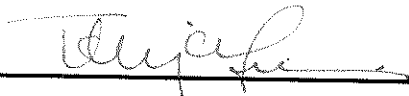
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(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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