

**Lee County Board Of County Commissioners  
Agenda Item Summary**

6/16/02

Blue Sheet No. **20030740**

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** 1) Approve submission of Lee County's HUD Fiscal Year 2003 Homeless Continuum of Care and Supportive Housing applications; 2) Authorize Chairman to sign HUD Certifications and HUD Consistency with Consolidated Plan Letters.

**WHY ACTION IS NECESSARY:** Federal application for homeless funds requires Board approval and signature.

**WHAT ACTION ACCOMPLISHES:** Allows Lee County to apply for funds to assist the county's homeless.

**2. DEPARTMENTAL CATEGORY:** 05  
**COMMISSION DISTRICT #** CW **C5B**

**3. MEETING DATE:**  
**07-01-2003**

**4. AGENDA:**  
 **CONSENT ADMINISTRATIVE APPEALS**  
  
 **PUBLIC WALK ON TIME REQUIRED:**

**5. REQUIREMENT/PURPOSE:**  
*(Specify)*  
 **STATUTE**  
 **ORDINANCE**  
 **ADMIN. CODE**  
 **OTHER**  
**24 CFR 583**

**6. REQUESTOR OF INFORMATION:**  
**A. COMMISSIONER** Na  
**B. DEPARTMENT** Human Services  
**C. DIVISION** Na  
  
**BY: Karen B. Hawes, Dir.**  
*[Signature]* **KBH**  
6/16/02

**7. BACKGROUND:**  
In order to apply for HUD Homeless Supportive Housing funds, a Homeless Continuum of Care and applications must be submitted to HUD by July 11, 2003. Six projects to benefit homeless with a total value of \$2,072,530 are proposed for the next HUD fiscal year.

The applications must compete in a national funding competition. To meet the grant requirements Board approval is required.

The Continuum of Care and applications were reviewed and ranked by the Lee County Homeless Coalition Ad Hoc Prioritization Subcommittee on June 3, 2003

**Attachments:**  
Grant Application Data Form  
Cover Letters (2)  
2003 Lee County Homeless Continuum of Care (with 6 Project Applications)

**8. MANAGEMENT RECOMMENDATIONS:**  
Staff recommends approval.

**9. RECOMMENDED APPROVAL:**

| A<br>Department Director | B<br>Purchasing or Contracts | C<br>Human Resources | D<br>Other | E<br>County Attorney          | F<br>Budget Services |               |                 |                  | G<br>County Manager |
|--------------------------|------------------------------|----------------------|------------|-------------------------------|----------------------|---------------|-----------------|------------------|---------------------|
| <i>[Signature]</i>       | N/A                          | N/A                  |            | <i>[Signature]</i><br>6/18/03 | OA<br>RK 6/18        | OM<br>6/19/03 | Risk<br>6/18/03 | GC<br>RK 6/18/03 | HS<br>6/18/03       |

**10. COMMISSION ACTION:**  
  
 **APPROVED**  
 **DENIED**  
 **DEFERRED**  
 **OTHER**

**Rec. by CoAtty**  
Date: 6/18/03  
Time: 9:15 am  
Forwarded To:  
*[Signature]*

**RECEIVED BY COUNTY ADMIN. RK**  
6/18 3:30  
**COUNTY ADMIN. FORWARDED TO: 12**  
6-18-03

*Holly*



BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number (941) 652-7930

Bob James  
*District One*

July 1, 2003

Douglas H. St. Germy  
*District Two*

Ray Judah  
*District Three*

Special Needs Assistance Programs Office  
Room 7270

Andrew W. Gray  
*District Four*

Office of Community Planning and Development  
Department of Housing and Urban Development

John F. Albion  
*District Five*

451 Seventh Street, S.W.  
Washington, D.C. 20410

Donald D. Stilwell  
*County Manager*

Attention: Continuum of Care Programs

James G. Yaeger  
*County Attorney*

**SUBJECT: Lee County's 2003 Homeless Continuum of Care Strategic Plan  
Supportive Housing Program (SHP) Consolidated Application**

Diana M. Parker  
*County Hearing  
Examiner*

Dear Special Needs Assistance Program Representative:

Please find enclosed for your review and processing two (2) copies of the Lee County 2003 *Homeless Continuum of Care Strategic Plan* Supportive Housing Program Consolidated Application. This application consists of one new Permanent Housing project and four renewal SHP projects from four Project Sponsors, with Lee County as the Lead Agency and Applicant. We believe this consolidated application offers a solution to many of the identified unmet needs in our updated Continuum of Care and furthers Lee County's efforts to end homelessness and poverty.

I am also sending two copies of the above package to Virginia Vich, *CPD Representative, Community Planning & Development*, at the HUD field office in Miami, Florida.

I am happy to inform you that Continuum of Care descriptive and quantitative data is accessible to the public on our county website. Please call Richard Faris, Senior Planner, of the Lee County Department of Human Services at (239) 652-7930 if you have any questions regarding this consolidated application for SHP funds.

Sincerely,

Ray Judah, Chairman  
Lee County Board of County Commissioners

Enclosure: 2003 Lee County Homeless Continuum of Care Application

C: Donald D. Stilwell, County Manager  
Holly Schwartz, Assistant County Manager  
Karen B. Hawes, Director, Department of Human Services

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*District Five*

Donald D. Stilwell  
*County Manager*

James G. Yaeger  
*County Attorney*

Diana M. Parker  
*County Hearing  
Examiner*

Virginia Vich, CPD Representative  
U.S. Department of Housing & Urban Development  
Florida State Office  
Brickell Plaza Federal Building  
909 S.E. First Avenue, Room 500  
Miami, FL 33131

**SUBJECT: Lee County's 2003 Homeless Continuum of Care Strategic Plan  
Supportive Housing Program (SHP) Consolidated Application**

Dear Virginia:

Please find enclosed for your review and processing two (2) copies of the Lee County 2003 *Homeless Continuum of Care Strategic Plan* Supportive Housing Program and Shelter Plus Care Consolidated Application. This application consists of one new Permanent Housing project and four renewal projects from four Project Sponsors, with Lee County as the Lead Agency and Applicant. We believe this consolidated application offers a solution to many of the identified unmet needs in our updated Continuum of Care and furthers Lee County's efforts to end homelessness and poverty.

I have sent an original package to the Special Needs Assistance Program in Washington, D.C.

I am happy to inform you that Continuum of Care descriptive and quantitative data is posted to our county website for public access. Please Richard Faris, Senior Planner, of the Lee County Department of Human Services at (941) 656-7930 if you have any questions regarding this Consolidated Application for SHP funds.

Sincerely,

Ray Judah, Chairman  
Lee County Board of County Commissioners

Enclosure: 2003 Lee County Homeless Continuum of Care Application

C: Donald D. Stilwell, County Manager  
Holly Schwartz, Assistant County Manager  
Karen B. Hawes, Director, Department of Human Services

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application

Preapplication

|                                  |                                    |
|----------------------------------|------------------------------------|
| 2. Date Submitted<br>07/01/2003  | 4. HUD Application Number          |
| 3. Date and Time Received by HUD | 5. Existing Grant Number           |
|                                  | 6. Applicant Identification Number |

|  |   |   |   |
|--|---|---|---|
| 7. Applicant's Legal Name<br>Lee County Board of County Commissioners  |   | 8. Organizational Unit<br>Department of Human Services  |   |
| 9. Address (give city, county, State, and zip code)<br>A. Address: 83 Pondella Road<br>B. City: North Fort Myers<br>C. County: Lee<br>D. State: Florida<br>E. Zip Code:33903   |   | 10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)<br>A. Name: Richard Lloyd Faris<br>B. Title: Senior Planner<br>C. Phone: 239 652-7958<br>D. Fax: 239 652-7960<br>E. E-mail: farisrl@leegov.com  |   |
| 11. Employer Identification Number (EIN) or SSN<br>59-6000702  |   | 12. Type of Applicant (enter appropriate letter in box) <b>B</b><br>A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School District<br>I. University or College<br>J. Indian Tribe<br>K. Tribally Designated Housing Entity (TDHE)<br>L. Individual<br>M. Profit Organization<br>N. Non-profit<br>O. Public Housing Authority<br>P. Other (Specify) |   |
| 13. Type of Application<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision<br>If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Amount B. Decrease Amount C. Increase Duration<br>D. Decrease Duration E. Other (Specify)              |   | 14. Name of Federal Agency<br><b>U.S. Department of Housing and Urban Development</b>   |   |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number<br>Title: Supportive Housing Program<br>Component Title:<br><b>14 - 235</b>   |   | 16. Descriptive Title of Applicant's Program<br>Lee County, Florida<br>2003 Homeles Continuum of Care Strategy<br>Supportive Housing Program  |   |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Lee County, Fort Myers, Cape Coral  |   |   |   |
| 18a. Proposed Program start date<br>6/30/04  | 18b. Proposed Program end date<br>6/30/06 | 19a. Congressional Districts of Applicant<br>14   | 19b. Congressional Districts of Program<br>14 |
| 20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>  |   |   |   |
| 21. Is Application subject to review by State Executive Order 12372 Process?<br>A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____<br>B. No <input type="checkbox"/> Program is not covered by E.O. 12372<br><input checked="" type="checkbox"/> Program has not been selected by State for review. |   |   |   |
| 22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.  |   |   |   |

## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

| Grant Program*      | HUD Share           | Applicant Match   | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other       | Program Income | Total               |
|---------------------|---------------------|-------------------|-----------------|---------------------|-------------|--------------------|-------------|----------------|---------------------|
| Support Housing Pro | 2,072,530.00        | 733,322.00        |                 |                     |             |                    |             | 0.00           | 2,805,852.00        |
|                     |                     |                   |                 |                     |             |                    |             |                | 0.00                |
|                     |                     |                   |                 |                     |             |                    |             |                | 0.00                |
|                     |                     |                   |                 |                     |             |                    |             |                | 0.00                |
|                     |                     |                   |                 |                     |             |                    |             |                | 0.00                |
| <b>Grand Totals</b> | <b>2,072,530.00</b> | <b>733,322.00</b> | <b>0.00</b>     | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>        | <b>0.00</b> | <b>0.00</b>    | <b>2,805,852.00</b> |

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, 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 this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

|   |                                 |
|---|---------------------------------|
| 23. Signature of Authorized Official                                  | Name (printed)<br>Ray Judah     |
| Title<br>Chairman, Board of County Commissioners, Lee County, Florida | Date (mm/dd/yyyy)<br>07/01/2003 |

## **Applicant Certification**

(These certified statements are required by law.)

### **A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:**

#### **1. 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 S+C:**

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.

**2. Drug – Free Workplace.**

It will provide drug-free workplaces in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701) by:

(a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) establishing an ongoing drug-free awareness program to inform employees about:

(1) the dangers of drug abuse in the workplace;

(2) the grantees 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;

(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);

(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;

(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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(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;

(g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);

(h) providing the street address, city, county, state and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

### **3. Anti-Lobbying.**

(a) No Federally 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 any 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.

(b) If any funds other than Federally 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 Form to Report Lobbying, in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards 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 of more than \$100,000 for each such failure.

### **4. Debarment.**

It and its principals (see 24 CFR 24.105(p)):

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and

(d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

### **5. Uniform Act.**

It will comply with the Uniform Relocation and Real Property Acquisition Policies Act of 1970 (as amended), and the implementing regulations at: 24 CFR 583.310 for SHP, 24 CFR 582.335 for S+C, and 24 CFR 882.810 for SRO.



**B. For SHP Only.**

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 583.150(a).

2. 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.

3. 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.

4. Environmental Rule.

(a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.

(b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

**C. For S+C Only.**

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 582.115(d).

2. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance and that it will fund the supportive services itself if the planned resources do not become available for any reason.

3. Components: Standards, Definitions, and \$3,000 Minimum.

(a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).

(b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

4. Environmental Rule.

(a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321)(NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.

(b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

**D. For SRO Only.**

1. Standards, Definitions, and \$3,000 Minimum.  
The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.
2. Environmental Rule.  
It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

**E. For SHP and SRO**

1. Nonprofit Board of Directors.  
For private nonprofit applicants, members of its Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

**F. For SHP and S+C.**

1. Lead-Based Paint.  
It will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4821-4846, and implementing regulations at 24 CFR Part 35.

**G. For S+C and SRO.**

1. PHA Qualification.  
For PHA applicants, that it qualifies as a Public Housing Agency as specified in 24 CFR 882.102 and is legally qualified and authorized to carry out the proposed project(s).

**H. Explanation.**

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

|  |  |
|--|--|
| <b>Signature of Authorized Certifying Official:</b>          | <b>Date:</b><br>July 1, 2003                 |
| <b>Title:</b><br>Chairman, Lee County Board of Commissioners |  |
| <b>Applicant:</b><br>Lee County Board of Commissioners       | <b>For PHA Applicants Only: (PHA Number)</b> |

## Special Project Certification

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### Discharge Policy

Required of all State and local government applicants. Submit this certification along with the HUD form HUD-424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney-Vento Act funds are not to be used to assist such persons in place of State and local resources.

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Chairman, Lee County Board of County Commissioners

7/1/2003

## **Special Project Certification**

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### **Coordination and Integration of Mainstream Programs**

All applicants must certify for their project(s) and submit this certification along with form HUD-424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

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Chairman, Lee County Board of County Commissioners

7/1/2003



# LEE COUNTY

## SOUTHWEST FLORIDA

### 2003 HOMELESS

# **CONTINUUM OF CARE**

### STRATEGIC PLAN

**U.S. Department of Housing and Urban Development  
2003 Supportive Housing Program  
Consolidated Application**

***Prepared in Conjunction with:***

Lee County Coalition for the Homeless, Florida, Inc.  
Southwest Florida Homeless Coalition  
Southwest Florida Regional Planning Council  
State of Florida District 8 Department of Children and Families

***Submitted by:***

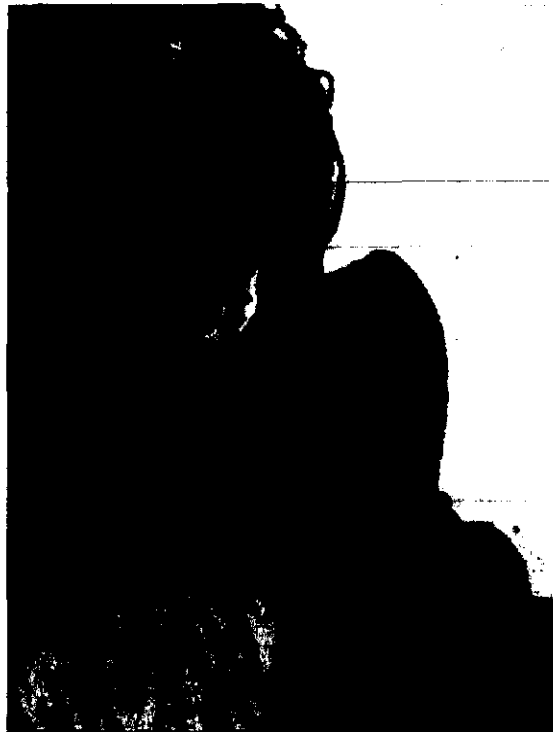
Lee County Board of County Commissioners  
Lee County Department of Human Services

***Submitted: July 1, 2003***

Lee County



Coalition for the Homeless  
Florida, Inc.



**"The elimination of homelessness by creating, enhancing, and coordinating community resources through community partnerships"**  
*The Lee County Vision for Combating Homelessness*

**"To build an integrated community-based system which identifies needs and resources, establishes and maintains a seamless delivery of housing and supportive services for the homeless and enhances and creates opportunities to ensure that the people served will achieve personal stability, self-sufficiency, better housing and an enhanced quality of life."**  
*Mission Statement of the Lee County Continuum of Care*

Fort Myers News Press  
February 17, 2000  
Angel Streeter, reporter  
Adam West, photographer

**Citizen's Summary**  
**Lee County 2003 Homeless Continuum of Care**

**The Lee County 2003 Homeless Continuum of Care (CoC)** covers activities to eliminate homelessness in all areas of Lee County Florida including the municipalities of Fort Myers, Cape Coral, Sanibel, Fort Myers Beach, and Bonita Springs. The Lee County Department of Human Services (DHS) serves as the lead agency, applicant, and administrator for the annual U.S. Department of Housing and Urban Development, (HUD) competitive *Continuum of Care* grant. The Florida nonprofit Lee County Coalition for the Homeless, provides a network of provider agencies and advocates working together to achieve effective and coordinated implementation of homeless assistance programs.

**Planning for Assistance to the homeless.** The annual census of county homelessness, the *Lee County Census Blitz* was conducted in January of 2003 and determined a county homeless population of 1919 persons. In December of 2002, a complementary survey of all public, private and nonprofit homeless assistance providers determined the existing *Inventory* of housing and supportive service resources. This inventory was measured against needs identified in the *Census Blitz* and gaps in housing and services were identified. This analysis of the gaps in homeless assistance was the basis for the development of this strategic plan for homeless assistance - *The Lee County 2003 Homeless Continuum of Care*.

**Homelessness in Lee County 2003.** In 2003, *Gaps* between Lee County resources for the homeless and the identified needs of homeless residents exist for each category of homeless housing (shelter, transitional, and permanent) and all types of treatment and supportive services. A significant need identified in this year's Gaps Analysis is the lack of adequate *Permanent Supportive Housing*. The nationwide causes of homelessness - poverty and lack of affordable housing are strong factors in Lee County. The lack of treatment, services, and housing for persons with mental illness exacerbates homelessness locally. No local psychiatric hospital exists and the state regional residential treatment center has been closed.

# 2003 Application Summary

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This is the first page of your application. Remove this page and place it in the front of your application.

Continuum of Care (CoC) Name: **Lee County 2003 Homeless Continuum of Care**

CoC Contact Person and Organization: **Richard L. Faris,  
Senior Planner, Lee County Department of Human Services**  
Address: **83 Pondella Road, North Ft. Myers, FL 33903**

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Phone Number: **(239) 652-7930** E-mail Address: **farisrl@leegov.com**

## Continuum of Care Geography

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care

| Geographic Area Name | 6-digit Code  |
|----------------------|---------------|
| <b>Cape Coral FL</b> | <b>120402</b> |
| <b>Ft. Myers FL</b>  | <b>120966</b> |
| <b>Lee County FL</b> | <b>129071</b> |



## Table Of Contents

### 2003 Consolidated Application Summary Form

#### Exhibit 1: Lee County Continuum of Care (CoC)

|  |    |
|--|----|
| <b>1. Lee County Continuum of Care 12-Month Accomplishments</b>                        |    |
| 1a. 12-Month Accomplishments   | 1  |
| <b>2. Lee County Planning Process for the Continuum of Care Strategy</b>               |    |
| 2.a Lead Entity  | 2  |
| 2.b Community Planning Process Description   | 3  |
| 2.c Continuum Planning Meetings since June 2002– <i>Figure 2.2</i>                     | 5  |
| 2.d Continuum Planning Roles – <i>HUD Format 1</i>                                     | 6  |
| <b>3. Lee County Continuum Goals and System under Development</b>                      |    |
| 3a. Chronic Homelessness Strategy / Goals  |    |
| (1) Past Performance and remaining obstacles   | 7  |
| (2) Current Chronic Homelessness Data and Strategy                                     | 7a |
| (3) 18-Month Future Goals and Action Steps-Chronic Homelessness - <i>HUD Format 2</i>  | 8  |
| 3b. Other Homelessness   |    |
| (1) Past Year Accomplishments  | 9  |
| (2) Other Homelessness Goals and Actions Steps - <i>HUD Format 3</i>                   | 10 |
| 3c. Discharge Planning Policy  | 11 |
| 3d. <i>Unexecuted Grants Awarded Prior to 2002 HUD Format 4 - N.A.</i>                 | 11 |
| 3e. Service Components of the Lee County Continuum of Care – <i>HUD Format 5</i>       | 12 |
| 3f. Housing Components of the Lee County Continuum of Care – <i>HUD Format 6</i>       | 13 |
| <b>4. Housing Gaps Analysis and Homeless Population</b>                                |    |
| Housing Gaps Analysis Chart – <i>HUD Format 7</i>                                      | 14 |
| Homeless Population Chart – <i>HUD Format 8</i>  | 14 |
| <b>5. Methodology for Housing Gaps and Populations Charts</b>                          |    |
| 5a. Housing Gaps methodology   | 15 |
| 5b. Community definitions  | 15 |
| 5c. Homeless Population methodology and point-in- time date                            | 16 |
| 5d. Homeless Subpopulations methodology  | 16 |
| 5e. Community Plans for annual update of Housing Components                            | 17 |
| 5f. Community Process for annual point-in-time counts                                  | 17 |
| <b>6. Homeless Management Information System (HMIS)</b>                                |    |
| 6a. Lee County Homeless Management Information System Strategy and Progress            | 18 |
| 6b. Lee County Homeless Management Information System Status - <i>HUD Format 9</i>     | 18 |
| 6c. <i>Current Beds in HMIS- HUD Format 10 -N.A.</i>                                   | 18 |
| <b>7. Priorities</b>   |    |
| 7a. 2003 Lee County Continuum of Care: Project Priorities Chart – <i>HUD Format 11</i> | 20 |
| 7b. Evaluation of Renewing Projects  | 21 |
| 7c. Gaps filled by 2003 Continuum Projects   | 22 |
| 7d. 2003 Continuum Project Selection and Prioritization Process                        | 23 |
| <b>8. Lee County 2003 Continuum Supplemental Resources</b>                             |    |
| 8a. 2003 Continuum Project Leveraging Chart – <i>HUD Format 12</i>                     | 24 |
| 8b. Enrollment and Participation in Mainstream Programs                                | 26 |
| 8c. Participation in Mainstream Programs and Employment - <i>HUD Format 13</i>         | 27 |
| 8d. Use of Other Mainstream Resources – <i>HUD Format 14</i>                           | 28 |

**Certifications / Forms**

|  |    |
|--|----|
| SF 424-Lee County, Florida: Lead Applicant<br>Applicant Certifications<br>Private Nonprofit Documentations | 31 |
|--|----|

**Exhibit 2: Supportive Housing Program (SHP) 2003 Project Exhibits**

|  |  |    |
|--|--|----|
| <b>Priority #1 SWFAS Permanent Housing - New Project</b>                                   |  |    |
| Section A.   | Project Narrative  | 41 |
| Section B.   | Experience Narrative   |    |
| Sections C - L   | Project Information Forms/Project Budget   |    |
|  | Consolidated Plan Certifications<br>Disclosure Update Form<br>Mainstream Certification<br>Discharge Policy Certification |    |
| <b>Priority #2: SHP Project – SWFAS Fresh Start Transitional Housing - Renewal Project</b> |  |    |
| Section A.   | Project Narrative  | 54 |
| Section B.   | Supportive Service Chart   |    |
| Sections C - L.  | Project Information Forms/Project Budget/APR   |    |
|  | Consolidated Plan Certifications<br>Disclosure Update Form<br>Mainstream Certification<br>Discharge Policy Certification |    |
| <b>Priority #3: SHP Project - Salvation Army Aftercare Program - Renewal Project</b>       |  |    |
| Section A.   | Project Narrative  | 59 |
| Section B.   | Experience Narrative   |    |
| Sections C - L   | Project Information Forms/Project Budget/APR   |    |
|  | Consolidated Plan Certifications<br>Disclosure Update Form<br>Mainstream Certification<br>Discharge Policy Certification |    |
| <b>Priority #4: SHP Project SHP Project –DHS LIFT Program - Renewal Project</b>            |  |    |
| Section A.   | Project Narrative  | 65 |
| Section B.   | Experience Narrative   |    |
| Sections C - L   | Project Information Forms/Project Budget/APR   |    |
|  | Consolidated Plan Certifications<br>Mainstream Certification<br>Discharge Policy Certification                           |    |
| <b>Priority #5: – HMIS Project</b>   |  |    |
| Section A.   | Project Narrative  | 70 |
| Section B.   | Experience Narrative   |    |
| Sections C - L   | Project Information Forms/Project Budget   |    |
|  | Consolidated Plan Certifications<br>Disclosure Update Form<br>Mainstream Certification<br>Discharge Policy Certification |    |
| <b>Priority #6: – Salvation Army Comprehensive Care Program - Renewal Project</b>          |  |    |
| Section A.   | Project Narrative  | 81 |
| Section B.   | Experience Narrative   |    |
| Sections C - L   | Project Information Forms/Project Budget/APR   |    |
|  | Consolidated Plan Certifications<br>Disclosure Update Form<br>Mainstream Certification<br>Discharge Policy Certification |    |

# **TAB EXHIBIT 1**

## **Section 1 Lee County Continuum 12-Month Accomplishments**

*In 2002/2003, the Lee Continuum has built capacity, prevented homelessness, and returned homeless persons to housing, productivity, and independence...*

**1. Chronic Homelessness.** The *Chronic Homelessness Working Group*, supported by a state grant, hired staff, and issue drafts on the chronic homeless baseline count and the initial draft *Chronic Homelessness Protocol*.

**2. Mainstream Program Integration.** The Lee Homeless Continuum ratified Memoranda of Understanding with the *Workforce Development Board* of Southwest Florida and the local Florida *Department of Children and Families* for reporting on homeless clients for Workforce Investment Act, Medicaid, Children's Health Insurance, TANF, and Food Stamps. This will augment efforts of existing Continuum caseworkers at the "Career and Services Center."

**3. Programs and Resources for homelessness.** Housing units under previous SHP funding are finishing construction. Supportive services including occupational therapy and in-house cottage industry employment have come on line. New resources include the \$75,000 Lee County Emergency Shelter Grant (ESG) entitlement, a major allocation of over \$500,000 from CDBG and HOME to fund Supportive Housing, and over \$500,000 from the state SHIP program. . 2002 Florida Homeless funds supported the Chronic Homelessness Project and other services. The \$1.9 million dollar 2002 SHP award funded new permanent housing and renewed housing and service programs.

**4. The Community Homeless Database and HMIS.** The Continuum team carried out the annual homeless count and provider survey. *The Homeless Census Blitz* used a Florida-wide standardized Survey Form. The Survey data is being entered in the Lee Continuum internet-based HMIS- the *Service Point Information System (SPIN)*. User training was completed using the live Continuum HMIS website. Homeless Resource Information was made available in a public, searchable, Internet Human Service database. <http://dhs.lee-county.com/directory.asp>.

## **Section 2 Lee County Continuum Planning Process**

### **2a. The Lead Entity for the Lee Continuum Planning Process**

#### ***The Lead Entity - The Department of Human Services***

*The Department of Human Services (DHS)* of Lee County Board of County Commissioners is the lead entity for planning. DHS is also the applicant and administrator for *U.S Department of Housing and Urban Development (HUD)* and *Florida State Office on Homelessness (SOH)* grants. DHS staff initiated organized homeless efforts in 1987 and submitted the original Continuum of Care Plan for 1995. The department does the planning and administration of numerous programs that complement CoC programs including HUD ESG, CDBG, and HOME entitlement programs and HHS programs. DHS administers state-mandated contracts for Medicaid, mental health, and substance abuse. The department administers Lee County-funded programs supporting emergency assistance and funding the delivery of services by local non-profit agencies. DHS case managers have daily exposure to homeless and at risk of homelessness residents.

Since 1997, DHS has partnered with the nonprofit *Lee County Coalition for the Homeless (Coalition)* in the planning and implementation of homeless assistance. The Coalition brings the first hand experience of its provider, advocate, homeless, and formerly homeless members to the planning process. DHS and the Coalition work to maintain and expand an inclusive planning process.

#### ***The Homeless Network - The Lee County Coalition for the Homeless Florida, Inc.***

The nonprofit *Lee County Coalition for the Homeless, Florida, Inc. (Coalition)* coordinates delivery of the Continuum of Care *programs* within the community. The organization formalized out of predecessor homeless consortiums in 1997 and was reorganized as a Florida, not-for-profit corporation with 501(c)(3) status in 2000 and installed a Board of Directors in 2002. Coalition members include former and current homeless individuals, veterans, persons with HIV/AIDS, residents of the community, private business and community foundation representatives, non-profit organizations, advocates, and treatment providers. Important Coalition annual activities are the Homeless Census Blitz, the Candlelight Vigil, and the Veteran's Stand down. The planning network of homeless agencies is shown in *Figure A*.

The Coalition and its subcommittees play a vital role in Continuum planning. The *Long Range Planning Subcommittee* looks at multi-year planning and advocacy and coordinates with the *DHS* lead entity for the HUD Continuum of Care document. The *Housing Subcommittee* identifies housing resources for homeless individuals and families and facilitates access to safe, decent, affordable housing. The *Services Subcommittee* monitors service resources for homeless individuals and families to assure comprehensiveness and responsiveness to changing needs.

## **Section 2 Lee County Continuum Planning Process**

### **2b. The Community Planning Process Description**

*the Continuum maximizes the impact of resources through comprehensive planning....*

#### **Coordinated Planning**

**Federal Programs.** The lead agency, The Department of Human Services, administers and coordinates HUD entitlement programs, HUD Homelessness programs, and Department of Health and Human Services (HHS) Community programs. DHS compiles the HUD *Homeless Continuum of Care*, the HUD *Consolidated Plan* and the HHS *Community Action Plan*. DHS has a seat on the Workforce Development Board, which administers Federal workforce funds. Lee Coalition members and officers obtain and administer numerous federally funded programs. The Homeless Outreach coordinator for the Veteran's Administration is an officer of the Coalition.

**State Programs.** DHS is the lead agency for Florida State Office on Homelessness programs and administers and coordinates local state-mandated health department, mental health, and substance abuse contracts. DHS also administers state programs in the areas of health, human services, and low-income housing. A long-time member of the coalition is an administrator in the *Department of Children and Family Services* and coordinates Continuum planning with that department's Medicaid, Children's Health Insurance, TANF and Food Stamp programs.

**Local Programs** DHS administers county-funded programs in emergency and health assistance and administers county funding to nonprofit provider agencies for services to special needs populations. DHS coordinates planning with county divisions of planning, development, economic development, veteran's affairs, and the Sheriff's Department. The department plans with the municipalities of Bonita Springs, Fort Myers, Fort Myers Beach, Cape Coral, and Sanibel. The Coalition is a network for coordinated planning with non-profit homeless agencies in the community.

#### **Established Planning Process**

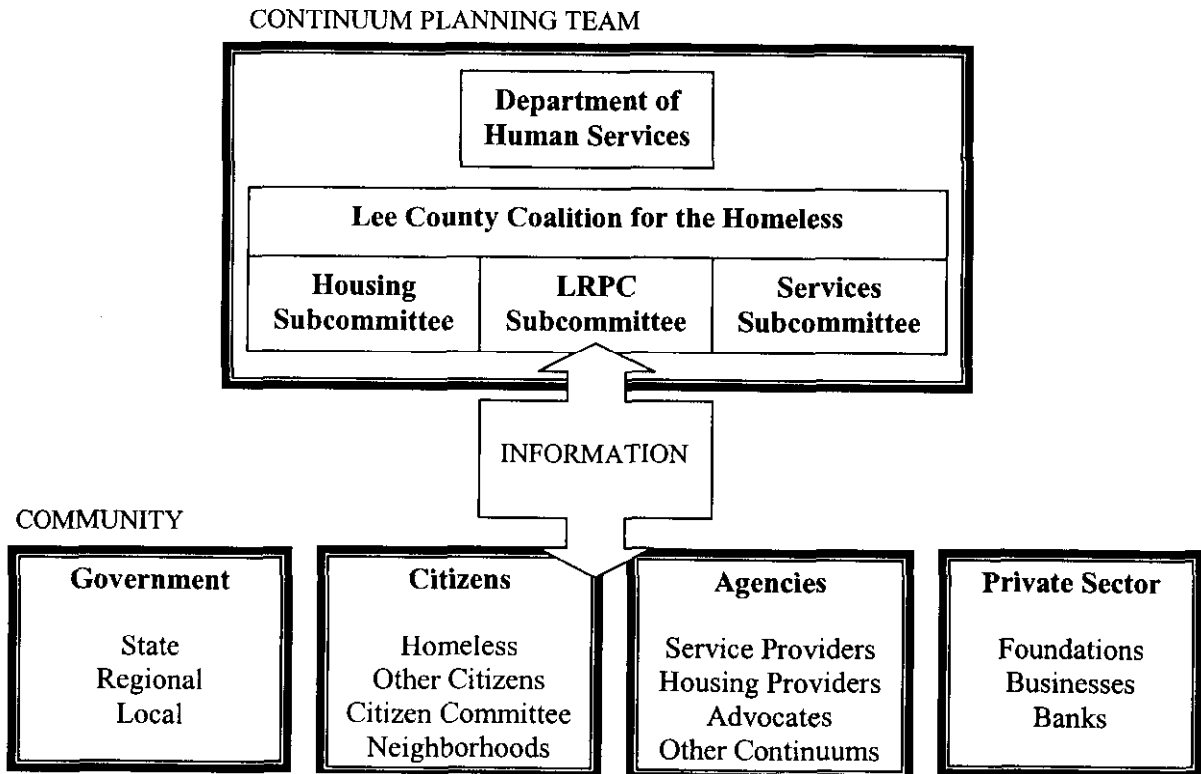
The Lee County Homeless Continuum planning process has been in place since the 1995. In 1998, HUD nominated the Lee County Continuum for a Best Practice Award. The local team of public, nonprofit, and private supporters has had many years of continual networking and annual Continuum document planning. DHS and the Coalition Housing, Service, and Long Range Planning subcommittees meet continuously throughout the year. Annually conducted surveys of homeless residents and of provider agencies provide the needs assessment context for planning.

#### **Unduplicated Planning**

Planning duplication and overlap is minimized through communication. As noted above, DHS is in position to coordinate multiple government levels, agencies, and programs into an efficient planning effort for Lee County homeless activities. The regular meetings and other networking events of the Coalition engage local nonprofit and private agencies in coordinated implementation and planning and thereby avoid redundant efforts. DHS and the Coalition actively participate in the multi-county regional continuum network and the statewide Florida Homeless Coalition for efficient planning and standardized reporting.

**Figure A: Continuum Planning Interrelationships**

*Continual communication in all directions allows for effective planning...*



## 2c. Continuum Planning Meetings

*established venues and events allow for a yearlong cycle of planning, implementation, and evaluation...*

**Figure B: Continuum Planning Meetings since June, 2002**

| Dates  | Forum                | Topics  |
|--|----------------------|---|
| <i>Emergency Assistance Providers Council (Monthly networking with non-homeless emergency providers)</i> |                      |   |
| <i>Lee County CAA/NDC Citizen Advisory Committee (Bimonthly networking with neighborhood leaders)</i>    |                      |   |
| <i>SW Florida Coalition for the Homeless (SWFCH), (Quarterly networking - other county Continuums)</i>   |                      |   |
| 6/22/2002  | Membership           | FL Grants   |
| 7/30/2002  | Membership           | Children's programs                                     |
| 8/22/2002  | Membership           | Supportive Housing meetings                             |
| 9/11/2002  | Services             | Outreach  |
| 9/12/2002  | Outreach workers     | FL Grants   |
| 9/26/2002  | Membership           | County and adjacent county resources                    |
| 9/26/2002  | Nominating committee | Officer qualification                                   |
| 10/7/2002  | State Coalition      | CoC Training for all providers                          |
| 10/8/2002  | State Coalition      | HMIS  |
| 10/24/2002   | Membership           | Veteran's Stand down                                    |
| 11/14/2002   | LRPC                 | Blitz   |
| 11/16/2002   | Services             | Blitz   |
| 11/21/2002   | Membership           | Candlelight Vigil                                       |
| 12/5/2002  | LRPC                 | Provider Survey   |
| 12/6/2002  | Services             | Provider Survey   |
| 12/16/2002   | Membership           | Census Blitz  |
| 12/21/2002   | Services             | Veteran's Stand down                                    |
| 1/8/2003   | Child Watch          | Board function  |
| 1/23/2003  | Membership           | Provider Survey   |
| 1/27/2003  | Coalition Board      | Board recruitment                                       |
| 1/29/2003  | Child Watch          | Board function  |
| 2/24/2003  | Coalition Board      | Informational meeting - CoC                             |
| 2/27/2003  | Membership           | HMIS  |
| 3/27/2003  | Membership           | Advocacy  |
| 4/11/2003  | Housing              | Supportive Housing interface                            |
| 4/14/2003  | Service              | Veteran's Stand down                                    |
| 4/24/2003  | Membership           | Training with HUD                                       |
| 4/28/2003  | Coalition Board      | Informational meeting - CoC                             |
| 4/30/2003  | LRPC                 | CoC 2003  |
| 5/5/2003   | LRPC                 | CoC 2003  |
| 5/22/2003  | Membership           | CoC 2003  |
| 5/23/2003  | Prioritization       | Citizen Prioritization committee ranks 2003             |
| 5/30/2003  | SWFHC                | Regional annual meeting, CoC Training for all providers |



## 2.d Continuum Planning, Partners and Roles

*the continuum strategy evolves from the experience and planning inputs of a comprehensive roster of individuals and organizations...*

### Format 1: Continuum Planning Roles

| Specific Names of CoC Organizations/ Partners       | Geographic Area Represented        | Sub Population Represented     | Level of Participation (Activity and frequency) in Planning Process  |
|---|------------------------------------|--------------------------------|--|
| <b>State agencies:</b>                              |                                    |                                |  |
| Dept. of Children & Families                        | Cape Coral, Ft. Myers, Lee         | SA/SMI/Y                       | <b>(Position) Chairman. Prioritization Comm.</b><br>(Participation) Attends all Coalit. & LRPC meetings.<br>(Also) Provides data/ strategy on state programs                           |
| Lee County Health Department                        | Cape Coral, Ft. Myers, Lee         | HIV/AIDS, Y                    | (Position) Member<br>(Participation) attends full Coalition meetings<br>(Also) provides subpopulation data / community health inputs   |
| SW Florida Coalition for the Homeless (Regional)    | Cape Coral, Ft. Myers, Lee, Region | All – Plan Input Advocacy      | (Position) Member. Director is liaison with regional coalition<br>(Participation) Attends some Coalit. Meetings<br>(Also) Provides regional coordination, information                  |
| SW Florida Reg. Planning Council                    | Cape Coral, Ft. Myers, Lee         | All – Plan Input               | (Position) Supporter<br>(Participation) Rep. Attends some Coalit. meetings<br>(Also) provides regional planning documentation  |
| Workforce Development Council                       | Cape Coral, Ft. Myers, Lee, Region | All – Plan Input               | (Position) <b>Jt. Member-DHS/Council</b><br>(Participation) attend some Coalit. Meetings<br>(Also) planning inputs on employment and welfare support                                   |
| Shimberg Center, University of Florida              | Cape Coral, Ft. Myers, Lee, State  | All – Plan Input               | (Position) Presenter,<br>(Also) provides countywide service needs assessment in 2002   |
| <b>Local government agencies:</b>                   |                                    |                                |  |
| Lee County DHS                                      | Cape Coral, Ft. Myers, Lee         | HIV/AIDS (Ryan White provider) | (Position) Member<br>(Participation) Program Rep attends all Coalit. /LRPC meetings<br>(Also) Provides former homeless perspective.  |
| Lee County School Board                             | Cape Coral, Ft. Myers, Lee         | Y                              | (Position) Member<br>(Participation) Attends all Coalit and Service Comm. meetings<br>(Also) Provides homeless youth data and strategy for Continuum                                   |
| Lee County Vet Center                               | Cape Coral, Ft. Myers, Lee         | VETS                           | (Position) Supporter<br>(Participation) awaiting new director<br>(Also) Provides former homeless perspective/ vet info   |
| Lee County DHS                                      | Cape Coral, Ft. Myers, Lee         | All – Plan Input Advocacy      | <b>(Position) Officer- Homeless Development Officer</b><br>(Participation) attends all Coalit and LRPC meetings,<br>(Also) Provides national and local data and strategy for Continuum |
| Lee County Office of Equal Opportunity              | Cape Coral, Ft. Myers, Lee         | All – Plan Input Advocacy      | (Position) Member<br>(Participation) Director attends some LRPC meetings<br>(Also) Provides homeless legal advocacy and data and strategy  |
| City of Fort Myers Planning Department              | Ft. Myers                          | All – Plan Input Advocacy      | (Position) Member<br>(Participation) Planner attends Coalit. and LRPC meetings,<br>(Also) Coordinates CoC planning with City planning  |
| City of Cape Coral Community Development Dept       | Cape Coral                         | All – Plan Input Advocacy      | (Position) Member<br>(Participation) Planner attends Coalit. and LRPC meetings,<br>(Also) Coordinates CoC planning with City planning  |
| Sanibel, Ft Myers Beach, Bonita Springs City Admin. | Lee                                | All – Plan Input Advocacy      | (Position) Members<br>(Participation) Reps. attend some Coalit/LRPC meetings<br>(Also) Coordinate CoC planning with City planning  |
| Lee County Emergency Management                     | Cape Coral, Ft. Myers, Lee         | All – Plan Input               | (Position) Liaison/Member<br>(Participation) Liaison attends all Coalit. /LRPC meetings<br>(Also) Inputs strategy on persons made homeless by disaster.                                |

**Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y)

*Format 1 Continuum Planning Roles continued*

| Specific Names of CoC Organizations/Persons         | Geographic Area Represented | Subpopulation Represented            | Level of Participation in Planning Process  |
|---|-----------------------------|--------------------------------------|---|
| <b>Public Housing</b>                               |                             |                                      |   |
| Fort Myers Housing Authority                        | Ft. Myers,                  | All – Plan Input                     | (Position) Member<br>(Participation) Director/Representative attends all Coalit meetings<br>(Also) planning input for PHA outreach and housing                              |
| Lee County Housing Authority                        | Cape Coral, Lee             | All – Plan Input                     | (Position) Member<br>(Participation) Director attends most Coalit meetings<br>(Also) planning input for PHA outreach and housing  |
| Community Redevelopment Agency                      | Cape Coral, Ft. Myers, Lee  | All – Plan Input                     | (Position) Member<br>(Participation) Representative attends all Coalit. meetings<br>(Also) planning for increasing homeless Section 8 vouchers                              |
| <b>Nonprofit Organizations - Advocacy</b>           |                             |                                      |   |
| Health Planning Council                             | Cape Coral, Ft. Myers, Lee  | HIV/AIDS<br>(Ryan White lead agency) | (Position) Member<br>(Participation) Representative attends most Coalit. meetings<br>(Also) planning for health, HIV  |
| NAMI (Nat. Assoc. Mental Illness)                   | Cape Coral, Ft. Myers, Lee  | SMI                                  | (Position) Member<br>(Participation) Representative attends most Coalit. meetings<br>(Also) planning for mental health  |
| Lee County Coalition for the Homeless               | Cape Coral, Ft. Myers, Lee  | All – Plan Input, Advocacy           | (Position) Network<br>(Participation) Monthly meetings and public events.<br>(Also) Gathers data and provides input to Continuum  |
| Florida Homeless Coalition Inc. (State) Tallahassee | Cape Coral, Ft. Myers, Lee  | All – Plan Input, Advocacy           | (Position) Network<br>(Participation) biweekly data and strategy updates<br>(Also) provides state homeless advocacy and venues for CoC planning                             |
| Emergency Assistance Providers Coalition            | Cape Coral, Ft. Myers, Lee  | All – Plan Input, Advocacy           | (Position) Member<br>(Participation) Attends all Coalit. and Service Committee meetings<br>(Also) Provide input on persons at risk of homelessness.                         |
| <b>Nonprofit Organizations - Service Providers</b>  |                             |                                      |   |
| Salvation Army (Faith-based)                        | Cape Coral, Ft. Myers, Lee  | SMI, SA, DV                          | <b>(Position) (2 officers) Treasurer // Chairman, LRPC</b><br>(Participation) Rep. attend all Coalit. / LRPC meetings<br>(Also) Provides input on provider issues           |
| Hansen-Bays, Inc.                                   | Ft. Myers,                  | SA                                   | (Position) Member<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues   |
| Anne's Restoration House (Faith-based)              | Ft. Myers,                  | SA                                   | (Position) Member<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues   |
| The Gardens / SWFAS                                 | Ft. Myers,                  | SA                                   | <b>(Position) Officer, Vice President</b><br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues                                   |
| Abuse Counseling and Treatment                      | Cape Coral, Ft. Myers, Lee  | DV                                   | <b>(Position) President</b><br>(Participation) Rep. attend all Coalit. and Service Committee meetings<br>(Also) Provides input on victims of DV. (Primary DV provider)      |
| Southwest Florida Addiction Services                | Cape Coral, Ft. Myers, Lee  | SA, DV, SMI<br>(+Mult. diag.)        | <b>(Position) Past President</b><br>(Participation) Rep. attend all Coalit. and Service Committee meetings<br>(Also) Provides input on victims of SA. (Primary SA provider) |
| Open Door Food Bank                                 | Ft. Myers, Lee              | All – Plan Input, Advocacy           | <b>(Position) Member</b><br>(Participation) Rep. attend all Coalit. Meetings<br>(Also) Provides input on food distribution  |

**Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y)

*Format 1: Continuum Planning Roles Continued*

| Specific Names of CoC Organizations/Persons   | Geographic Area Represented | Subpopulation Represented        | Level of Participation in Planning Process   |
|---|-----------------------------|----------------------------------|--|
| <b>Nonprofit Organizations - Service Providers (Continued)</b>                              |                             |                                  |  |
| Holy Theotokos Monastery (Faith-based)  | Cape Coral, Ft. Myers, Lee  | SA, VETS                         | (Position) Member<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues                                      |
| Ruth Cooper Center  | Cape Coral, Ft. Myers, Lee  | SMI (+Mult. diag.)               | (Position) Officer- Chair. Housing Subcommittee<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues        |
| Source of Light and Hope Development Center   | Cape Coral, Ft. Myers, Lee  | Y                                | (Position) Member<br>(Participation) Rep. Attends some Coalit. meetings<br>(Also) Provides input on provider issues                                    |
| Fort Myers Rescue Mission (Faith-based)   | Cape Coral, Ft. Myers, Lee  | SA, VETS                         | (Position) Member<br>(Participation) provides venue for Homeless Survey<br>(Also) Provides input on provider issues                                    |
| Lee County AIDS Task Force  | Cape Coral, Ft. Myers, Lee  | HIV/AIDS                         | (Position) Member<br>(Participation) Rep. Attends some Coalit. meetings<br>(Also) Provides input on provider issues                                    |
| Outreach Program Veterans Administration Clinic   | Cape Coral, Ft. Myers, Lee  | VETS                             | (Position) Officer – Co Chair Svcs. Subcommittee<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues       |
| Goodwill Industries of SW Florida   | Cape Coral, Ft. Myers, Lee  | SMI (Developmental Disabilities) | (Position) Member<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on provider issues                                      |
| <b>Businesses/ Business Organization</b>  |                             |                                  |  |
| Anonymous Monthly Support   | Cape Coral, Ft. Myers, Lee  | Y                                | (Position) Supporter<br>(Also) Provides planning inputs for Continuum.   |
| First Union Bank  | Cape Coral, Ft. Myers, Lee  | All – Plan Input                 | (Position) Supporter<br>(Participation) Rep. attends some Coalit. meetings<br>(Also) Provides planning inputs for Continuum.                           |
| Florida Community Bank  | Cape Coral, Ft. Myers, Lee  | All – Plan Input                 | (Position) Supporter<br>(Participation) Rep. attends some Coalit. meetings<br>(Also) Provides planning inputs for transportation for homeless persons. |
| Roberts & Blackburn Realtors  | Cape Coral, Ft. Myers, Lee  | All – Plan Input                 | (Position) Supporter<br>(Participation) Rep. attends some Coalit. meetings<br>(Also) planning inputs for Continuum.                                    |
| McCormack Construction Co.  | Cape Coral, Ft. Myers, Lee  | All – Plan Input                 | (Position) Supporter<br>(Participation) Rep. attends some Coalit. meetings<br>(Also) Provides planning inputs for Continuum.                           |
| Bonita Springs Bingo.   | Lee                         | All – Plan Input                 | (Position) Supporter<br>(Participation) Rep. attends some Coalit. meetings<br>(Also) Provides planning inputs for Continuum.                           |
| Sam Galloway Ford/ Publix, Super Markets  | Cape Coral, Ft. Myers, Lee  | All – Plan Input)                | (Position) Supporters<br>(Participation) Reps. attends some Coalit. meetings<br>(Also) Provides planning inputs on food pantries                       |
| Wal-Mart, Target, Rooms to Go, Office Depot, Perkins Restaurants, Steve Bowen Construction, | Cape Coral, Ft. Myers, Lee  | All – Plan Input                 | (Position) Supporter<br>(Participation) Reps. attends some Coalit. meetings<br>(Also) Provide planning inputs for Continuum.                           |

**Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y)

*Format 1: Continuum Planning Roles Continued*

| Specific Names of CoC Organizations/Persons   | (Geographic Area represented) | Subpopulation Represented   | Level of Participation in Planning Process  |
|---|-------------------------------|-----------------------------|---|
| <b>Current / former homeless persons:</b>   |                               |                             |   |
| Tice House  | Ft. Myers, Lee                | SA, SMI                     | (Position) Secretary<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on case management  |
| Lee County Coalition  | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) President<br>(Participation) Rep. attend all Coalit. meetings<br>(Also) Provides input on case management  |
| Member, Prioritization Committee  | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Member, Reviewer<br>(Participation) Attends some Coalit. and LRPC meetings.<br>(Also) Serves on Citizen Prioritization committee   |
| Homeless Residents, Salvation Army  | Cape Coral, FM, Lee           | SA, SMI                     | (Position) Reviewers<br>(Participation) Join CoC review sessions and regular Coalit. meetings<br>(Also) Provide inputs on homelessness for CoC  |
| Homeless in camps, soup kitchens,   | Cape Coral, Ft. Myers, Lee    | SA, SMI                     | (Position) Respondents<br>(Participation) responds to surveys and interviews at Census Blitz/ Veteran's Stand down and Candlelight Vigil  |
| <b>Law Enforcement</b>  |                               |                             |   |
| Fort Myers Police Department  | Ft. Myers,                    | SA, SMI                     | (Position) Member<br>(Participation) Representative attends some Coalit/LRPC meetings<br>(Also) Provide input on planning for Homeless Assessment Center,   |
| Lee County Sheriff's Department   | Lee                           | SA, SMI                     | (Position) Member<br>(Participation) Representative attends some Coalit/LRPC meetings<br>(Also) Input on Assessment Center, crime   |
| <b>Hospital / Medical</b>   |                               |                             |   |
| Healthcare for the Homeless Clinic Family Health Centers  | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Liaison, Member<br>(Participation) Rep. attend all Coalit. and LRPC meetings<br>(Also) Provides input on medical service delivery to homeless  |
| Lee Memorial Hospital   | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Member<br>(Participation) Representative attends some Coalit/LRPC meetings<br>(Also) Provides input on medical service delivery to homeless  |
| Veterans Administration Clinic  | (See VA at Providers)         | (See VA at Providers above) | (See entry under VA at Service Providers above)   |
| <b>Funders</b>  |                               |                             |   |
| SW Florida Community Foundation   | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Member<br>(Participation) Representative attends LRPC meetings<br>(Also) Provides presentations and planning input for Continuum.  |
| United Way Community Coordinating Council   | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Officer- Chair of LRPC<br>(Participation) President of Council is attends all meetings and coordinates HMIS planning<br>(Also) Provides presentations and planning input for Continuum |
| <b>Neighborhood Groups</b>  |                               |                             |   |
| Neighborhood District Committee, Lee County. Charleston Park, Page Park, Pine Manor, Dunbar, Harlem Heights, Palmona Park, Suncoast Estates | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Jt. Member<br>(Participation) Rep. attends all LRPC meetings<br>(Also) provides review and neighborhood input to CoC document.   |
| <b>Housing Developers</b>   |                               |                             |   |
| Renaissance Manor, Habitat, DIAD, LCHDC, BSHDC DHS Housing Services   | Cape Coral, Ft. Myers, Lee    | All – Plan Input            | (Position) Members/ Project Sponsors<br>(Participation) Reps. attend some Coalit and LRPC meeting.<br>(Also). Provide input on housing inventory, access and placement                            |

**Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y)

## Section 3 Goals and System under Development

### 3a. Lee County Strategy for ending Chronic Homelessness

"Chronic homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years."  
(U.S. Department of Housing and Urban Development)

#### (a) Progress within the year - Chronic Homelessness

The *Chronic Homelessness Working Group*, hired staff and established the baseline count and issued the initial draft *Chronic Homelessness Protocol*. The Lee HMIS "SPIN" began entering chronic client records. San Souci permanent housing for chronic homeless residents has finished construction and is preparing for occupancy. Memoranda have been signed with Mainstream Program Providers to record homeless persons seen at intake. New resources have been obtained for pursuing this objective. See *Figure B* following for a detailed description of Specific Actions taken in the past year toward ending Chronic Homelessness.

#### (b) Remaining Obstacles to ending chronic homelessness - 2003

(1) Funding streams tied to specific eligible subpopulations still limit funding support for cross-discipline approaches (2) Limited funding for some services and repetitive or redundant service provision are obstacles to effective service delivery. (3) Lack of access to standardized, centralized, client tracking and assessment/treatment information remains an obstacle until the HMIS is fully implemented. (4) The current level of combined homeless funding from all sources is still inadequate to move local chronically homeless persons into housing and stability (5) In addition to the lack of funding, there is an absolute lack of supportive housing developers.

**Figure C: Chronic Homeless - 2002-2003 Performance**

| 2002 Planned Action Steps   | Actual Performance 2003-2003  |
|---|---|
| 1a. Circulate project concept   | 1a. Concept released to continuum partners 9/02   |
| 2a. •Identify baseline statistics<br>•Set annual target indicators,<br>•Report @ 2003 CoC Doc.  | 2a. •Draft baseline estimate established<br>•Target indicators indicated in 2003 CoC<br>•Reporting in 2003 CoC document<br>•Chronic Project, staff hired, data analyzed   |
| 3a. Two HMIS servers purchased<br>3b. SWFAS HMIS install 9/03<br>3c. DHS, RCC, SA install 1/04<br>3d. HMIS operate 5/04   | 3a. HMIS servers installed 9/02<br>3b. SWFAS HMIS central system linked 11/02<br>3c. DHS, RCC, SA central system linked 11/02<br>3d. On track for live input 8/03<br>3e. HMIS initial live system training completed.   |
| 4a. HUD, HHS, FL \$ maintained<br>4b. New funds source incr@20%<br>4c. Incr. Mainstream coordination  | 4a. SHP/HHS/FL/Lee funds maintained<br>4b. Increased @ 20%<br>•Added \$500,000/yr CDBG/ HOME Supportive Housing<br>•Added \$41,000/yr ESG + \$518,000 Fl. SHIP<br>4c. MOUs w/ WIA/Medicaid/ SCHIP/ TANF/Food Stamps   |
| 6a Chronic Svcs. -01 FL Awd.<br>6b Chronic Svcs. 01 PATH Awd.<br>6c Chronic Svcs. 01TANF Awd.<br>6d Chronic Svcs. 01 Health/Hmls<br>6e Chronic Svcs. 01Able Tr.<br>6f Chronic Svcs. 01 CoC<br>6g Chronic Svcs. 01 FL Hsg.<br>6h Chronic Svcs. 01 CoC Hsg<br>6i Chronic Svcs. 00 CoC Hsg<br>6j Chronic Svcs. 01 HOME Hsg<br>6k Chronic Svcs. 02 CoC Hsg<br>6l Chronic Svcs. 02 CoC | <i>Chronic Homeless (CH) Persons or Beds delivered:</i><br>6a. HMIS, LIFT, S. Army, LFS Svcs to 10CH<br>6b. SWFAS outreach -SA to 5 CH<br>6c. DHS services to 10 CH<br>6d. FHC services to 10 CH<br>6e. SWFAS Occupational services to 5 CH<br>6f. LIFT, S. Army services to 20 CH<br>6g. SWFAS SA Job Ctr to 5 CH<br>6h. SWFAS 16 Perm SA/MH CH Beds<br>6i. RCC 10 S+C CH Beds<br>6j. DHS 6 SMI Beds<br>6k. Renaissance Manor 6 SMI CH Beds<br>6l. LIFT, S. Army services to 20 CH |

## (2) Current Chronic Homelessness Strategy<sup>1</sup>

The Lee Continuum has adopted chronic homelessness as its priority. A Special Working Group of agency principals will lead design and implementation of the Strategy for eliminating chronic homelessness. Following the United Way "Performance Outcome" format, the Lee Continuum will marshal inputs/resources, conduct activities (action steps) across the spectrum of homeless service, and annually monitor indicators of success in achieving phased outcomes (goals). 18-month strategies are presented in *Format 2* following. (2003) The Chronic Homelessness Working Group staff has established the draft baseline estimate of local chronically homeless persons as 104 sheltered and 192 unsheltered persons. The group is working with provider agencies to finalize the sample of approximately 15 chronically homeless persons for the Prototype Chronic Homeless Assessment and Treatment Project supported by state funding. The group has circulated the draft Chronic Homelessness Protocol to the five core treatment agencies for acceptance. Chronic and other homeless client records are being entered into the Lee HMIS "Service Point Information System "SPIN". San Souci permanent housing intends to be ready for chronic homeless residents with disabilities in August, 2003.<sup>2</sup>

**Inputs / Resources.** The Lee Continuum in early planning for eliminating chronic homelessness determined that this goal will require *expanded funding* as well as focused planning and implementation. At present, Continuum case managers work alongside local Medicaid, Children's Health Insurance TANF/ Welfare to Work, Food Stamp and Workforce Investment Act staffs at the Fort Myers "Career and Services Center" and also connect homeless clients with SSI and Veterans benefits. Lee County sets aside CDBG funds and is prioritizing HOME funds for the homeless. Local CSBG, SSBG, Mental Health and Substance Abuse Block Grants, PATH, and Healthcare for the Homeless programs service the chronically homeless as do federal funds to hospitals, health centers, schools and vocational training. The *Florida Housing Finance Corporation* and state *Office on Homelessness* programs fund local homeless housing. Lee County revenues fund homeless emergency assistance and case management programs and support nonprofit organizations. County businesses and private citizens provide support through the United Way and Southwest Community Foundation and through many churches and faith-based organizations. *Expanded funding* will come through maximum utilization of these resources and new access to service funding sources including ESG and SAMHSA, and other Florida and federal housing funding. (2003) A major allocation of over \$500,000 in CDBG and HOME funds allocated to supportive housing has already resulted in new housing for chronically homeless persons. Similarly \$518,000 from the Florida SHIP program has funded permanent supportive housing at SWFAS. Finally a new \$75,000 ESG entitlement funds adds annual services prioritized for chronic homeless persons.<sup>2</sup>

**Data Gathering, HMIS, Evaluation and Reporting activities.** The 2003 Homeless Census and Providers Surveys were formatted to display statistics on the number of chronic homeless and an inventory of services. The Lee County HMIS is being implemented with specific data elements and reporting for the chronically homeless. The 2004 CoC and each annual document will incorporate HMIS -based evaluation of progress on chronic homelessness.

<sup>1</sup> (Specific Objectives for Chronic Homelessness are shown in *Format 2* and *Figure C*)

<sup>2</sup>(Chronic Homelessness strategy updates for 2003 are indicated by underlined text)

### (3) Future Goals for Chronic Homelessness

Format 2: 18 month Goals and Action Steps - Chronic Homelessness -2003

| Goals to End Chronic Homelessness   | Action Steps  | Responsible Person/Organiz.   | Target Dates  |
|---|---|---|---|
| 2002 Goal CH1:<br>Prioritize resources for the chronically homeless   | 1a. Circulate Chronic Homelessness Concept Paper to Continuum Agencies.   | Working Group.  | Completed 9/02  |
| 2003 Goal CH2:<br>Continuum has a unified Strategy, which maps the process and milestones in eliminating Chronic Homelessness.  | 2a. Circulate Chronic Homelessness Protocol to agencies for acceptance,<br>2b. Complete prototype Chronic Homelessness Project to evaluate strategy<br>2c. Set out annual targets for reduction in chronically homeless   | Working Group   | 2a. Acceptance 9/03<br>2b. Project 6/04<br>2c. Targets 9/03   |
| 2003 Goal CH/OH3:<br>Core homeless housing and service agencies utilize the installed Lee County HMIS for client tracking and reporting.<br>(Jt. Chronic/Other Outcome) | 3a. Two HMIS services purchased<br>3b. SWFAS HMIS Syst. install 2003<br>3c. DHS, RCC, SA. Syst. install 2003<br>3d. HMIS operate, report 2004<br>3e. Increase HMIS users 20% yr   | HMIS Core Group:<br>DHS, RCC,<br>SWFAS, SA,<br>United Way   | 3a. Completed<br>3b. Completed<br>3c. Completed<br>3d. report 12/04<br>3e. 20% incr 12/04   |
| 2003 Goal CH/OH4:<br>Homeless agencies access additional resources<br>(Jt. Chronic/Other Outcome)   | 4a. HUD, HHS, FL funds maintained<br>4b. New fund source @20% yr. Incr.<br>4c. Incr. Mainstream Coordination  | LRPC as staff for the Working Group   | 4a. report 5/04<br>4b. +20% @5/04<br>4c. homeless @ intake report 5/04  |
| 2003 Goal CH5<br>Chronically Homeless receive coordinated supportive services and housing   | 5a Chronic Svcs -03 FL Awd<br>5b Chronic Svcs- 03 PATH Awd<br>5d Chronic Svcs 03 Health/Hmls<br>5e Chronic Svcs 03 Able Tr.<br>5f Chronic Svcs 02 CoC<br>5g Chronic Svcs 01 FL (Bakery)<br>5h Chronic Svcs 01/02/03 CoC Housing<br>5j Chronic Svcs 01 HOME Housing<br>5k Chronic Svcs 03 HOME/CDBG Hsg<br>5l Chronic Svcs 03 Lee ESG Hsg<br>(2003 CoC Projects)<br>5m. Chronic Svcs 03 CoC<br>5n. Chronic Svcs 03 CoC Housing | 5a. DHS/LFS/SA/HMIS<br>5b. SWFAS<br>5d. FHC<br>5e. SWFAS<br>5f. LIFT/SA<br>5g. SWFAS<br>5h. SWFAS/RM<br>5j. DHS<br>5k. RM/LCHDC<br>5l. SA<br>5m. SA/DHS/SW<br>5n. SWFAS | Chronic Homeless Persons / Beds: 2003<br>5a. 10<br>5b. 5<br>5d. 10<br>5e. 5<br>5f. 30<br>5g. 5<br>5h. 15 CH PH Beds<br>5j. 3 CH PH Beds<br>5k. 10 CH PH Beds<br>5l. 2 CH Sh. Beds<br>2004<br>5m. 30<br>5n. 5 CH PH Beds |
| 2003 Goal CH6:<br>Chronically Homeless persons achieve self-sufficiency and permanent housing.  | Persons exit Chronic Homelessness cycle for permanent housing or permanent housing with supportive and/or treatment services  | Lee CoC   | 6a. (2003-5) 45 persons<br>6b. (2004-6) 60 persons<br>6c. (2007-9) 90 persons<br>6d. (2009-11) 120 persons  |

**Section 3 Goals and System under Development**

**3b. Lee County Strategy for ending Other Homelessness**

**Progress within the year - Other Homelessness**

Homeless Agencies and clients throughout the Continuum have taken advantage of the information and referral resources available in the public, searchable Internet Human Service database. <http://dhs.lee-county.com/directory.asp>. The Lee HMIS "SPIN" began entering client records. *San Souci* permanent housing for chronic homeless residents has finished construction and is preparing for occupancy. Memoranda have been signed with *Mainstream Program Providers* to record homeless persons seen at intake. A new entitlement and increased allocations from existing entitlements have increased resources for Other Homeless and Chronic Homeless agencies and clients. The two senior partners in the Continuum codified their roles and set annual timelines in the Continuum Operating Manual. See *Figure D* for a detailed description of Specific Actions taken in the past year addressing Other Homelessness.

**Figure D: Other Homelessness - Performance 2002-2003**

| Other Homelessness 2002 Planned Action Steps  | Actual Performance 2003-2003  |
|---|---|
| 7a. The Lee County Homeless Coalition will provide advocacy, public awareness and networking for homeless assistance agencies. Coalition attendance figures will be monitored   | 7a. Reporting 2003 CoC Doc. <b>Completed</b><br>Also:<br>Over 2000 Pocket Guides to homeless services distributed to homeless persons and agencies  |
| 7b. The Department of Human Services will conduct an inclusive annual planning process.   | 7b. Reporting 2003 CoC Doc. <b>Completed</b>  |
| 8a. The searchable Human Service Database will be publicized in news media and with the membership of the Lee, Regional and State homeless coalitions.  | 8a. <b>Completed</b>  |
| 8b. The HMIS will be implemented and will provide internet access to central data for I&R, client tracking, reporting, and coordinated case management.   | Phases 1, 2, 3 target: 12/03: <b>Completed 11/02</b><br>Implementation, target: 1/04 on track for 8/03<br>Annual Reporting, target: 5/04 CoC Doc on track   |
| (8b1) The Continuum will target 20% annual increase in HMIS user agencies.  | (8b1) Target 20% increase. On hold pending installation of latest version of program  |
| 9a. 01 FL Awd. - other homeless<br>9b. 01 TANF Awd. - other homeless<br>9c. 01 CoC Awd. - Other homeless<br>9d. 01 Health/Hmls Awd. - OH<br>9e. 02 FL Awd. - Other homeless.<br>9f. 02 CoC Awd. - Other homeless<br>9g. 01 FL ESG Awd. - Other homeless<br>9i. 02 FL ESG Awd. - OH. | <i>Other Homeless (OH) Services/Beds 2003:</i><br>9a. LIFT/SA/LFS/HMIS/SW Svc to 40 OH<br>9b. DHS 35 housing placements<br>9c. DHS/SA svc to 200 OH, RM 6 OH PH Beds<br>9d. FHC services to 25 OH<br>9e. HMIS/DHS/SA Svc to 40 OH<br>9f. LIFT, SA, services to 200 OH<br>9g. S. Army 5 OH Shelter Beds<br>9i. S. Army 5 OH Shelter Beds |



**Format 3. Goals and Action Steps - Other Homelessness - 2003**

| <b>Goal<br/>Other Homelessness</b>  | <b>Action Steps</b>  | <b>Responsible<br/>Person/Organiza<br/>tion</b>  | <b>Target Dates</b>   |
|---|--|--|---|
| 2003 Goal CH/OH3:<br>Core homeless housing and service agencies utilize the installed Lee County HMIS for client tracking and reporting.<br>(Jt. Chronic/Other Outcome)         | 3a. Two HMIS services purchased<br>3b. SWFAS HMIS install 2003<br>3c. DHS, RCC, SA. install 2003/04<br>3d. HMIS operate, report 2004<br>3e. Increase HMIS users 20% yr   | 3a. DHS<br>3b. SWFAS<br>3c. DHS, RCC, SA.<br>3d. Core Providers<br>3e CoC                                      | 3a. <b>Completed</b><br>3b. <b>Completed</b><br>3c. <b>Completed</b><br>3d. 5/04<br>3e. 20% Incr. 8/04  |
| 2003 Goal CH/OH4:<br>Homeless agencies access additional resources<br>(Jt. Chronic/Other Outcome)   | 4a. HUD, HHS, FL funds maintained<br>4b. New fund source @20% yr. Incr.<br>4c. Incr. Mainstream Coordination   | LRPC as staff for the Working Group  | 4a. Report 5/04<br>4b. +20%@5/04<br>4c. Homeless @ intake report 5/04   |
| <i>2003 Outcome OH7: not used</i>   |  |  |   |
| <i>2002 Goal OH8: Public, private, and nonprofit agencies and private citizens utilize the existing Lee County/ United Way internet-based Information and Referral Service.</i> | 8a. The searchable Human Service Database currently operated on the Lee County website by the Department of Human Services and the Lee County United Way will be publicized in news media and with the membership of the Lee, Regional and State homeless coalitions.  | Lee Co. DHS  | 8a Complete   |
| 2003 Goal OH9:<br>Other Homeless receive coordinated supportive services and housing  | 9a. 02 FL Awd. - Other homeless<br>9c.02 CoC Awd. - Other homeless<br>9d. 02 Health/Hmls. - Other Hmls<br>9e. 03 FL Awd. - Other homeless.<br>9f. 03 CoC Awd. - Other homeless<br>9g. 02ESG Awd. - Other homeless<br>9h. 03 CDBG/HOME - other Hmls<br>9i. 03 Lee ESG Awd. - Other Hmls.<br>9j. 03 Lee ESG - other homeless | 9a. DHS, SA, LFS<br>9c.S.A<br>9d. FHC<br>9e. SWFAS<br>9f. LIFT, SA,<br>9g. SA<br>9h. LCHA<br>9i. DHS<br>9j.DHS | <i>Other Homeless Services/Beds: 2003/04</i><br>9a. Svc to 40 OH<br>9c. Svc to 200 OH<br>9d. Svc to 25 OH<br>9e. Svc to 40 OH<br>9f. Svc to 200 OH<br>9g. 5 OH Shelter Bed<br>9h. 10 OH PH beds<br>9i. 10 bed shelter<br>9j outreach Svcs- 20 |
| 2003 Goal OH10<br>Other Homeless persons achieve self-sufficiency and permanent housing.  | 10. Persons exit Homeless cycle for permanent housing or permanent housing with supportive and/or treatment services   | 10 Lee CoC   | 10a. (2003) 20 persons<br>10b. (2004) 20 persons<br>10c. (2005) 20 persons<br>10a. (2006) 20 persons<br>10b. (2007) 20 persons<br>10c. (2008) 20 persons<br>10a. (2009) 40 persons<br>10b. (2010) 40 persons<br>10c. (2011) 40 persons        |

### **3c. Discharge Planning**

#### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

*3d. Unexecuted Grants -Not Applicable*

*All final award grants are under contract with HUD and the lead agency- DHS*

### **3e. Service Activity**

*Electronic Information and Referral for homeless Services is available at:*

- **Service Point Information System (SPIN)** - (*The Lee Continuum HMIS*)
- **<http://dhs.lee-county.com/directory.asp>** (*Public Internet database*)

### **Format 5 Fundamental Components of the Lee County CoC - Services**

#### **Component: Prevention**

##### **Prevention Services in place:**

##### **Mainstream Programs**

Florida Department of Children and Families coordinates Medicaid, Food Stamps, Healthy Kids medical insurance, childcare and TANF and SSBG- funded employment support services to maintain incomes and housing  
Florida Department of Children and Families Foster Care Program prevents homelessness by placing youth aging out of foster care.  
The Lee County Social Security Administration provides Social Security/Supplemental Security Income, and SSDI funding  
The Florida Agency for Workforce Innovation provides unemployment benefits that maintain housing

##### **Emergency Assistance programs**

Lee County DHS - emergency rent, utility, transportation assistance for household in crisis  
Southwest Florida Community Foundation (through DHS) emergency rent, utilities  
The Salvation Army Crisis Management program provides emergency clothing, food, furniture, bus tickets  
Bonita Springs Assistance Office - emergency food, rent, utilities assistance to maintain housing  
Lee County AIDS Task Force and DHS administer HOPWA rent assistance to maintain housing for AIDS victims  
Catholic Hispanic Social Services provides emergency clothing, food, furniture, bus tickets  
Lutheran Services Florida (LSF) - emergency assistance  
Anonymous Monthly support - Homeless youth assistance  
*Many other agencies, including most churches provide emergency resources.*

##### **Medical Programs**

Family Health Centers, Lee Health Department and Hospitals - emergency medical  
Lee County Health Department - emergency medications  
Project Dentists - emergency dental

##### **Food Programs**

Nations Association - food  
Holy Theotokos Monastery - food, clothing  
Second Harvest / Harry Chapin Food Bank - food  
Wake Up America - food  
Ft. Myers Rescue mission - shelter and food  
Vince Rizzo Ministries - food  
Cape Coral Caring Center - food  
*See Lee Human Service Internet Directory and Lee Continuum HMIS*  
*See also Supportive Services in the Component -Supportive Services on the following pages*

##### **Prevention Services planned:**

- DHS-United Way searchable *Internet Directory of Human Services* additional organizations and resources being added
- Lee County ESG Entitlement will fund DHS Prevention services

##### **How persons access/receive Prevention assistance:**

- Discharge staff at Health, Corrections, Foster Care and Youth Facilities connects persons leaving the institution with Continuum Housing Providers prior to discharge.
- Persons unable to meet housing and utility payments receive cash, vouchers or deferments at the offices of DHS, Cape Coral Caring Center, Bonita Springs Assistance and other Continuum emergency assistance providers.
- Persons accessing TANF and food stamp funding to maintain housing enroll at the "Career and Service Center" and receive Electronic Benefit Transfer (EBT) cards by mail, Eligibility is determined in the " Career and Service Center " and the cards are mailed to the recipient.
- Persons seeking unemployment benefits enroll at AWI offices at the "Career and Services Center" and receive benefits by mail.
- Clients for Consumer Credit, Legal Services, High Tech Centers and Women's Resource Center access and receive services at the program administrative offices or via phone.

*Format 5 Fundamental Components of the Lee County CoC - Services Continued*

**Component: Outreach**

**Outreach Activities in place - to homeless persons living on the streets**

**To Veterans.** Street and camp canvassing for homeless veterans is done by the Veterans' Administration outreach worker.

**To seriously mentally ill.** Street and camp canvassing as well as emergency response is done by the mobile response teams of the Ruth Cooper Center, the Lee FACT teams and the mobile outreach teams of the Salvation Army and Lutheran Services. Ruth Cooper Center and FACT outreach teams target chronically homeless persons

**To victims of substance abuse.** Street and camp canvassing is done by the outreach staff of Southwest Florida Addiction Services (SWFAS), Ruth Cooper Center, Lutheran Services and other outreach staff coordinated through the Continuum Outreach Workers.

**To victims of HIV/AIDS.** Street and camp canvassing is done by the outreach staff of Lee County AIDS Task Force and medical and emergency medical service staff of the Family Health Centers.

**To victims of domestic violence.** Street and camp canvassing is done by the outreach staff of Abuse Counseling and Treatment Inc. (ACT) and Center for Light and Hope.

**To youth.** Street and camp canvassing is done by the mobile outreach teams of the Lutheran Services and the Lee School Board homeless student outreach worker and other outreach staff coordinated through the Continuum Outreach Workers group.

**To multiple populations.** Family Health Centers and the Salvation Army provide medical care at clinics and soup kitchens. Smaller faith-based organizations also perform outreach through prayer meetings and food distribution at parks and camps these include the Fort Myers Rescue Mission Mobile Pantry, Lee Co. Mission, Vince Rizzo Ministries, Rainbow Ministries.

**How Outreach connects homeless persons on the streets to housing and services**

Homeless persons at pantries, on the streets and in camps are contacted by the CHAPT team, SWFAS PATH team, and outreach workers of the Continuum Outreach Workers group, and mobile units who provide referrals and transportation to housing and service agencies. Police and sheriff's officers deliver homeless persons particularly those with Mental Health and Substance Abuse problems, to service providers. Initial Assessments for treatment is performed on some occasions at these initial contacts by the outreach staffs.

**Outreach Activities in place - to homeless persons in facilities, shelters, transitional housing etc.**

**To Veterans.** Contact with homeless veterans in shelters and other facilities is done by the Veterans' Administration outreach worker who maintains an office at the local VA Clinic. The Chronic Homeless Assertive Treatment (CHAT) team of the Lee Coalition actively seeks out recidivist homeless persons in facilities to develop an individual program of coordinated services

**To seriously mentally ill.** The mobile response teams of the Ruth Cooper Center, the Lee FACT teams and the mobile outreach teams of the Salvation Army and Lutheran Services, Ruth Cooper Center and FACT outreach teams target chronically homeless persons. The Chronic Homeless Assertive Treatment team of the Lee Coalition actively seeks out recidivist homeless persons in facilities to develop an individual program of coordinated services.

**To victims of substance abuse.** The Chronic Homeless Assertive Treatment team of the Lee Coalition actively seeks out recidivist homeless persons in facilities to develop an individual program of coordinated services. SWFAS Detox refers clients to service.

**To victims of HIV/AIDS.** AIDS/HIV victims in facilities are monitored by the outreach staff of Lee County AIDS Task Force and connection with services is also made by medical and emergency medical service staff.

**To victims of domestic violence.** Domestic violence victims in facilities are monitored by the outreach staff of Abuse Counseling and Treatment Inc. (ACT) and Center for Light and Hope. The service is also performed by officers of the Lee County Sheriffs Office and Fort Myers Police Department.

**To youth** Homeless youth in facilities are monitored by the outreach teams of Lutheran Services and the Lee School Board homeless student outreach worker.

**How Outreach connects homeless persons in facilities to other housing and services**

The Chronic Homelessness Assertive Treatment Partnership (CHATP) team and outreach workers and staff from mobile units provide referrals to homeless persons in shelters and other facilities. Homeless persons in shelters and other supportive housing receive some services within the facility and are referred and/or transported to other services. When contact with service is made, coordinated service and treatment plans are worked out between providers and the homeless person. TANF and food stamp users receive benefits electronically by Electronic Benefit Transfer (EBT) cards. Eligibility is determined in the one-stop Career and Services Center and the cards are mailed to the recipient. Other Supportive Services are received in the field, at agency offices, at medical and treatment institutions and within supportive and permanent housing. Initial Assessments for treatment is performed on some occasions at these initial contacts by the outreach staffs. JIFT case managers provide housing placements to referrals.

**Outreach planned for homeless on the streets and in facilities**

- Lee ESG will also fund additional Outreach supportive services
- Increase contact with the Discharge Planners at Institutions and early contacts input into the HMIS database

*Format 5 Fundamental Components of the Lee County CoC - Services Continued*

**Component: Supportive Services**

**Services in Place**

***Case management in place***

Lee County DHS – case management, LIFT program  
Lee County Health Department – assessment and referral  
Ruth Cooper Center (RCC) – mental illness  
The Salvation Army – case management and counseling  
Veterans Administration case management and referral  
Southwest Florida Addiction Services (SWFAS) – case management, substance abuse and mental health counseling  
Consumer Credit Counseling Service (CCCS) – budget counseling  
Lee County AIDS Task Force – case management  
Abuse, Counseling and Treatment (ACT) – case management /domestic violence  
Phoenix Center - case management- domestic violence, HIV/AIDS/AIDS  
The School District of Lee County - Social Worker for the Homeless – case management- homeless youth  
Lee Memorial System and Gulf Coast Hospital – case management- medical advising  
Family Health Center services – case management- medical advising, Healthcare for the Homeless program  
Childcare of SW Florida - case management - youth  
Catholic Hispanic Social Services

***Life skills in place***

DHS. LIFT– case management, LIFT program  
Lee County Health Department – assessment and referral  
Ruth Cooper Center (RCC) – mental illness  
The Salvation Army – classes in all areas of Activities of Daily Living  
Veterans Administration- case management and referral  
Southwest Florida Addiction Services (SWFAS) – case management, substance abuse, mental health, occupational counseling  
Consumer Credit Counseling Service (CCCS) – budget counseling  
Lee County AIDS Task Force – case management  
Abuse, Counseling and Treatment (ACT) – case management /domestic violence  
The School District of Lee County - Social Worker for the Homeless – case management  
Lee Memorial System and Gulf Coast Hospital – case management  
Family Health Center services – case management  
Teen Challenge  
Goodwill Industries

***Alcohol and drug abuse services in place***

Lee County DHS – case management, LIFT program  
Lee County Health Department – assessment and referral  
Ruth Cooper Center (RCC) – mental illness  
The Salvation Army – case management and counseling  
Lee Co. Vet. Center- case management and referral  
Southwest Florida Addiction Services (SWFAS) – case management, substance abuse, mental health, occupational counseling  
Lee County AIDS Task Force – case management  
Abuse, Counseling and Treatment (ACT) – case management /domestic violence  
The School District of Lee County - Social Worker for the Homeless – case management  
Lee Memorial System and Gulf Coast Hospital – case management  
Family Health Center services – case management  
Lutheran Services  
Southwest Florida Addiction Services/ Drug Court  
Hansen- Bays Inc

### **Supportive Services Continued**

#### ***Mental health treatment in place***

Lee County Health Department – inoculations, support for primary care clinics, hospitals  
Family Health Centers - primary care clinics  
The Salvation Army – outpatient services, medical outreach to missions and other sites, Psychiatric Clinic  
Camelot Community Care - mental health services to Salvation Army youth residents  
Veterans Administration (VA) Clinic – outpatient services, referrals to Veteran's Hospital, Tampa  
Southwest Florida Addiction Services (SWFAS) – substance abuse, HIV counseling and testing, Co-occurring disorder treatment  
Lee County Emergency Management – emergency medical  
Health Planning Council - Ryan White, AICP Programs, - HIV/AIDS/AIDS support administrator  
Lee County AIDS Task Force – support for AIDS treatment  
Lee Memorial System and Gulf Coast Hospital services - hospital services  
Helplink – medical service hotline  
Kidslink – medical service hotline  
Lutheran Services - Oasis  
Ruth Cooper Center - Crisis and treatment units

#### ***AIDS related treatment in place***

Lee County DHS, HOPWA program  
Lee County Health Department – inoculations, support for primary care clinics, hospitals  
Family Health Centers - primary care clinics  
The Salvation Army – outpatient services, medical outreach to missions and other sites  
Veterans Administration (VA) Clinic – outpatient services, referrals to Veteran's Hospital, Tampa  
Southwest Florida Addiction Services (SWFAS) – substance abuse, HIV counseling and testing  
Lee County Emergency Management – emergency medical  
Health Planning Council - Ryan White, AICP Programs, - HIV/AIDS/AIDS support administrator  
Lee County AIDS Task Force – support for AIDS treatment  
Lee Memorial System and Gulf Coast Hospital services - hospital services  
Center for Light and Hope - pregnancy, HIV/AIDS testing  
Helplink – medical service hotline  
Kidslink – medical service hotline

#### ***Education in place***

Lee County DHS – case management, I.I.F.T program  
Lee County Health Department – assessment and referral  
Ruth Cooper Center (RCC) – mental illness  
The Salvation Army – GED and Basic Literacy classes  
Lee Co. Vet. Center- case management and referral  
Southwest Florida Addiction Services (SWFAS) – case mgt, substance abuse/ mental health counseling, life skills. Public school for adolescents in residential treatment  
Consumer Credit Counseling Service (CCCS) – budget counseling  
Lee County AIDS Task Force – case management  
Abuse, Counseling and Treatment (ACT) – case management /domestic violence  
The School District of Lee County - Social Worker for the Homeless - case management  
Lee Memorial System and Gulf Coast Hospital – Healthy Start and Early Intervention Program for years 0 -5.  
Family Health Center services – case management  
Lutheran Services  
Our Mother's Home  
Catholic Hispanic Social Services

#### ***Employment assistance in place***

DHS / Edison Community College Lec Education and Employment Program (LEE) – job training  
Disabled Veterans of America - employment  
Goodwill Industries of Southwest Florida, Inc - employment  
Florida Better Jobs / Better Wages Program – educational assistance  
Agency for Workforce Innovation – employment assistance  
Workforce Council of SW Florida – job training, job counseling  
High Tech Center- Fort Myers/Cape Coral locations – vocational training  
Women's Resource Center – self help, information and referral  
SWFAS Occupational Therapy Program  
Career and Service Center - WIA, Voc. Rehab.  
I.A.R.C  
Salvation Army - Employment courses, training, and placement

**Supportive Services Continued**

**Childcare in place**

Childcare of SW Florida - day care and case management  
Lee County DHS – case management, LIFT program  
Lee County Health Department – assessment and referral  
Ruth Cooper Center (RCC) – mental illness  
The Salvation Army – case management and counseling  
Lee Co. Vet. Center- case management and referral  
Southwest Florida Addiction Services (SWFAS) – case management, substance abuse and mental health counseling  
Consumer Credit Counseling Service (CCCS) – budget counseling  
Lee County AIDS Task Force – case management  
Abuse, Counseling and Treatment (ACT) – case management /domestic violence  
The School District of Lee County - Social Worker for the Homeless – case management  
Lee Memorial System and Gulf Coast Hospital – case management  
Family Health Center services – case management  
Hope House- case management  
Our Mother's Home– case management

**Transportation in place**

Lee County DHS – case management, LIFT program - transportation vouchers and assistance  
Lee County Health Department - transportation vouchers and assistance  
Lutheran Services- transportation vouchers and assistance  
Salvation Army- transportation vouchers and assistance  
Cafe of Life- transportation vouchers and assistance  
Veteran's Services- transportation vouchers and assistance  
Cape Coral Mini-Bus- transportation vouchers and assistance

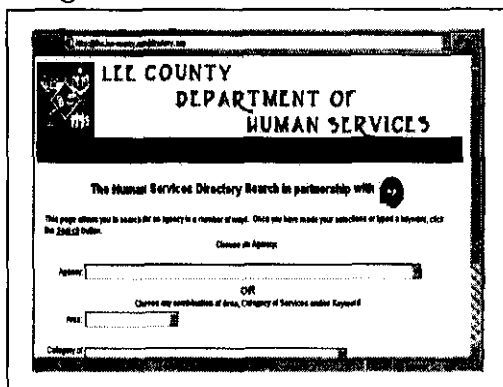
**Supportive Services planned:**

(2003 CoC SHP), SWFAS project renewal  
(2003 CoC SHP) AfterCare project renewal  
(2003 CoC SHP) LIFT project renewal  
(2003 CoC SHP) HMIS project renewal  
(2003 CoC SHP) Comprehensive Care project renewal

**How homeless persons access/receive Supportive Services:**

Homeless persons at pantries, on the streets and in camps are contacted by outreach workers and mobile units and receive assessment, referrals and some medical or counseling services on the spot. Homeless persons visit medical facilities for treatment. Police and sheriff's officers deliver homeless persons to service providers. Homeless persons seeking financial and other forms of basic assistance make their ways to the offices of government or other assistance agencies. Homeless persons in shelters and other supportive housing receive some services within the facility and are referred and/or transported to other services. When contact with service is made, coordinated service and treatment plans are worked out between providers and the homeless person. TANF and food stamp users receive benefits electronically by Electronic Benefit Transfer (EBT) cards. Eligibility is determined in the one-stop Career and Services Center and the cards are mailed to the recipient. Other Supportive Services are received in the field, at agency offices, at medical and treatment institutions and within supportive and permanent housing. Referrals utilize the Public internet database and will utilize the Lee Continuum HMIS.

**Figure E: Public Internet Site for Homeless Housing and Service Programs**



### 3f. Housing Activity

#### Format 6 Fundamental Components of the Lee County CoC - Housing Activity

| Fundamental Components in CoC System – Housing Activity Chart |                    |                    |                   |    |              |      |                        |      |
|---|--------------------|--------------------|-------------------|----|--------------|------|------------------------|------|
| Component: <b>Emergency Shelter</b>                           |                    |                    |                   |    |              |      |                        |      |
| Provider Name   | Facility Name      | Geo Code<br><br>□* | Target Population |    | Bed Capacity |      |                        |      |
|   |                    |                    |                   |    | Individuals  |      | Families with Children |      |
| Current Inventory   |                    |                    | A                 | B  | 02           | 2003 | 02                     | 2003 |
| Hope House  | Hope House         | 120966             | FC                | DV | 20           | 20   | 0                      | 0    |
| Lutheran Services (OASIS)                                     | OASIS              | 120402             | YMF               |    | 22           | 22   | 0                      | 0    |
| Ruth Cooper Center  | Ortiz Clinic       | 129071             | FC                |    | 8            | 0    |                        | 0    |
| SWFAS   | Drug Dependency Ct | 120966             | SMF               |    | 2            |      |                        | 0    |
| SWFAS   | Detox              | 120966             |                   |    | 17           | 15   |                        |      |
| Abuse Counseling & Treatment (ACT)                            | ACT Shelter        | 120402             | FC                | DV | 2            | 2    | 12                     | 22   |
| Vince Smith Center  | Vince Smith Center | 129071             | SMF               |    | 20           |      | (listed elsewhere)     |      |
| Ft Myers Rescue Mission                                       | Mission            | 129071             | SMF               |    | 40           | 40   |                        | 0    |
| The Salvation Army  | Red Shield Lodge   | 120966             | FC                |    | 97           | 97   | 40                     | 40   |
| Hanna House   | Hanna House        | 129071             | SM                |    |              | 6    |                        | 0    |
| <b>Subtotal</b>   |                    |                    |                   |    | 228          | 202  | 52                     | 62   |
| Under Development   |                    |                    |                   |    |              |      |                        |      |
| Salvation Army<br>Lee ESG Rehab                               | Red Shield Lodge   | 120966             | FC                |    |              |      |                        | 2    |
| <b>Subtotal</b>   |                    |                    |                   |    |              | 0    |                        | 2    |

SM = only single males

SF = only single females, 18 and over

SMF = only single males and females, 18 or over with no children

FC = families with children

YM = only unaccompanied young males under 18

YF = only unaccompanied young females under 18

YMF = unaccompanied young males and females under 18

O = others



Format 6 Fundamental Components of the Lee County CoC - Housing Activity Continued

| Component: Transitional Housing |                         |  |                   |    |                 |              |                        |           |           |
|---------------------------------|-------------------------|--|-------------------|----|-----------------|--------------|------------------------|-----------|-----------|
| Provider Name                   | Facility Name           | Geo Code<br><input type="checkbox"/> * | Target Population |    | Bed Capacity    |              |                        |           |           |
|                                 |                         |  | A                 | B  | Individuals     |              | Families with Children |           |           |
| Current Inventory               |                         |  |                   |    | 02              | 2003         | 02                     | 2003      |           |
| SWFAS                           | Drug Court              | 120966                                 | SMF               |    |                 | 0            |                        | 10        |           |
| SWFAS                           | Vince Smith Ctr         |  | SMF               |    |                 | 20           | 0                      | 2         |           |
| Ft Myers Rescue Mission         | Mission                 | 129071                                 | SM                |    | 40              | 40           | 20                     | 0         |           |
| The Salvation Army              | Edison Service Center   | 120966                                 | FC                |    | 6               | 10           | 8                      | 6         |           |
| Anne's Restoration              | Anne's Restoration      | 120966                                 | SM                |    | 12              | 12           |                        | 0         |           |
| Eagle Recovery                  | Eagle Recovery          | 129071                                 | SM                |    | 6               | 6            |                        | 0         |           |
| Garden Foundation               | Garden Foundation       | 120966                                 | SM                |    | 12              | 12           |                        | 0         |           |
| Hansen-Bays, Inc.               | Hansen-Bays, Inc.       | 120966                                 | SM                |    | 24              | 24           |                        | 0         |           |
| Harvest House                   | Harvest House           | 120402                                 | SF                |    | 4               | 4            |                        | 0         |           |
| Healthy Choice                  | Healthy Choice          | 120402                                 | SM                |    | 6               | 6            |                        | 0         |           |
| Longorio Camp                   | Longorio Camp           | 129071                                 | FC                |    |                 |              | 0                      | 0         |           |
| Our Mother's Home               | Our Mother's Home       | 120402<br>120966                       | SF                | DV |                 | 0            |                        | 8         |           |
| Regeneration House              | Regeneration House      | 120402<br>120966<br>129071             | SM                |    | 3               | 6            |                        | 0         |           |
| DATE                            | DATE (substance Abuse)  | 120966                                 | SM                |    | 15              | 9            | 6                      | 0         |           |
| Ruth Cooper Center              | Serenity House          | 120966                                 | SF                |    | 9               | 16           |                        | 0         |           |
| Ruth Cooper Center              | Respite                 | 129071                                 | FC                |    | 50              | 8            |                        | 0         |           |
| Sunset House                    | Sunset House            | 120966                                 | SM                |    | 5               |              |                        |           |           |
| SWFAS                           | Transitional Living Ctr | 120966                                 | SMF               |    | 25              | 25           |                        | 0         |           |
| Teen Challenge                  | Pine Manor Residence    | 120966                                 | YM                |    | 24              | 34           |                        | 0         |           |
| Tice House                      | Tice House              | 129071                                 | SM                |    | 6               | 7            |                        | 0         |           |
| Vince Rizzo Ministries          | Vince Rizzo Ministries  | 129071                                 | SM                |    | 16              | 0            |                        | 0         |           |
| Hanna House                     | Hanna House             | 129071                                 | SF                |    | 19              | 27           |                        | 0         |           |
|                                 |                         |  |                   |    | <b>Subtotal</b> | <b>282</b>   | <b>266</b>             | <b>34</b> | <b>26</b> |
| <b>Under Development</b>        |                         |  |                   |    |                 |              |                        |           |           |
| SWFAS TH                        | (renewal)               |  |                   |    |                 |              |                        |           |           |
|                                 |                         |  |                   |    | <b>Subtotal</b> | <b>0 new</b> |                        | <b>0</b>  |           |



**Section 4 Housing Gaps Analysis and Homeless Populations**

**Format 7 Lee Continuum of Care: Housing Gaps Analysis Chart**

|  | Current Inventory in 2003 | Under Development in 2003 | Unmet Need/ Gap |
|--|---------------------------|---------------------------|-----------------|
|--|---------------------------|---------------------------|-----------------|

**Individuals**

| Beds |                              | Current Inventory in 2003 | Under Development in 2003 | Unmet Need/ Gap |
|------|------------------------------|---------------------------|---------------------------|-----------------|
|      | Emergency Shelter            | 202                       | 0                         | 470             |
|      | Transitional Housing         | 266                       | 0                         | 223             |
|      | Permanent Supportive Housing | 157                       | 4                         | 247             |
|      | <b>Total</b>                 | <b>625</b>                | <b>4</b>                  | <b>940</b>      |

**Persons in Families With Children**

| Beds |                              | Current Inventory in 2003 | Under Development in 2003 | Unmet Need/ Gap |
|------|------------------------------|---------------------------|---------------------------|-----------------|
|      | Emergency Shelter            | 62                        | 2                         | 82              |
|      | Transitional Housing         | 26                        | 0                         | 132             |
|      | Permanent Supportive Housing | 20                        | 14                        | 12              |
|      | <b>Total</b>                 | <b>108</b>                | <b>16</b>                 | <b>226</b>      |

**Format 8: Continuum of Care: Homeless Population and Subpopulations Chart**

| <b>Part 1: Homeless Population</b>             | <b>Sheltered</b> |                     | <b>Unsheltered</b> | <b>Total</b> |
|--|------------------|---------------------|--------------------|--------------|
|  | <b>Emergency</b> | <b>Transitional</b> |                    |              |
| 1. Homeless Individual                         | 489 (S)          | 408 (S)             | 672 (S)            | 1569         |
| 2. Homeless Families with Children             | 52(S)            | 15 (S)              | 49 (S)             | 116          |
| 2a. Persons in Homeless Families with Children | 158 (S)          | 46 (S)              | 146 (S)            | 350          |
| <b>Total (lines 1 + 2a)</b>                    | <b>647</b>       | <b>454</b>          | <b>818</b>         | <b>1919</b>  |
| <b>Part 2: Homeless Subpopulations</b>         | <b>Sheltered</b> |                     | <b>Unsheltered</b> | <b>Total</b> |
| 1. Chronic Homelessness                        | 104              | (S)                 | 192                | (S) 396      |
| 2. Seriously Mentally Ill                      | 392+88=480       | (S)                 |                    |              |
| 3. Chronic Substance Abuse                     | 502+112=614      | (S)                 |                    |              |
| 4. Veterans                                    | 291+48=339       | (S)                 |                    |              |
| 5. Persons with HIV/AIDS                       | 47+11=58         | (S)                 |                    |              |
| 6. Victims of Domestic Violence                | 100+11=111       | (S)                 |                    |              |
| 7. Youth                                       | 215              | (S)                 |                    |              |

**Section 5. Methodology for Housing Gaps and Homeless Populations**

**5a. Housing Gaps Methodology**

**Determination of Current Inventory -2003**

On January 21, 2003 a telephone survey of all homeless provider agencies was completed. 102 separate agencies responded on initial or follow-up contact. No known provider was omitted. The existing beds were listed by the category of the responding facility. The homeless count was assessed as to the current location of the homeless and to the type of housing needed. The needs thus determined were arrayed against existing inventory and the shortages listed as Gaps.

**Determination of Housing Under Development in 2003**

Homeless housing is developed under numerous funding sources. For purposes of the Housing Gaps charts all sources supporting the Lee Continuum were reviewed. All SHP- funded projects were in implementation and thus were listed in the Current Inventory Section. CDBG/ HOME and ESG homeless housing projects are funded but not in implementation and thus show up in the Emergency Shelter and Permanent Housing - *Under Development* category.

*Figure F: Housing Gaps Methodology Data*

| Data Source  | Method   | Date of Data Collection | Street Count (Number) | Shelter Count (Number) |
|--|--|-------------------------|-----------------------|------------------------|
| <b>Housing Gaps Chart</b>  |  |                         |                       |                        |
| Lee County // Coalition Phone Bank Interview of Homeless Housing and Service Providers | <ul style="list-style-type: none"> <li>•Provider Staff phone interview</li> <li>•Trained phone teams</li> <li>•Point-in-time, unduplicated data</li> </ul> | 1/21/03                 | N.A.                  | N.A.                   |
| 2003 Homeless Census Blitz (See Figure G)  |  |                         |                       |                        |

**5b. Community definitions**

**Definition 1 Emergency Shelter**

... is defined as an immediate, safe, decent alternative to the street. No services need to be provided, just a safe place to sleep.

**Definition 2 Transitional Housing**

...is housing with supportive services to enable individuals to live more independently. Individuals are housed less than 24 months.

*(Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services—which help promote residential stability, increased skill level and/or income, and greater self-determination—may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.)*

**Definition 3 Permanent Supportive Housing**

...is stable, long-term housing with supportive services, services do not have to be provided by the housing provider, just available to client.

*(Permanent Housing for Persons with Disabilities is long-term housing for this population. It is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.)*

## **Section 5. Methodology for Housing Gaps and Homeless Populations**

### **5c. Homeless Population Chart - Methodology**

**Point in time inventory date:** January 15, 2002

#### **Homeless Populations Methodology -2003**

Continuum members and the Service subcommittee of the Lee County Homeless Coalition met in January of 2003 to assess previous homeless census and provider surveys. As in previous years, the use of a face-to-face, 24-hour survey was chosen to improve authenticity of the results, to bring public awareness to homelessness, and to make contact and provide supplies and service access to homeless persons. Numerous separate meetings were held to prepare materials and assignments for the Census and Providers' surveys and to train volunteer surveyors. The team leaders for the Blitz are service professionals who are known and trusted by many homeless persons and this allows for better access and better data than is available from the U.S Census or academic surveyors. A common *Census Blitz data intake form* was utilized and a common set of definitions for *homelessness* and all questionnaire terms was used by all surveyors. First name and date of birth were used as unique identifiers. 1037 unduplicated interviews were conducted in the Blitz in shelters, transitional housing, in camps, and on the streets and this number was augmented by an allowance for the hidden homeless to determine a Lee County homeless count of 1919 persons. The Barry University standard for homeless persons within the general population ( $.00404 \times Pop.$ ) was utilized with the official estimate for the county 2002 population to determine overall count.

**Estimates for homeless living on the streets.** At the outset it was acknowledged that any survey effort would miss some hidden and reluctant homeless persons. With knowledgeable guides, discussed above, the surveyors went to 92 sites, including 43 camps, and interviewed homeless persons and recorded their responses. The 2003 Census Blitz directly interviewed 664 individuals in the woods or on the street.

### **5d. Homeless Subpopulations Chart - Methodology**

#### **Homeless Subpopulations Methodology -2003**

To establish subpopulation need categories in the *Gaps Analysis*, provider inputs and homeless survey responses were as a check on the standard percentages from the regional and Florida homeless reference data utilized. A statewide standardization of homeless provider surveys is underway. By 2004, local homeless *Subpopulation and Supportive Service Need* figures will be supported by HMIS records.

Figure G Homeless Populations Tools and Methods

| Data Source   | Method   | Date of Data Collection | Street Count (Number) | Shelter Count (Number) |
|---|--|-------------------------|-----------------------|------------------------|
| <b>Homeless Population Chart</b>  |  |                         |                       |                        |
| Lee County Coalition Homeless Census Blitz Enumeration  | <ul style="list-style-type: none"> <li>•Lead Entity: Lee Co. Coalition</li> <li>•Trained volunteer survey teams</li> <li>•Individual contact and interview</li> <li>•Point-in-time, unduplicated data</li> </ul> | 1/16/03                 | 664                   | 373                    |
| Barry University Methodology, Statistical Estimate (to account for hidden homeless)   | Overall local homeless population established (brings total of 1919)   | N.A.                    |                       |                        |
| <b>Chronic Homeless Subpopulation Chart</b>   |  |                         |                       |                        |
| Census Blitz Enumeration<br>Barry University Methodology,   | Overall local homeless population established  | 1/16/03                 |                       |                        |
| Response to Survey Questions<br>-Longevity of Homelessness<br>-Disabilities   | Sample response extended to overall population in direct ratio   | 1/16/03                 |                       |                        |
| <b>Other Subpopulations Chart</b>   |  |                         |                       |                        |
| Census Blitz Enumeration<br>Barry University Methodology,   | Overall local homeless population established  | 1/16/03                 |                       |                        |
| Professional Estimates for Homeless Subpopulations:<br>Nat'l Res. Ctr Homeless/Mental Ill.<br>Nat'l Homeless Coalition<br>Urban Institute | Professional incidence estimates applied to homeless population  | N.A.                    |                       |                        |

**5e. Community Plans for annual update of Housing Component data**

The Housing Component inventory is verified in the annual Provider's Survey. This survey is conducted under the leadership of Services Subcommittee of the Lee County Homeless Coalition. It is timed to occur in close proximity to the Homeless Census Blitz. All known homeless provider agencies are contacted annually and provider lists are updated for additions and deletions. Provider Survey data is analyzed against the housing needs reported in the Census Blitz enumeration to keep ahead of gaps and redundancies.

**5f. Community Process for annual point-in-time counts**

The Lee Continuum is committed to the use of annual face-to-face, 24-hour surveys conducted at homeless facilities and in the streets and camps until such time as the Lee HMIS can accurately reflect Gaps and Inventories. The face-to-face survey has been utilized for many years and was chosen to improve authenticity of the results, to bring public awareness to homelessness, and to make contact and provide supplies and service access to homeless persons. The team leaders for the Blitz are service professionals who are known and trusted by many homeless persons and this allows for better access and better data than is available from the U.S Census or academic surveyors. A common Census Blitz survey form is used which inputs to computer and Internet databases both locally and at the state level Raw count numbers are extrapolated by professional estimates to determine overall counts which reflect hidden and unsurveyed homeless persons.

## **Section 6 Homeless Management Information System (HMIS)**

### **6a. Lee County Homeless Management Information System Strategy and Progress**

The Lee County Homeless Continuum of Care team has conducted a phased implementation of a central, internet-based, Homeless Management Information System (HMIS). The Continuum will implement the HMIS system throughout 2002 and 2003 and have the system in place for report and data extraction in 2004. *Service Point Information System* (the Lee Continuum HMIS) will coordinate with the local public access website for Information and Referral database at: <http://dhs.lee-county.com/directory.asp>

Phase 1 (Strategy.) The Strategy Phase is complete. Continuum technology needs and opportunities were surveyed. Competing Vendors were researched and interviewed. Continuum agencies researched and clarified legal and regulatory requirements. The Continuum held workshops and completed HMIS System policies and inter-agency protocols for sharing data.

Phases 2 (Central System Installation)//Phase 3 (Training). These phases are also nearly complete. Continuum agencies purchased the Internet based "*ServicePoint*" System of Bowman Industries. (See *Figure I*) Five major Continuum agencies, which supply the majority of homeless beds in the Lee Continuum, will be the early implementers of the system. Two dedicated HMIS server units were purchased with a State Office on Homelessness award. The Core HMIS agencies have been trained on the live installed system and will begin entering data by August 2003 after a vendor system upgrade. A dedicated HMIS Project for system administration and agency hardware is being submitted with the 2003 CoC application.

Phase 4 (System Implementation and Evaluation). This phase will begin in August of 2003. Core HMIS agencies will make use of the modules, data elements and reporting mechanisms of centralized system (See *Figure G*) to improve daily service to homeless persons. In 2004, a second group of Continuum agencies will be recruited for the system. Agency utilization of the system will be phased in as a local requirement for access to local, state and federal funding programs. The desired final outcome for the Lee HMIS is that Continuum clients will receive the benefits of coordinated service and that agencies will receive benefits of timely and authentic data for planning, implementation, and administration

### **6.b Lee County Homeless Management Information System Status**

- The CoC has not yet considered implementing a HMIS
- The CoC has been meeting and is considered implementing a HMIS
- The CoC has decided to implement a HMIS and is selecting needed software and hardware
- The CoC has implemented a continuum-wide HMIS
- The CoC is seeking to update or change its current HMIS
- The CoC is seeking to expand the coverage of the current system

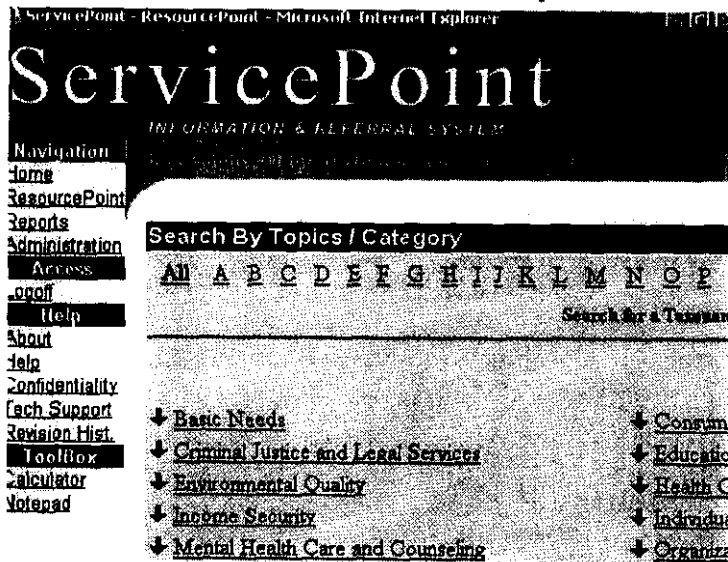
### **6.c Gaps Analysis Inventory in Existing HMIS**

*(Not Applicable. The Lee County HMIS has not been fully implemented)*

Figure H - Lee County HMIS Components

1. **Client Tracking** - Unduplicated counts and to avoid duplication of service
2. **Reporting** - Progress reports including the HUD Annual Performance Report
3. **Information and Referral** - Access to near real-time service and housing resources
4. **Internal Case Management** - Daily use for Agency internal administration
5. **Coordinated Case Management** - Multi-agency coordination of service

Figure I Lee County HMIS Vendor System





**7. Priorities**

**7a. Project Priorities**

*Format 11 Project Priorities Chart*

| Applicant                      | Project Sponsor/<br>Project Name                     | Numeric<br>Priority | Requested<br>Project<br>Amount | Term<br>Of<br>Project | Program    |              |            |              |            |
|--------------------------------|--|---------------------|--------------------------------|-----------------------|------------|--------------|------------|--------------|------------|
|                                |  |                     |                                |                       | SHP<br>new | SHP<br>renew | S+C<br>new | S+C<br>renew | SRO<br>new |
| Lee<br>County<br>DHS           | Fresh Start II Ph. 2<br>SWFAS<br>New                 | 1                   | \$386,000                      | 3                     | ✓          |              |            |              |            |
| Lee<br>County<br>DHS           | Fresh Start<br>SWFAS<br>Renewal                      | 2                   | \$100,091                      | 1                     |            | ✓            |            |              |            |
| Lee<br>County<br>DHS           | Aftercare Program<br>The Salvation<br>Army - Renewal | 3                   | \$222,069                      | 1                     |            | ✓            |            |              |            |
| Lee<br>County<br>DHS           | LIFT Program<br>DHS<br>Renewal                       | 4                   | \$119,722                      | 1                     |            | ✓            |            |              |            |
| Lee<br>County<br>DHS           | HMIS Project<br>Lee Continuum<br>New                 | 5                   | \$180,510                      | 1                     | ✓          |              |            |              |            |
| Lee<br>County<br>DHS           | Comprehensive<br>Care Salvation<br>Army - Renewal    | 6                   | \$1,064,138                    | 1                     |            | ✓            |            |              |            |
| <i>Total Requested Amount:</i> |  |                     | \$2,072,530                    |                       |            |              |            |              |            |

## **7. Priorities**

### **7b. Evaluation of Renewing Projects**

*The Lead Agency and the Citizen Prioritization Committee review renewal projects for satisfactory performance and effectiveness...*

#### **SWFAS Transitional Housing Renewal**

**(1) Satisfactory Performance** - (Project makes satisfactory contribution to achievement of Continuum Goals 4,5,9<sup>1</sup>)

The project made satisfactory contribution by serving 63 singles and maintaining leveraged funds.

**(2) Effectiveness at addressing stated Need** - (Project equals or exceeds APR goals)

The project met goals. Residential Stability: Goal 50%/Actual 49%, Increased Skills: Goal 90%/Actual 100%, Greater Self Determination: Goal 70%/Actual 100%

#### **Salvation Army Aftercare Program - Renewal**

**(1) Satisfactory Performance** - (Project makes satisfactory contribution to achievement of Continuum Goals 4,5,9<sup>1</sup>)

The project made satisfactory contribution by serving 112 singles and 32 families and maintaining leveraged funds.

**(2) Effectiveness at addressing stated Need** - (Project equals or exceeds APR goals)

The project exceeded all goals. Residential Stability: Goal 50%/Actual 92%, Increased Income: Goal 50%/Actual 86%, Greater Self Determination: Goal 50%/Actual 86%

#### **DHS LIFT Program - Renewal**

**(1) Satisfactory Performance** - (Project makes satisfactory contribution to achievement of Continuum Goals 4,5,9<sup>1</sup>)

The project made satisfactory contribution by serving 29 singles and 38 families and maintaining leveraged funds.

**(2) Effectiveness at addressing stated Need** - (Project equals or exceeds APR goals)

The project exceeded goals. Residential Stability: Goal 65%/Actual 70%, Increased Skills: Goal 70%/Actual 73%, Greater Self Determination: Goal 65%/Actual 71%

#### **Salvation Army Comprehensive Care Program - Renewal**

**(1) Satisfactory Performance** - (Project makes satisfactory contribution to achievement of Continuum Goals 4,5,9<sup>1</sup>)

The project made satisfactory contribution by serving 394 singles and 59 families and maintaining leveraged funds.

**(2) Effectiveness at addressing stated Need** - (Project equals or exceeds APR goals)

The project exceeded goals. Residential Stability: Goal 50%/Actual 71%, Increased Skills: Goal 50%/Actual 55%, Greater Self Determination: Goal 50%/Actual 80%

<sup>1</sup> Goal CH/OH4: Homeless agencies access additional resources

Goal CH5 Chronically Homeless receive coordinated supportive services and housing

Goal OH9: Other Homeless receive coordinated supportive services and housing

## **7. Priorities**

### **7.c. Gaps filled by 2003 Projects**

#### **SWFAS Fresh Start II Phase 2 Permanent Housing -New SHP project**

This project helps fill the following Gaps:

Individual Permanent Supportive Housing - 6 beds for disabled (chronic) homeless persons for 3 years

Case Management for *SMI* population - 6 disabled (chronic) homeless persons per year

Life Skills for *SMI* population - 6 disabled (chronic) homeless persons per year

Substance Abuse counseling for *SA* population - 6 disabled (chronic) homeless persons per year

The project helps to close the high priority permanent housing need for 6 (chronic) homeless persons and provides high priority mental illness treatment services

#### **SWFAS Transitional Housing Renewal<sup>1</sup>**

This project helps fill the following Gaps:

Individual Transitional Supportive Housing - 33 beds for Substance Abuse (Chronic) homeless persons

Individual Case Management for 160 Substance Abuse (Chronic) homeless persons

Individual Mental Health counseling for 160 Substance Abuse (Chronic) homeless persons

Individual Substance Abuse counseling for 160 Substance Abuse (Chronic) homeless persons

The existing project meets the high priority transitional housing need for 160 Substance Abuse (Chronic) homeless persons and provides high priority mental illness and substance abuse treatment.

#### **Salvation Army Aftercare Program - Renewal<sup>1</sup>**

This project helps close the following Gaps:

Individual/Family Case Management - for 62 Disabled (Chronic) homeless persons in all subpopulations

Individual/Family Job Training, Substance Abuse Services, Life Skill Services - for 62

Individual/Family Medical Services - for 62

The existing project meets high priority mental illness, substance abuse and housing placement services for high priority mental illness and substance abuse populations.

#### **DHS LIFT Program - Renewal<sup>1</sup>**

This project helps close the following Gaps:

Family Case Management for 2 (Chronic)/57 other homeless persons all subpopulations

Individual Case Management for 3 (Chronic)/22 other homeless persons all subpopulations

Employment Support through transportation assistance for or 84 homeless persons in all subpopulations

Housing through counseling and start up costs 84 homeless persons in all subpopulations

The existing project provides housing placement for high priority mental illness/substance abuse populations.

#### **HMIS Program - New Dedicated HMIS Project**

This project helps close the following Gaps:

Emergency shelter, transitional housing, permanent housing

Chronic Homelessness

Mentally Ill, Substance Abuse, Veterans, HIV/AIDS, Domestic Violence, and Youth subpopulations.

The project provides for coordinated, efficient, effective delivery of housing and supportive services through: 1)

Unduplicated service, 2) Accurate reporting for planning, 3) Near real-time I&R, 4) Effective Case

Management, 5) Multi-agency coordinated Case Management

#### **Salvation Army Comprehensive Care Program - Renewal<sup>1</sup>**

This project helps close the following Gaps:

Individual/Family Case Management for 270 Disabled (Chronic) homeless persons and 106 other homeless adults and children in *Substance Abuse, Mental Illness and most other* subpopulations.

Individual/Family Job Training, Substance Abuse Services, Life Skill Services for 270 Disabled (Chronic) homeless persons and 106 other homeless adults and children

Individual/Family Medical Services for 270 Disabled (Chronic) homeless persons and 106 other homeless adults and children

The existing project serves high priority chronic homeless mental illness and substance abuse populations.

<sup>1</sup> These renewal projects represent the bulk of Homelessness activity in Lee County. Failure to renew core projects would immediately increase street homelessness.

**7. Priorities**

**7d. 2003 Lee County Continuum Project Selection and Prioritization Process**

**(1) Open Project Solicitation**

Projects are solicited in the community through public notice in the media and at workshops and events (see *Figure B*) during the year. Citizens and agencies were alerted to the upcoming NOFA at an April 17 Public Hearing. The Continuum of Care and SuperNOFA were forwarded to all Lee and regional providers upon announcement. Agencies received additional notice at Lee and Regional Coalition meetings. Nonprofit organizations and faith-based organizations compete on equal footing in the ranking process. Only one of this year's six projects is an internal program of a local government.

**(2) Objective Rating and Unbiased Selection Committee**

To carry out a fair and equal prioritization of the applicant projects, a Prioritization Subcommittee was solicited from residents of Lee County. Committee members were selected to insure impartiality, experience, and diverse viewpoints. No member can have ties to any project sponsor. On May 28, 2003 committee members received a briefing packet containing information on all projects, HUD 2003 NOFA information, a copy of the 2002 award, and the project ranking score sheet with descriptions of scoring element. The Continuum planning team compiled a ranking score sheet which reflected qualities and priorities derived from project implementation experience along with the 200s gaps analysis. Each Prioritization Committee member was delivered a packet of the project proposals to review along with extensive information on the existing Continuum of Care, the Gaps Analysis, and the results of previous years applications and project funding. All members were given a Ranking Score sheet with five parameters with corresponding point values. The parameters are displayed below.

**(3) Voting process**

At the June 3rd ranking meeting, the committee chairperson explained the importance of prioritized community needs and the value of renewal projects. Each project Sponsor gave a brief presentation. In the initial ranking process, the project score sheet was completed by each committee member. This resulted in a raw point score for each project by each reviewer. The raw point scores were converted to a 1st choice through 6th choice ranking for each reviewer. The average of these place rankings for each project resulted in a project rating. The highest possible rating was "1" (resulting from all reviewers rating a project as 1st choice). These ratings were recorded for each project resulting in the Project Priority List in HUD *Format 11*.

**(4) Complaints. None Received**

**Figure J: Project Ranking From Reviewers Score sheet**

| Sponsor                | Type of Project | Must pass 2 Threshold tests: (Indicate OK / Not OK) |                            | 1st Position Perm Hsg Bonus | Renewal Bonus | Experience Points | Value to CoC Points | Leverage Points | Total Score |
|------------------------|-----------------|---|----------------------------|-----------------------------|---------------|-------------------|---------------------|-----------------|-------------|
| (Fill in Sponsor Name) |                 | Sponsor has Capacity                                | Project helps fill CoC Gap |                             |               |                   |                     |                 |             |

**Section 8 Supplemental Resources**

**8a. Project Leveraging**

*Format 12: Continuum of Care: Project Leveraging Chart*

| <b>Project Priority</b> | <b>Name of Project</b>     | <b>Type of Contribution</b>                            | <b>Source or Provider</b>               | <b>Value of Written Commitment</b> |
|-------------------------|----------------------------|--|---|------------------------------------|
| <b>1</b>                | SWFAS Fresh Start II, Ph.2 | Match  | Provider Funds                          | \$290,000                          |
|                         |                            | Rehabilitation & Construction Funds                    | State Housing Initiative Program        | \$238,000                          |
|                         |                            | Acquisition Funds                                      | CDBG                                    | \$33,000                           |
|                         |                            | Rehabilitation & Construction Funds                    | State Housing Initiative Program        | \$238,000                          |
| <b>2</b>                | SWFAS Trans. Hsg           | TANF Treatment Funding                                 | Dept. of Children & Families            | \$150,178                          |
|                         |                            | Substance Abuse Block Grant Treatment Funding          | Dept. of Children & Families            | \$267,163                          |
|                         |                            | County Treatment Funding                               | Lee County Department of Human Services | \$199,557                          |
| <b>4</b>                | LIFT                       | In-kind Staff Support Salaries                         | BoCC                                    | \$5,000                            |
|                         |                            | Building Space, maintenance, utilities & telephone/fax | BoCC                                    | \$10,000                           |
|                         |                            | Program expenses (copying, postage, office supplies)   | BoCC                                    | \$2,000                            |
|                         |                            | Child Care   | BoCC                                    | \$7,500                            |
|                         |                            | Utility Assistance                                     | LIHEAP/Care to Share                    | \$7,500                            |
|                         |                            | Rent & Utilities                                       | HOPWA                                   | \$2,500                            |
|                         |                            | Job Training/Related Expenses                          | CSBG                                    | \$2,500                            |
|                         |                            | Emergency Services                                     | BoCC                                    | \$20,000                           |
|                         |                            | Transportation (vehicle & mileage)                     | BoCC                                    | \$6,000                            |
|                         |                            | Cash Match   | BoCC                                    | \$28,505                           |
|                         |                            | Emergency Services                                     | Churches                                | \$5,000                            |
|                         |                            | Homeless Prevention Activities                         | Emergency Shelter Grant (ESG)           | \$22,500                           |
|                         |                            | Homeless Prevention Activities                         | BoCC                                    | \$22,500                           |

**Format 12: Continuum of Care: Project Leveraging Chart Continued**

| <b>Project Priority</b>       | <b>Name of Project</b> | <b>Type of Contribution</b>                                   | <b>Source or Provider</b>        | <b>Value of Written Commitment</b> |
|-------------------------------|------------------------|---|----------------------------------|------------------------------------|
| <b>6</b>                      | Comprehensive Care     | Shelter   | The Salvation Army               | \$668,444                          |
|                               |                        | In-Kind Treatment and Medical Services                        | Volunteers                       | \$152,154                          |
|                               |                        | Medications for Clients                                       | Lee County Health Department     | \$25,290                           |
|                               |                        | Crossroads Budget   | The Salvation Army               | \$633,792                          |
|                               |                        | Interim Care Clinic Budget                                    | The Salvation Army               | \$106,212                          |
|                               |                        | State Non-Secure Program                                      | Department of Corrections        | \$621,170                          |
|                               |                        | SHP CCP Support Budget  | The Salvation Army               | \$268,249                          |
| <b>3</b>                      | AfterCare Program      | Shelter (Transitional Housing – Harbor, Garrett, Light House) | The Salvation Army               | \$45,979                           |
|                               |                        | Property (Light House)  | The Salvation Army               | \$ 71,000                          |
|                               |                        | Furniture & Fixtures  | The Salvation Army               | \$15,000                           |
|                               |                        | Residential Assistant Rent                                    | The Salvation Army               | \$6,000                            |
|                               |                        | Housing Assistance  | LIFT                             | \$10,000                           |
|                               |                        | Mental Health Medications                                     | In-Kind Donations                | \$8,640                            |
|                               |                        | Relapse Prevention Counseling                                 | In-Kind Sponsors                 | \$7,800                            |
|                               |                        | Annual Dental Visits  | The Salvation Army Dental Clinic | \$3,000                            |
|                               |                        | GED Training  | The Salvation Army               | \$22,500                           |
| SHP CAP Support Budget        | The Salvation Army     | \$41,027  |                                  |                                    |
| <b>5</b>                      | HMIS                   | Cash Match  | Lee County BOCC                  | \$24,941                           |
|                               |                        | Cash Match  | Salvation Army                   | \$17,639                           |
|                               |                        | Cash Match  | Homeless Coalition               | \$5,000                            |
|                               |                        | In Kind Hardware  | Salvation Army                   | \$85,982                           |
|                               |                        | In Kind Hardware  | Lee County BOCC                  | \$6,334                            |
|                               |                        | In Kind Salary  | Salvation Army                   | \$92,205                           |
|                               |                        | In Kind I and R Service                                       | United Way                       | \$109,000                          |
|                               |                        | In Kind Training  | United Way                       | \$2,500                            |
| In Kind Software and Training | Lee County             | \$14,612  |                                  |                                    |
|                               |                        |   | Total                            | <b>\$4,621,873</b>                 |

## **Section 8 Supplemental Resources**

### **8b. Enrollment and Participation in Mainstream Programs**

#### **Mainstream Programs and Resources for Homelessness, Lee County Summary.**

The Continuum has signed Memoranda of Agreement with state Department of Children and Families and the regional Workforce Development Board 2003. These are the administrators for Medicaid, SCHIP, TANF, Food Stamps, and Workforce Investment Act and they will record and report homeless clients encountered at intake. This is a major step in maximizing integration with these resources.

The Lee County Homeless Continuum strategy recognizes that the elimination of chronic homelessness, and in the longer run the elimination of all aspects of homelessness, can only be achieved with maximum utilization of Mainstream Programs and Resources. In a recent year, grant funding to the entire state of Florida from all HUD programs totaled approximately \$214 million dollars compared to \$7 billion dollars from HHS and other federal departments.

#### **(1) Continuum -wide Strategy to identify persons eligible for Mainstream Programs.**

As noted previously, the Lee Continuum has completed Memoranda of Agreement with state Department of Children and Families (DCF) and the Workforce agency to monitor homeless persons from encounter at intake. Homeless case managers at DHS, Salvation Army, SWFAS, Ruth Cooper Center, and other provider agencies (noted at *Format 5*) determine *Mainstream Eligibility* during outreach at clinics, soup kitchens and camps and during public events such as the Candlelight Vigil, Veteran's Stand down, and Census Blitz. In addition, these staffs identify eligible persons at their own facilities during intake and referral. Eligibility Assessment for all of the Mainstream resources is covered under the Lee County *Chronic Homelessness Protocol* and is embodied in the Lee HMIS.

#### **(2) Continuum -wide Strategy to enroll homeless in Mainstream Programs**

Continuum case managers benefit from an integrated single application process for *Medicaid, Medicaid funded Healthy Kids, TANF, and Food Stamps* through the state *Department of Children and Families* (DCF). Lead Agency homeless case managers are co-located with DCF program staff at the central one-stop facility for these programs, which provides for close integration. Similarly, the lead agency director sits on the *Workforce Development Council* that administers Workforce Investment programs. Thus mainstream workforce program opportunities are regularly updated to homeless agencies. Social Security, Unemployment and Veterans' programs and requirements are also closely monitored by all continuum case managers. Case managers prepare and direct clients to Mainstream Program enrollment facilities and provide transportation when necessary. Case managers obtain Information and Referral data on the Human Service Directory public website and the initial HMIS agencies will enter and monitor *Mainstream Enrollment* information in the Lee Continuum HMIS beginning August 2003.

#### **(3) Continuum Strategy to secure and maintain benefits for homeless persons**

Case managers currently use agency internal computer systems to monitor client benefit status at selected mileposts within the client case plan period. This process will become much more comprehensive with the implementation of the intake monitoring by the Mainstream Program staff under the Memoranda of Agreement. The process will also become much more efficient and comprehensive as the mainstream enrollment databases build in the Lee HMIS system. A sample of the Continuum Mainstream Protocol follows in Figure K.

**Figure K: Sample Procedure -Access to Mainstream Programs and Resources<sup>1</sup>**

|  |
|--|
| <p><b>Identification Procedure.</b> During the initial meeting with a client a checklist is completed to determine need and <i>qualify the participant for mainstream resources</i>. The initial meeting may have come about through outreach, client appearance at the facility, through referral from a Continuum agency, or through initial contact at Mainstream Program offices. Where intake to a Continuum provider agency is involved, a case manager is assigned. At this time, official documents are obtained that are necessary to access gainful employment, housing, and child care. During this process unresolved legal issues are often discovered. This requires intensive intervention and collaboration with Legal Aid or the local court systems. Case managers make appointments, arrange transportation and often accompany the participants into the community to obtain the necessary documents. An initial case plan is then developed with individualized goals and objectives. The initial case plan is reviewed and revised as needed with a formal case plan completed within 30 days of admission. Case plan objectives and participant’s progress are reviewed by an interdisciplinary team, on a monthly basis.</p> |
| <p><b>Enrollment Procedure</b> The Case Manager assists in enrolling clients in a broad range of programs including the primary <i>Mainstream Programs of Medicaid, KidCare, TANF, Food Stamps, SSI, Workforce, Veteran's Health</i>. Transportation is provided to these mainstream and localized resources. Client benefit programs for over 350 agencies are accessed through <a href="https://dhs.lee-county.com/directory.asp">https://dhs.lee-county.com/directory.asp</a>. Homeless Management Information database is available through <a href="https://dhs.lee-county.com/Servicepoint">https://dhs.lee-county.com/Servicepoint</a> to licensed users.</p>   |
| <p><b>Procedure to Monitor Mainstream Benefits.</b> A preliminary timetable for cash and service benefits is established along with initial eligibility review at intake assessment. Upon enrollment in Medicaid, KidCare, TANF Food Stamps, SSI, Workforce, Veteran's Health and other Mainstream resources, a comprehensive benefit budget and timetable is completed by the case manager and client. The budget and timetable are entered in computer and HMIS databases. A computer- based tickler procedure will bring up reminders at preset dates, (usually 30,60,90 days and the projected benefit expiry date) which will occasion case manager contact with the client to verify the cash payment of service status of Mainstream assistance. Where initial payments or services are not received, or when payments or services are discontinued for any reason, the case manager, in consultation with the client will contact the Mainstream program to make arrangements to resume benefits. Where benefits have expired under program rules, case managers will consult with clients on need status and renew the eligibility- enrollment- monitoring process where appropriate.</p>   |

<sup>1</sup>(The *Chronic Homelessness Protocol* in development is refining this protocol and integrating it with the HMIS User Process.)

**8c. Participation in Mainstream Programs and Employment**

**Format 13: Mainstream Programs and Employment**

| 1<br>Income Source        | 2<br>Adults Who Exited (All Renewals) | 3<br>Source of Income at Entry | 4<br>% w/ Income at Entry (Col 3÷Col 2) | 5<br>Source of Income at Exit | 6<br>% w/ Income at Exit (Col 5÷Col 2) | 7<br>Entry/Exit Difference (Col 6 – Col 4) |
|---------------------------|---------------------------------------|--------------------------------|---|-------------------------------|--|--|
| a. SSI                    | 478                                   | 2                              | 0.42%                                   | 19                            | 3.97%                                  | 3.56%                                      |
| c. TANF                   | 478                                   | 19                             | 3.97%                                   | 13                            | 2.72%                                  | -1.26%                                     |
| h. Employment Income      | 478                                   | 116                            | 24.27%                                  | 237                           | 49.58%                                 | 25.31%                                     |
| k. Medicaid               | 478                                   | 13                             | 2.72%                                   | 19                            | 3.97%                                  | 1.26%                                      |
| l. Food Stamps            | 478                                   | 6                              | 1.26%                                   | 18                            | 3.77%                                  | 2.51%                                      |
| n. No Financial Resources | 478                                   | 316                            | 66.11%                                  | 179                           | 37.45%                                 | -28.66%                                    |



## Section 8 Supplemental Resources

### 8d. Use of Other Mainstream Resources

#### Format 14: Use of Other Mainstream Resources -2003

| Mainstream Resources                         | Use of Resource in CoC System for Homeless Persons   | Specific Project Name  | \$ Amount (or) Number of unit/beds provided within the last 2 years for the homeless  |
|--|--|--|---|
| <b>2002</b>                                  |  |  |   |
| <b>CDBG</b><br><i>(Local entitlements)</i>   | <ul style="list-style-type: none"> <li>•Homeless access affordable CDBG units</li> <li>•Homeless access affordable CDBG units</li> <li>•Homeless portion supportive service funding</li> </ul> | <ul style="list-style-type: none"> <li>•Fort Myers-Velasco</li> <li>•Cape Coral Hsg Dev.)</li> <li>•Pub. Services (Cape Coral)</li> <li>SWFAS</li> <li>Lee Homeless Coalition</li> <li>Cape Coral Caring Ctr</li> <li>Abuse Counseling Shelter</li> <li>Lutheran Services</li> <li>Special Populations Bldg.</li> <li>Childcare SW FL</li> </ul> | <ul style="list-style-type: none"> <li>•\$50,000/2 yr funds for 2 units/2 yr<br/><i>Fort Myers CDBG</i></li> <li>•\$25,000/2 yr funds for 1 units/2 yr<br/><i>Cape Coral CDBG</i></li> <li>•\$50,000/2 yr funding<br/><i>Cape Coral CDBG</i></li> </ul> |
| <b>CDBG</b>                                  | Rehab of rental units  | SWFAS Fresh Start II   | \$50,000  |
| <b>HOME</b><br><i>(Lee Co. entitlements)</i> | <ul style="list-style-type: none"> <li>•HOME funds reserved for Supportive Housing for disabled. Homeless</li> <li>•Homeless access affordable units (c/o LIFT)</li> </ul>                     | <ul style="list-style-type: none"> <li>•Sans Souci Project (Lee)</li> <li>•Private residence</li> </ul>  | <ul style="list-style-type: none"> <li>•\$200,000/ 2yr, funding for (6 beds)<br/><i>Lee County HOME</i></li> <li>•\$25,000/2 yr, funds for 1 units/2 yr<br/><i>Lee HOME Afford Housing Revolv. Fd</i></li> </ul>  |
| <b>Housing Choice Vouchers</b>               | •Mainstream Voucher  | •Private (Sect 8) apartments   | •\$28,000/2 yr, funds for 2 units/2 yr<br><i>Lee County Housing Authority</i>   |
| <b>Public Housing</b>                        | • Homeless Public Housing  | <ul style="list-style-type: none"> <li>•Private (Sect 8) apartments</li> <li>•Pine Echo I</li> <li>•Michigan Court</li> </ul>  | <ul style="list-style-type: none"> <li>•\$42,000/2 yr, funds for 3 units/2 yr</li> <li>•<i>Fort Myers CRA - Voucher</i></li> <li>•<i>Lee County Housing Authority - 1 unit</i></li> <li>•<i>Fort Myers Housing Authority- 1 unit</i></li> </ul>         |
| <b>Mental Health Block Grant</b>             | •Federal MH Block Grant funding in Florida (ADM) contracts with Lee Providers - Homeless portion<br>Medical services, psychotropic medications and residential treatment                       | <ul style="list-style-type: none"> <li>•Transitional Living Campus (\$43,843)</li> <li>•Ortiz Clinic + Mobile Team</li> <li>•Edison Service Center</li> </ul>  | <ul style="list-style-type: none"> <li>•\$500,000/2yr funding</li> <li>•SWFAS</li> <li>•Ruth Cooper Center</li> <li>•Salvation Army<br/><i>(exclusive of amounts in Format 7a)</i></li> </ul>   |
| <b>Substance Abuse Block Grant</b>           | •Federal SA Block Grant funding in Florida (ADM) contracts with Lee Providers - Homeless portion   | <ul style="list-style-type: none"> <li>•Transitional Living Campus</li> <li>•Ortiz Clinic + Mobile Team</li> <li>•Edison Service Center</li> </ul>   | <ul style="list-style-type: none"> <li>•\$500,000/2yr funding</li> <li>•SWFAS</li> <li>•Ruth Cooper Center</li> <li>•Salvation Army<br/><i>(exclusive of amounts in Format 7a)</i></li> </ul>   |
| <b>Social Services Block Grant</b>           | •Federal SSBG and set-aside TANF funding in Florida Depts of <i>Children and Families, Health, Juvenile Justice and Education.</i> (Primarily for child protection.) - Homeless portion        | <ul style="list-style-type: none"> <li>•Oasis Shelter</li> <li>•Edison Service Center</li> <li>•Lee Co. Clinics</li> </ul>   | <ul style="list-style-type: none"> <li>•\$60,000/2yr funding</li> <li>•Lutheran Services</li> <li>•Salvation Army (Blind Services)</li> <li>•Family Health Ctrs.</li> </ul>   |

Format 14: Use of Other Mainstream Resources -2003 Continued

| Mainstream Resources  | Use of Resource in CoC System for Homeless Persons   | Specific Project Name  | \$ Amount (or) Number of unit/beds provided within the last 2 years for the homeless   |
|---|--|--|--|
| Welfare to Work   | •Federal TANF and SSBG funding and related Workforce Investment Act funding for employment services and employment support services including childcare administered at the Fort Myers "Career and Services Center" - Homeless portion | •Workforce Florida Fort Myers "Career and Services Center"   | •\$450,000/2yr funding   |
| PATH (HHS)  | Homeless Outreach, mental health assessments, case management, therapy groups & supp. Housing  | SWFAS TLC  | \$93,584   |
| <b>State- Funded Programs</b>   |  |  |  |
| State Office on Homelessness (Florida Department of Children and Families)<br>Homeless Challenge Grant  | Case Mgt., Outreach Vans, Treatment supplies, HMIS hardware  | •LIFT Program -<br>•HMIS Project<br>•Homeless Medical Outreach<br>•Edison Service Center<br>•Homeless Youth Outreach<br>•Oasis Shelter | •\$227,098/1 yr, funding for<br>•DHS<br>•DHS<br>•Salvation Army<br>•Salvation Army<br>•Lutheran Services<br>•Lutheran Services |
| State Office on Homelessness<br>Homeless Housing Grant  | Homeless Assistance Grant – Kitchen & Bakery   | SWFAS TLC  | \$288,000  |
| State Office on Homelessness<br>District Homeless Grant in Aid  | Coalition Admin Supportive services  | •McGregor Office<br>•Florida Gulf Coast University,<br>•Edison Service Center  | •\$155,000/2yr., funding for<br>•Lee Homeless Coalition,<br>•SW FL Homeless Coalition,<br>•Salvation Army                      |
| State Office on Homelessness (Florida Department of Children and Families)<br>Homeless Grant in Aid   | Shelter  | Salv. Army Grant In Aid  | \$77,210<br>2,349 bed nights in two year period for homeless   |
| State Housing Initiatives Partnership Program (SHIP)<br>State Fee Revenue funding for affordable housing in entitlement communities- Homeless portion | Housing funds  | •Transitional Living Campus  | •\$176,000/2yr., funding for<br>•SWFAS center<br><br>(exclusive of funds in Format 7a)   |
| Emergency Financial Assistance for Housing Program EFAHP  | Financial Assist.  | •Edison Service Center   | •\$10,000 /1yr., funding for<br>•Salv. Army housing assistance   |
| State Domestic Abuse Program. Support for homeless victims of domestic abuse  | Service Funding  | •ACT Shelter<br>•Source of Light Shelter   | •\$100,000/2yr., funding for<br>•Abuse Counseling Therapy<br>•Source of Light and Hope   |
| Florida Education of Homeless Children and Youth  | Service Funding  | • School Board Homeless Social Worker  | •\$10,000 /1yr., funding for<br>•Lee School Board  |
| Department of Corrections<br>Dept. of Juvenile Justice<br>Homeless assistance   | Service Funding  |  | (Included in SSBG response above)  |

Format 14: Use of Other Mainstream Resources -2003 Continued

| Mainstream Resources  | Use of Resource in CoC System for Homeless Persons   | Specific Project Name  | \$ Amount (or) Number of unit/beds provided within the last 2 years  |
|---|--|--|--|
| <b>City/County Funded Programs (School Boards in responses above)</b>   |  |  |  |
| Lee County General Fund Partnership for Results Program Homeless Portion  | Service/Housing Funding for non profit agencies  | <ul style="list-style-type: none"> <li>•Edison Service Center</li> <li>•Transit. Living Campus</li> <li>•ACT Shelter</li> <li>• Scattered sites</li> </ul>   | •\$800,000 /2yr., funding Salv. Army SWFAS ACT AIDS Task Force   |
| Lee County General Fund Substance Abuse and Mental Health Services (State Match) Contracts - Homeless portion   | Treatment Funding  | <ul style="list-style-type: none"> <li>•Edison Service Center</li> <li>•Transit. Living Campus</li> </ul>  | •\$200,000 /2yr., funding for Salv. Army SWFAS   |
| <b>Private Programs</b>   |  |  |  |
| Service Clubs: Kiwanis, Lions, Rotary, Zonta, and others<br>Stores: Target Stores, K-Mart Stores and Galloway Ford fund Continuum providers through grants. Perkins, Albertson's, Bill Smith Appliance  | <ul style="list-style-type: none"> <li>• Supportive services</li> <li>• Basic assistance</li> </ul>  | <ul style="list-style-type: none"> <li>•Salvation Army</li> <li>•Lee Coalition</li> <li>•SWFAS</li> <li>•RCC</li> <li>•ACT</li> <li>•Oasis Shelter</li> <li>•CCC Soup Kitchen</li> </ul>   | <ul style="list-style-type: none"> <li>•(Est. \$200,000/2yr) funding for of eyeglasses, emergency food and other materials and services</li> <li>•(est. \$200,000/2yr) food and materials to providers/ public events</li> </ul> |
| Bonita Springs Assistance   | <ul style="list-style-type: none"> <li>• Supp. services</li> <li>• Basic assistance</li> </ul>   | Bonita Springs Center  | •(Est. \$100,000/2yr) eyeglasses, emergency food   |
| Lee Memorial Hospital   | Shelter  | Lee Memorial Hospital  | \$126,706.in two year period   |
| <b>Private/Faith-based</b>  |  |  |  |
| Hope House<br>Ft Myers Rescue Mission<br>Anne's Restoration<br>Eagle Recovery<br>Garden Foundation<br>Hansen-Bays<br>Harvest House<br>Healthy Choice<br>Our Mother's Home<br>Regeneration House<br>DATE<br>Sunset House<br>Teen Challenge<br>Tice House<br>Vince Rizzo Ministry<br>Hanna House<br>Buddy Frederick's | <ul style="list-style-type: none"> <li>• Shelter, transitional housing</li> <li>• Supportive services</li> <li>• Emergency assistance</li> </ul> | Hope House, <i>Olga</i><br>Ft Myers Rescue Mission, <i>Dunbar</i><br>Anne's Restoration, <i>No. Ft Myers</i><br>Eagle Recovery, <i>Ft Myers</i><br>Garden Foundation, <i>Dunbar</i><br>Hansen-Bays, <i>Pine Manor</i><br>Harvest House, <i>So. Ft Myers</i><br>Healthy Choice, <i>Ft Myers</i><br>Our Mother's Home, <i>So Ft Myers</i><br>Regeneration House, <i>Ft Myers</i><br>DATE, <i>Pine Manor</i><br>Sunset House, <i>Cape Coral</i><br>Tice House, <i>Tice</i><br>Vince Rizzo Ministry, <i>No. Ft Myers</i><br>Hanna House, <i>Ft Myers</i><br>Buddy Frederick's, <i>Ft Myers Beach</i> | • Est. \$4,500,000/2 yr. funding for 330 beds  |
| Salvation Army  | Rental /Other Assistance   | The Salvation Army Comprehensive Care Program (CCP)  | Rental Assistance 185 units<br>Fin/ food,/ medical 592 units   |
| <b>Foundations</b>  |  |  |  |
| United Way<br>Non-profit support - Homeless portion   | Support services Treatment   | <ul style="list-style-type: none"> <li>•Edison Service Center</li> <li>•Trans. Living Campus</li> <li>•Ortiz Clinic</li> <li>•ACT Shelter</li> <li>•Oasis Shelter</li> <li>•CCC Soup Kitchen</li> </ul>  | <ul style="list-style-type: none"> <li>•(Est. \$500,000/2 yr)</li> <li>•Salvation Army</li> <li>•SWFAS</li> <li>•Ruth Cooper Center</li> <li>•ACT</li> <li>•Luth. Svcs</li> <li>•Community Coop. Ministry</li> </ul>             |
| Southwest Florida Community Foundation<br>Non profit support - Homeless portion   | One-time grants for Capacity building Supportive services housing  | <ul style="list-style-type: none"> <li>• Edison Service Center</li> <li>•Lee Coalition Office</li> <li>•Trans. Living Campus</li> <li>•Ortiz Clinic</li> <li>• ACT Shelter</li> <li>•Oasis Shelter</li> </ul>  | <ul style="list-style-type: none"> <li>•(Est. \$200,000/2yr)</li> <li>•Salvation Army</li> <li>•Lee Coalition</li> <li>•SWFAS</li> <li>•RCC</li> <li>•ACT</li> <li>•Oasis Shelter</li> </ul>                                     |

Some beds are permanent housing for formerly homeless

**2003 HOMELESS CONTINUUM OF CARE • LEE COUNTY, FLORIDA**

**CERTIFICATIONS / FORMS**

24  
0002



STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CONSUMER'S CERTIFICATE OF EXEMPTION  
Issued Pursuant to Sales and Use Tax Law  
Chapter 212, Florida Statutes  
This Certificate is Non-Transferable

112871

|            |                 |                    |                      |
|------------|-----------------|--------------------|----------------------|
| ISSUE DATE | EXPIRATION DATE | CERTIFICATE NUMBER | TYPE OF ORGANIZATION |
| 08/14/95   | 08/14/2000      | 46-07-052104-53C   | COUNTY               |

It is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

Location Address:

LEE COUNTY BOARD OF COUNTY  
COMMISSIONERS  
P. O. BOX 398  
FT HYERS FL 33902-0398

2115 SECOND STREET  
FT HYERS FL 33901

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

*P. J. Fuchs*  
EXECUTIVE DIRECTOR

Internal Revenue Service  
District Director

Department of the Treasury

Date: SEP 29 1980

Employer Identification Number:  
59-1965829  
Accounting Period Ending:  
June 30  
Form 990 Required:  Yes  No

Southwest Florida Alcoholism Services, Inc.  
2653 Cleveland Avenue  
Fort Myers, Florida 33901

Person to Contact:  
T. Rogers  
Contact Telephone Number:  
904 791 2636

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, 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.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

275 Peachtree St., N.E., Atlanta, Ga. 30303

(over)

Letter 947(DO) (5-77)

Director

The Salvation Army  
130-130 West Fourteenth Street  
New York, New York 10011

Person to Contact:  
E. Davenport  
Telephone Number:  
(212) 264-1079  
Refer Reply to:  
EFD:7399  
Date: May 14, 1979

RECEIVED  
MAY 23 1979  
NATIONAL CHIEF SECRETARY

Comments:

Reference is made to your request for verification of the tax exempt status of your organization.

We are unable to furnish you with a copy of the original determination or ruling letter that was issued to your organization. However, our records indicate that exemption was granted as shown below.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that there has been no change in your organization's exempt status.

Sincerely yours,

*Charles H. Brennan*

District Director

Name of Organization: The Salvation Army

Date of Exemption Letters: October 10, 1955

Exemption granted pursuant to 1954 Code section 501(c) (3) or its predecessor Code section.

Foundation Classification (If Applicable): Public Foundation under Section 170(b)(1)(e)(1)

|                           |   |
|---------------------------|---|
| TAX IDENTIFICATION NUMBER | THE SALVATION ARMY<br>A GEORGIA CORPORATION<br>1424 N. E. EXPRESSWAY, N. E.<br>ATLANTA, GEORGIA 30329<br>INTERNAL REVENUE SERVICE |
| 590631403 Federal         | NO. 58-0660607  |
| Subst: 0600730826         |   |

# TAB EXHIBIT 2



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**PROJECT PRIORITY #1**  
**Southwest Florida Addiction Services, Inc. (SWFAS)**  
**Phase 2 of Fresh Start II**  
**Permanent Housing for Persons with Disabilities**

**SECTION A. Project Narrative**

**1. The Project Summary**

**a. Lead Agency: Lee County Department of Human Services**

Sponsor: Southwest Florida Addiction Services, Inc.

**b. Program Component.** This project will add seven units of permanent, supportive, housing, to the ten units being developed under Project Fresh Start II (a 2001 HUD SHP grant). Permanent, supportive, housing for homeless persons with substance abuse and mental health disorders completes the SWFAS continuum of care on its TLC campus. The SWFAS TLC continuum of care includes detoxification, residential treatment, partial hospitalization (day treatment), transitional living, aftercare, and permanent, supportive, housing for substance dependent and mentally ill homeless persons. Ancillary services on campus also include occupational therapy with a licensed Occupational Therapist and enhanced co-occurring disorder treatment with psychiatric evaluations and medical management supported by licensed and certified counseling. This proposal also asks for funds to purchase and rehabilitate real property to house display and sales area for the SWFAS TLC Cottage Industry Program, a vocational training program under the auspices of our occupational therapy program to provide work and training for persons whose medical management or legal backgrounds are a barrier to improving their skills and income. Rehabilitation of this building and the construction of a workshop/storage building on the same property will be performed with SWFAS funds. Operations funds for the housing portion of the project are also requested.

**c. SHP Request.** The total SHP request is \$368,000, with 100% relating to housing activities.

**d. Type of Housing.** Phase one of Fresh Start II includes one single family home and three duplexes with a total of 16 beds in 10 units. Phase two (this proposal) would add two single family homes and six one bedroom apartments. One of the single family homes would be rehabilitated to accommodate the Cottage Industry Program.

**e. Population Served.** The population to be served by this proposal is that of homeless persons with substance abuse and/or co-occurring mental health issues.

**f. Grant Term.** The proposed grant term is three (3) years.

**2. Homeless Population to be served**

**a. Characteristics & Need.** SWFAS will serve homeless persons with substance dependence and/or co-occurring mental health disorders. Lee County, Florida is one of the fastest growing areas in Florida and in the U.S. and has a critical shortage of affordable housing. The need for affordable permanent, supportive, housing is even more critical (see Attachment 1). SWFAS has been treating this population for over 20 years. It is our experience that in the absence of a continuum of care, including stable housing, only a small percentage of homeless substance dependent/mentally ill patients recover. With permanent, supportive, housing in a stable environment, following comprehensive treatment, relapse to substances and medication mismanagement can be significantly reduced or avoided entirely.

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**b. Sources of Clients.** The majority of the clients served will come from the streets or emergency shelters, then through the SWFAS TLC continuum of care, although qualifying individuals stabilized and referred by other agencies may also access the housing.

**c. Outreach.** The Lee County Continuum of Care includes an adequate homeless outreach component. The Salvation Army, Ruth Cooper Behavioral Health Center, Family Health Centers, Veterans Administration Clinic, Lee Memorial Hospital, Abuse Counseling and Treatment, the Lee County Sheriff and Fort Myers Police Department all refer homeless substance abusers (including those with co-occurring disorders) to SWFAS. In addition, SWFAS has its own outreach worker under a Health and Human Services PATH grant.

### **3. Housing where Participants will reside.**

**a. Type & Scale.** All seven of the proposed housing units will be suitable for either a single adult with a child or two single adults of the same sex. The single family home will be suitable for a couple with children. These units will be an appropriate addition to the Fresh Start II Phase 1, duplex residences which are geared more toward families. We treat a substantial number of single mothers whose children are in foster care. In recovery these women must have affordable and stable permanent housing to regain custody. Phase 2, this proposal, will fill at least a part of this need.

**b. Community Amenities/Accessibility.** All existing SWFAS TLC facilities, and all proposed facilities, do or will comply with all federal, state and local codes, including ADA, for handicap accessibility. All can or will contain the latest in fire and smoke alarm equipment. TLC is within five blocks of police and fire services. The area's leading hospital ER is two blocks away and 24 hour nursing service is available in our Detoxification Unit with a physician on call. We are within walking distance of downtown Fort Myers, Florida and one block from a bus stop. We furnish bus passes to clients. A medical center, an accessible medical clinic, banks, stores and a major league baseball spring training stadium are all within walking distance, as are a community park, an ice and roller skating facility and tennis courts. SWFAS-TLC has a 13 passenger van available to residents (with staff drivers). Properly licensed and insured residents of permanent and transitional housing are allowed automobiles and often provide transportation to those that cannot afford cars.

**c. Transitional Housing.** This proposal does not include funds for transitional housing.

**d. Density.** No more than eight persons will reside in any one permanent housing structure.

### **4. Supportive Services the Participants will receive.**

**a. Type & Scale.** SWFAS TLC provides the following supportive services

- Clinical Assessments
- Occupational Therapy/Case Management Needs Assessments
- Individualized Treatment Planning
- Substance Abuse Treatment and Continuing Care
- Psychiatric Evaluations
- Medical Management
- Mental Health Treatment and Continuing Care
- Family Counseling
- AIDS/HIV/STD Counseling & Testing
- Case Management
- Life Skills Counseling (Parenting, Abuse Counseling & Treatment, Anger Management, Smoking Cessation, Personal Finance, Nutrition & Hygiene, Job Placement, Job Training)
- Vocational and Educational Guidance and Training (Literacy, GED, High Tech classes, junior college classes, specialized vocational training).

12 Step Meetings & Support on campus: Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, Ala-Non, Double Trouble (co-occurring disorder support).

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Patients or residents can enter the TLC continuum of care at any point in the continuum and receive all applicable assessments and evaluations culminating in the negotiation of an individualized treatment plan which determines the type, frequency and duration of the resident's supportive services. These plans are subject to review and revision every ninety days or more often as necessary.

**b. Availability of Supportive Services.** Virtually all of TLC's supportive services are available on the TLC campus within easy walking distance from the supportive housing. Meals are also available on campus, but residents may choose to cook their own meals and many are urged and assisted to do so. Transportation is made available, either by bus pass or SWFAS van for services not offered on campus.

**c. Provision of Mainstream Services.** Every resident has an assigned Case Manager whose responsibility it is to link clients with mainstream services.

**5. Accessing Permanent Housing.** As noted above, the majority of our permanent, supportive, housing residents will have worked their way through the SWFAS TLC continuum of care, although others will be accepted from other agencies, be assessed and provided appropriate services. Clients seeking other permanent housing will be assisted by their case manager, the TLC occupational therapist and Lee County Human Services.

**6. Self-sufficiency.** Personal autonomy is the program's primary goal for every resident. Participants must first be able to maintain sobriety and become medically and behaviorally stable. Our Occupational Therapy Program provides professionally delivered life skills, vocational and/or educational guidance and training, which, coupled with outside work experience, prepares the participant to find challenging and enjoyable work with enhanced income. Participation in 12 Step activities, family counseling, spiritual activities and continuing care substance abuse and mental health counseling minimize the risk of relapse or medical mismanagement, while improving self-worth. Coupled with the secure, stable and supportive environment of permanent housing, participants are enabled to reintegrate, in healthy ways, into the world of work, education, family life and independent living.

**7. Homeless Management Information System.**

**a. Utilization.** Lee County is in the process of implementing a CoC-wide HMIS. The server is on line, United Way is operating an Information and Referral Service using the server and the selected software, Service Point. SWFAS, and other providers, have had initial training in Service Point and SWFAS has been designated the initial service provider to utilize the new system. Other providers are scheduled to come on line in a planned sequence through the fall of 2004. Although the details of the system remain to be worked out through experience, the planning provides for the use of Service Point to collect the required homeless client demographics. Those demographics and select clinical information will be shared by the major providers who are now engaged in a pilot program to develop protocols to reduce and ultimately eliminate chronic homelessness through coordinated services and centralized case management facilitated by HMIS.

**b. This proposal is not a dedicated HMIS project.**

**c. Lead HMIS Agency.** Lee County Department of Human Services is the lead agency for HMIS and for this grant application.

**d. Time Table.** The server and I. & R. are on-line. SWFAS has purchased the Service Point licenses and expects to have procured the necessary hard and soft wares and have completed its training to go on line no later than September, 2003.

**e. Replacement Funding.** SWFAS is not asking for HMIS funding in this proposal.

**8. Discharge Policy.** SWFAS participates in the evolving Continuum process for Discharged persons.

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**SECTION B. Experience Narrative**

**1. Specific Type and Length of Experience.** SWFAS is in its twenty- third year of service to Southwest Florida as the area’s largest and oldest comprehensive substance abuse program. SWFAS provides a full continuum of patient substance abuse treatment for adolescents and adults and a full continuum of patient co-occurring disorder care for adults. Beginning with the opening of the detoxification unit in 1980 SWFAS has worked closely with the homeless population. Since 1980 SWFAS has worked with approximately 60,000 patients from ages 9 to 90. SWFAS never refuses treatment due to a patient’s inability to pay, and approximately half of all SWFAS patients, many of whom are homeless individuals, are unable to pay any of the costs of their treatment. In the past SWFAS has been contracted to provide substance abuse services to patients of other homeless service providers, including The Salvation Army. We currently provide services to the Florida Department of Corrections and the Lee County Sheriff and four local drug courts. We have provided outreach, referral and mental health treatment services to the homeless for the past five years under U.S. Department of Health and Human Services PATH grants. We have provided residential treatment and transitional living, with supportive services, under HUD grants since 1999. SWFAS TLC officially opened in 2000. SWFAS has been very active in the Lee County Continuum of Care since 1997. The director of TLC is a past president of the Lee County Coalition for the Homeless, a past chair of the Continuum’s Long Range Planning Committee and remains very active in Coalition and Continuum work.

**2. Prior Construction/Rehabilitation Experience**

- a. 1995-1999: Rehabilitation of Detoxification Facility under State Housing Initiative Program.
- b. 1999-2001: Rehabilitation of four structures to become SWFAS TLC: Residential Treatment Building, Mens Halfway House, Womens Halfway House, and Office Building under HUD CoC SHP grant.
- c. 2002: Construction of a Free Standing Commercial Kitchen & Bakery under Florida Department of Children & Families’ Office on Homelessness, Homeless Assistance grant.
- d. Current: Construction of 3000 sq.ft. Pavilion Building to serve as dining and meeting hall for TLC.
- e. Pending: Rehabilitation of single family home and three duplexes for permanent, supportive, housing under HUD CoC SHP grant.

**3. HUD McKinney-Vento Act Grants**

| Year Awarded | Grant Number | Grant Amount       | Amount Spent to Date |
|--------------|--------------|--------------------|----------------------|
| 198          | FL14B803004  | \$337,770          | \$284,712.60         |
| 2001         | FL13B103001  | \$613,279          | \$135,348.98         |
| 2003         | FL14B203003  | (renewal) \$90,508 |                      |

**4. Delays.** There have been no implementation delays on any of the above grants.

**5. HUD or Audit Findings.** There have been no unresolved HUD findings nor outstanding audit finding related to any of the above grants.

**ATTACHMENTS (following application)**

- 1. Lee County Fact Sheet and Study: The public costs of inadequate affordable housing in Lee County, Florida
- 2. Graphical presentation of current and proposed SWFAS TLC properties.
- 3. Photographs of Proposed Project Sites.

**Section C. Project Information** (please type or print)

|  |   |
|--|---|
| <b>Project Name:</b><br><b>FRESH START II, PHASE 2</b>   | Project Priority<br>No. 1   |
| Project Address<br>2516 Grand Ave.<br>Fort Myers, FL 33901   | 1   |
| Project Sponsor's Name:<br><b>Southwest Florida Addiction Services, Inc.</b>   | Proj.<br>Congressional<br>District(s):<br>14 <sup>th</sup>            |
| Sponsor's Address (street, city, state, & zip):<br>2101 McGregor Blvd., Fort Myers, FL 33901   | Project 6-digit<br>Geographic<br>Code:<br>129071,<br>120402<br>120966 |
| Authorized Representative of Project Sponsor (name, title, phone number, & fax):<br><b>H. Randall Bixler</b> , Director SWFAS Transitional Living Center (239) 338-2977 FAX:<br>(239) 338-2988 |   |

**Section D. Program Components/Type**

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only
- Safe Havens       Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.

- HMIS
- Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

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**Section E. Existing Facilities and/or Activities Serving Homeless**

**Persons** (To be completed for new projects only; renewal projects see Exhibit 2R.)

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?

Yes (Check one or more of the activities below that describe your proposed project, then proceed to

section F.)

No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:

Increase the number of homeless persons served.

Provide additional supportive services for residents of supportive housing and/or homeless persons not

residing in supportive housing.

Bring existing facilities up to a level that meets State and local government health and safety standards.

Please explain.

Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or

local government), which will cease on or before the end of the current calendar year. By law, no SHP funds

may be used to replace State or local government funds previously used, or designated for use, to assist

homeless persons [see 24 CFR 583.150(a)].

***If this box is checked, you must fully describe the following in order to be eligible for funding:***

a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.

b. Why it is nonrenewable.

c. When it will cease.

d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

**Section F. Number of Beds, Participants, and Supportive Services**

**Chart 1: Beds**

| Beds                | Current Level (if applicable) | New Effort or Change in Effort | Projected Level (col. 1 + col. 2) |
|---------------------|-------------------------------|--------------------------------|-----------------------------------|
| Number of Bedrooms* | 25                            | 8                              | 33                                |
| Number of beds*     | 48                            | 8                              | 56                                |
|                     |                               |                                |                                   |

**Chart 2: Participants**

| Participants                          | Current Level (if applicable) | New Effort or change in Effort | Projected Level (col. 1 + col. 2) | No. Projected to be served over the grant term |
|---------------------------------------|-------------------------------|--------------------------------|-----------------------------------|--|
| Number of families with children      | 3                             | 3                              | 6                                 | 12   |
| Of persons in families with children  | 3                             | 3                              | 6                                 | 12   |
| a. number of disabled                 | 3                             | 3                              | 6                                 | 12   |
| b. number of other adults             | 3                             | 3                              | 6                                 | 12   |
| c. number of children                 | 3                             | 3                              | 6                                 | 12   |
| Of single individuals not in families |                               |                                |                                   |  |
| a. number of disabled individuals     | 39                            | 7                              | 46                                | 138  |
| b. number of other individuals        | 0                             | 0                              | 0                                 | 0  |

*Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.*

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**Chart 3: Supportive Services****NO SUPPORTIVE SERVICES ARE REQUESTED**

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**Chart 3: Supportive Services****NONE REQUESTED**

| <b>Supportive Service Costs</b>          | <b>SHP Dollars<br/>Requested<br/>(2 or 3 years)</b> | <b>Est. No. of<br/>Persons Served<br/>(point in time)</b> |
|--|---|---|
| <b>Total Supportive Services Costs**</b> | 0   |   |
| <b>Total SHP Dollars Requested***</b>    | 0   |   |



**Section G. HMIS Budget for Dedicated and Shared HMIS Projects**

**NONE REQUESTED**

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the “Total” lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

**Chart: HMIS Budget**

| <i>Cost Item</i>                       | <i>SHP Dollars Requested</i> |
|--|------------------------------|
| <b>Equipment</b>                       | <b>Total</b>                 |
| Central Server(s)                      |                              |
| Personal Computers and Printers        |                              |
| Networking                             |                              |
| Security                               |                              |
| <b>Software</b>                        | <b>Total</b>                 |
| Software/User Licensing                |                              |
| Software Installation                  |                              |
| Support and Maintenance                |                              |
| Supporting Software Tools              |                              |
| <b>Services</b>                        | <b>Total</b>                 |
| Training by Third Parties              |                              |
| Hosting/Technical Services             |                              |
| Programming: Customization             |                              |
| Programming: System Interface          |                              |
| Programming: Data Conversion           |                              |
| Security Assessment and Setup          |                              |
| On-line Connectivity (Internet Access) |                              |
| Facilitation                           |                              |
| Disaster and Recovery                  |                              |
| <b>Personnel</b>                       | <b>Total</b>                 |
| Project Management/Coordination        |                              |
| Data Analysis                          |                              |
| Programming                            |                              |
| Technical Assistance and Training      |                              |
| Administrative Support Staff           |                              |
| <b>HMIS Space and Operations</b>       | <b>Total</b>                 |
| Space Costs                            |                              |
| Operational Costs                      |                              |
| <b>Total HMIS Costs*</b>               |                              |
| <b>Total SHP Dollars Requested**</b>   |                              |

*\*The total HMIS costs entered here should equal the amount shown in the “Total Budget” column, Line 8,*

*of the Project Budget portion of Section K.*

*\*\*SHP dollars requested must equal the amount shown in the “SHP Request” column, Line 8, of the Project Budget portion of Section K.*

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**Section H. Operations Budget****Chart: Operating Costs**

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Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

| <b>Operating Costs</b>                               | <b>SHP Dollars<br/>Requested<br/>(2 or 3 years)</b> |
|--|---|
| Maintenance, Repair                                  | \$45,800.00 (3 years)                               |
| Staff (position, salary, % of time, fringe benefits) |   |
| Utilities  |   |
| Equipment (lease/buy)                                |   |
| Supplies (quantity)                                  |   |
| Insurance  |   |
| Furnishing (quantity)                                |   |
| Relocation (no. of persons)                          | \$55,200.00 (5 persons-<br>3 Years)                 |
| Food   |   |
| Other operating costs (please specify*)              |   |
| Other operating costs (please specify*)              |   |
| <b>Total Operating Costs Budget**</b>                | \$130,666.00  |
| <b>Total SHP Dollars Requested ***</b>               | \$98,000.00   |

**Section I. Leasing****NOT APPLICABLE****Section J. Homeless Veterans**

1. Are veterans the primary target population?

Yes  No

**Section K. Budget**

---

**Project Budget (complete all 3 columns)**

**Part I. Indicate grant term. Please circle one: 1 2 3 year(s)**

**Part II. Complete the Project Budget**

| Proposed Activities                           | SHP Request | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|---|-------------|----------------|-----------------------------------|
| 1. Acquisition                                | 270,000     |                | 270,000                           |
| 2. Rehabilitation                             |             | 170,000        | 170,000                           |
| 3. New Construction                           |             | 120,000        | 120,000                           |
| 4. Subtotal (lines 1 through 3)               | 270,000     | 290,000        | 560,000                           |
| 5. Real Property Leasing                      |             |                |                                   |
| 6. Supportive Services                        | **          |                |                                   |
| 7. Operations                                 | 98,000      | 32,700         | 130,700                           |
| 8. HMIS                                       | **          |                |                                   |
| 9. SHP Request (subtotal lines 4 through 8)   | 368,000     |                |                                   |
| 10. Administrative Costs (up to 5% of line 9) | 18,400***   |                |                                   |
| 11. Total SHP Request (total lines 9 and 10)  | 386,400     |                |                                   |

**NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.**

---

**Structure Budget for Projects With More Than One Structure**

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**Structure A**

Structure Address:

City, State, Zip:

|                          | SHP Request | Total Budget   |
|--------------------------|-------------|----------------|
| 1. Acquisition           | 185,000     | <b>185,000</b> |
| 2. Rehabilitation        |             | <b>75,000</b>  |
| 3. New Construction      |             |                |
| 4. Real Property Leasing |             |                |
| 5. Supportive Services   |             |                |
| 6. Operations            | 98,000      | <b>130,700</b> |
| 7. Total                 | 283,000     | <b>390,000</b> |

**Structure B**

Structure Address:

City, State, Zip:

|                          | SHP Request | Total Budget |
|--------------------------|-------------|--------------|
| 1. Acquisition           | 85,000      | 85,000       |
| 2. Rehabilitation        |             | 95,000       |
| 3. New Construction      |             | 120,000      |
| 4. Real Property Leasing |             |              |
| 5. Supportive Services   |             |              |
| 6. Operations            |             |              |
| 7. Total                 | 85,000      | 300,000      |

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**Section L. Additional Information**

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
  - Chronically Homeless
  - Severely Mentally Ill
  - Chronic Substance Abusers
  - Dually Diagnosed
  - AIDS or Related Diseases
  - Victims of Domestic Violence
  - Youth
  - Women with Children
  - Veterans
  
2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
  - Yes
  - No
  
3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as “primarily religious” for purposes of applying HUD’s church/state limitations. For example, while the YMCA is often not considered “primarily religious” under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
  - Yes
  - No
  
4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
  - Yes
  - No

If “yes,” please provide the name of the military installation: \_\_\_\_\_

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No 2510-0011 (exp. 06/30/2003)

**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).<br><br>( ) -           | 2. Social Security Number or Employer ID Number. |
| 3. HUD Program Name   | 4. Amount of HUD Assistance Requested/Received   |
| 5. State the name and location (street address, City and State) of the project or activity. |  |

**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).<br><input 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<br><input 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 |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |

(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:<br><br>X | Date: (mm/dd/yyyy) |
|---------------------|--------------------|

### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

**PROJECT PRIORITY 2  
SWFAS FRESH START  
TRANSITIONAL HOUSING RENEWAL**

**Section A. Project Information**

**1. Basic Identification**

- a. Grantee Name: Lee County, Florida, Department of Human Services
- b. Project Name: Fresh Start
- c. Sponsor Name: Southwest Florida Addiction Services, Inc.
- d. Address: 2516 Grand Ave.
- e. Telephone: (239) 338-2977
- f. Fax Number: (239) 338-2988
- g. Contact Person: H. Randall Bixler
- h. Project Congressional District: 14
- i. Project 6-digit Geographic Code: 129071, 120402, 120966
- j. Project Number of Grant Being Renewed: FL14B803004
- k. Component/Type: (please check one) TH  PH  SSO  SH  HMIS  IH
- l. Grant Term: (please check one) 1  2  3

**2. Number of Participants/Number of Beds**

- a. Subpopulations served (check all that apply): Chronically Homeless  Veterans   
 Seriously Mentally Ill  Substance Abuse  Dually Diagnosed  HIV/AIDS   
 Youth  Domestic Violence
- b. Veterans are the primary target population:  Yes  No
- c. Project is in a rural area:  Yes  No
- d. Sponsor is a religious/faith-based organization:  Yes  No
- e. Number of beds in project (specify a number): 33
- f. Number of persons in families served (at a point in time): 0
- g. Number of single individuals served (at a point in time): 33
- h. Number of persons in families and single individuals who are disabled (at a point in time): 0

**3. Performance**

- a. Are there any significant changes in the project since the last funding approval:  Yes  No  
 If "yes", briefly describe the changes.
- b. If one or more extensions have been provided for your current grant, please indicate: 1
  - If not applicable, indicate here: \_\_\_\_\_
  - The number of extensions approved: 1
  - The extension period (e.g., two months, one year): One Year
  - The reasons why the extension(s) was necessary: To be able to continue program & commence HMIS
- c. If not operating at full capacity, please explain the reasons.
- d. APR questions 11 and 16 are attached (required):  Yes  No
- e. Additional explanation for questions 11 and 16 is attached:  NA  Yes  No



#### 4. Project Budget

| Proposed Activities                          | SHP Request | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|--|-------------|----------------|-----------------------------------|
| 1. Real Property Leasing                     |             |                |                                   |
| 2. Supportive Services                       | 41,131 *    | 10,283         | 51,414                            |
| 3. Operations                                | 34,863 **   | 11,321         | 46,184                            |
| 4. HMIS                                      | 25,099 *    | 6,693          | 33,465                            |
| 5. SHP Request (subtotal lines 1 through 4)  | 101,093     |                |                                   |
| 6. Administrative Costs (up to 5% of line 5) | ***         |                |                                   |
| 7. Total SHP Request (total lines 5 and 6)   | 101,093     |                |                                   |

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

**NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.**

#### Section B. Supportive Services Chart – Renewal Projects

| Supportive Service Expense  | Year 1 | Year 2 | Year 3 | Total  |
|---|--------|--------|--------|--------|
| 1. Service Category: Substance Abuse Counselor<br>Quantity: @ .51 FTE | 17,055 |        |        | 17,002 |
| 2. Service Category: Mental Health Counselor<br>Quantity: @.33 FTE    | 17,446 |        |        | 17,466 |
| 3. Service Category: Case Manager<br>Quantity: @.55 FTE               | 16,913 |        |        | 16,913 |
| <b>3. Total Supportive Services Budget</b>                            | 51,414 |        |        | 51,414 |
| <b>4. SHP REQUEST</b>   | 41,131 |        |        | 41,131 |
| <b>5. Selectee's Match (Line 3 minus Line 4)</b>                      | 10,283 |        |        | 10,283 |

#### Section C. Operating Costs Chart – Renewal Projects

| Operating Expense  | Year 1 | Year 2 | Year 3 | Total  |
|--|--------|--------|--------|--------|
| 1. Maintenance/Repair  |        |        |        |        |
| 2. Staff (position, salary, % time, fringe benefits)<br>Program Manager @ .42FTE | 46,184 |        |        | 46,184 |
| 3. Utilities   |        |        |        |        |
| 4. Equipment (lease/buy)   |        |        |        |        |
| 5. Supplies (quantity)   |        |        |        |        |
| 6. Insurance   |        |        |        |        |
| 7. Furnishings (quantity)  |        |        |        |        |
| 8. Other Operating Costs* (amounts/ quantities)                                  |        |        |        |        |
| <b>9. Total Operating Budget</b>   | 46,184 |        |        | 46,184 |
| <b>10. SHP REQUEST</b>   | 34,863 |        |        | 34,863 |
| <b>11. Selectee's Match (Line 9 minus line 10)</b>                               | 11,321 |        |        | 11,321 |

\*If not specified, the costs will be removed from the budget.

**Section D. HMIS Budget – Renewal Projects**

| Cost Item                              | Year 1 | Year 2 | Year 3 | Total |
|--|--------|--------|--------|-------|
| <b>Equipment</b>                       |        |        |        |       |
| Central Server(s)                      | 10,200 |        |        |       |
| Personal Computers and Printers        | 21,465 |        |        |       |
| Networking                             |        |        |        |       |
| Security                               |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Software</b>                        |        |        |        |       |
| Software/User Licensing                | 1,800  |        |        |       |
| Software Installation                  |        |        |        |       |
| Support and Maintenance                |        |        |        |       |
| Supporting Software Tools              |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Services</b>                        |        |        |        |       |
| Training by Third Parties              |        |        |        |       |
| Hosting/Technical Services             |        |        |        |       |
| Programming: Customization             |        |        |        |       |
| Programming: System Interface          |        |        |        |       |
| Programming: Data Conversion           |        |        |        |       |
| Security Assessment and Setup          |        |        |        |       |
| On-line Connectivity (Internet Access) |        |        |        |       |
| Facilitation                           |        |        |        |       |
| Disaster and Recovery                  |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Personnel</b>                       |        |        |        |       |
| Project Management/Coordination        |        |        |        |       |
| Data Analysis                          |        |        |        |       |
| Programming                            |        |        |        |       |
| Technical Assistance and Training      |        |        |        |       |
| Administrative and Support Staff       |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>HMIS Space and Operations</b>       |        |        |        |       |
| Space Costs                            |        |        |        |       |
| Operational Costs                      |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Total HMIS Budget</b>               | 33,456 |        |        |       |
| <b>SHP Request</b>                     | 25,099 |        |        |       |
| <b>Selectee's Match</b>                | 8,366  |        |        |       |

**APR ENTRIES:**

11. Amount and Source of Monthly Income at Entry and at Exit: Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income? (f)

→ f

| A. Monthly Income at Entry |    |
|----------------------------|----|
| a No-income                | 41 |
| b \$1-150                  | 0  |
| c \$151-\$250              | 1  |
| d \$251-\$500              | 3  |
| e \$501-\$1,000            | 0  |
| f \$1001-\$1500            | 5  |
| g \$1501-\$2000            | 2  |
| h \$2001+                  | 1  |

| C. Income Sources at Entry                 |              |
|--|--------------|
| a Supplemental Security Income (SSI)       | 2            |
| b Social Security Disability Income (SSDI) | 1            |
| c Social Security                          | 0            |
| d General Public Assistance                | 0            |
| e Temporary Aid to Needy Families (TANF)   | 0            |
| f Child Support                            | 0            |
| g Veterans Benefits                        | 1            |
| h Employment Income                        | 5            |
| i Unemployment Benefits                    | 0            |
| j Medicare                                 | 0            |
| k Medicaid                                 | 2            |
| l Food Stamps                              | 2            |
| m Other (please specify)                   | 1 self-empl. |
| n No Financial Resources                   | 42           |

11

| B. Monthly Income at Exit |    |
|---------------------------|----|
| a No-income               | 24 |
| b \$1-150                 | 0  |
| c \$151-\$250             | 1  |
| d \$251-\$500             | 3  |
| e \$501-\$1,000           | 6  |
| f \$1001-\$1500           | 12 |
| g \$1501-\$2000           | 5  |
| h \$2001+                 | 2  |

| D. Income Sources at Exit                  |          |
|--|----------|
| a Supplemental Security Income (SSI)       | 0        |
| b Social Security Disability Income (SSDI) | 1        |
| c Social Security                          | 0        |
| d General Public Assistance                | 0        |
| e Temporary Aid to Needy Families (TANF)   | 0        |
| f Child Support                            | 0        |
| g Veterans Benefits                        | 1        |
| h Employment Income                        | 26       |
| i Unemployment Benefits                    | 0        |
| j Medicare                                 | 0        |
| k Medicaid                                 | 2        |
| l Food Stamps                              | 2        |
| m Other (please specify)                   | 9 School |
| n No Financial Resources                   | 21       |

11

16 → **Overall Program Goals** . Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year. ¶

**a. → Residential Stability** ¶

→ **Objectives:** 1) 50% of Transitional Living Facility residents will remain in the facility for 3-9 months. 2) 60% of Transitional Living Facility residents completing the program will be successfully referred to permanent housing. ¶

→ **Progress:** 1) 49% of the 53 participants who entered the Transitional Living program stayed in the program for 3-9 months and completed successfully, as evidenced by census and resident records. 2) 55% of the residents leaving the program during the year obtained permanent housing, as evidenced by case management notes. ¶

→ **Next Operating Year's Objectives:** 1) Maintain 3-9 month retention at 50% . 50% of Transitional Living Facility residents will remain in the facility for 3-9 months. 2) Improve referral to permanent housing to 60% . 60% of the residents leaving the program during the year will obtain permanent housing. ¶

**b. → Increased Skills or Income** ¶

→ **Objectives:** 1) 90% of residents entering the program will successfully complete the SWFAS/FGCU Occupational Therapy Program which began 12/01. ¶

→ **Progress:** 1) 100% of residents successfully completing program successfully completed the SWFAS/FGCU Occupational Therapy Program and obtained employment. ¶

→ **Next Operating Year's Objectives:** 1) 20% of residents entering the program will be trained at the TLC and become employed in the batch food and bakery industries. 2) The Program will plan, develop and establish other "cottage industries" and appropriate training programs to enhance resident employment and income opportunities. 3) Residents not participating in in-service programs (approximately 60% of residents) will be provided opportunities for outside vocational training or education. ¶

**c. → Greater Self-Determination** ¶

→ **Objectives:** 1) 70% of residents will successfully complete substance abuse treatment. 2) 80% of residents will have no arrests one year after completion. 3) 90% of residents will have improved inter-personal relationships one year after completion. ¶

→ **Progress:** 1) 100% of residents successfully completed substance abuse treatment. 2) Based on satisfaction surveys and public records no TLC "graduates" have been arrested to date. 3) All TLC "graduates" responding to satisfaction surveys report improved inter-personal relationships. ¶

→ **Next Operating Year's Objectives:** 1) 90% of residents entering TLC will successfully complete substance abuse and, if necessary, mental health treatment. 2) 90% of TLC completing residents will have no arrests one year after treatment. 3) 90% of TLC completing residents will have improved inter-personal relationships one year after completion. ¶

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

**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):<br><br>( ) -           | 2. Social Security Number or Employer ID Number<br><br>- |
| 3. HUD Program Name   | 4. Amount of HUD Assistance Requested/Received           |
| 5. State the name and location (street address, City and State) of the project or activity: |  |

**Part I Threshold Determinations**

|  |  |
|--|--|
| <p>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)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> | <p>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</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|--|--|

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

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**  
Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |
|  |                    |                           |                            |

(Note: Use Additional pages if necessary.)

**Part III Interested Parties. You must disclose:**

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

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

(Note: Use Additional pages if necessary.)

**Certification**

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

|                    |                    |
|--------------------|--------------------|
| Signature<br><br>X | Date: (mm/dd/yyyy) |
|--------------------|--------------------|

### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

**EXHIBIT 2**  
**THE SALVATION ARMY**  
**COMPREHENSIVE AFTERCARE PROJECT, RENEWAL**

**Section A. Project Information**

**1. Basic Identification**

- m. Grantee Name: **Lee County Department of Human Services**
- n. Project Name: **Comprehensive After Care Program**
- o. Sponsor Name: **The Salvation Army**
- p. Address: **10291 McGregor Blvd., Fort Myers, Florida 33919**
- q. Telephone: **239.278-1551**
- r. Fax Number: **239.278-9028**
- s. Contact Person: **Meg M. Geltner, General Manager**
- t. Project Congressional District: **14**
- u. Project 6-digit Geographic Code:
- v. Project Number of Grant Being Renewed:
- w. Component/Type: (please check one) TH  PH  SSO  SH  HMIS  IH
- x. Grant Term: (please check one) 1  2  3

**2. Number of Participants/Number of Beds**

- i. Subpopulations served (check all that apply): Veterans  Seriously Mentally Ill   
 Substance Abuse  Dually Diagnosed  HIV/AIDS  Youth  Domestic Violence
- j. Veterans are the primary target population:  Yes  No
- k. Project is in a rural area:  Yes  No
- l. Sponsor is a religious/faith-based organization:  Yes  No
- m. Number of beds in project (specify a number): N/A
- n. Number of persons in families served (at a point in time): 10
- o. Number of single individuals served (at a point in time): 29
- p. Number of persons in families and single individuals who are disabled (at a point in time): 0

**3. Performance**

- a. Are there any significant changes in the project since the last funding approval:  Yes  No  
 If "yes", briefly describe the changes.
- b. If one or more extensions have been provided for your current grant, please indicate: \_\_\_\_\_  
 If not applicable, indicate here: N/A
  - The number of extensions approved: N/A
  - The extension period (e.g., two months, one year): N/A
  - The reasons why the extension(s) was necessary: N/A
- c. If not operating at full capacity, please explain the reasons. N/A
- d. APR questions 11 and 16 are attached (required):  Yes  No
- e. Additional explanation for questions 11 and 16 is attached:  NA  Yes  No

**4. Project Budget**

| Proposed Activities                          | SHP Request  | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|--|--------------|----------------|-----------------------------------|
| 1. Real Property Leasing                     |              |                |                                   |
| 2. Supportive Services                       | \$211,494.00 | \$ 52,874.00   | \$264,368.00                      |
| 3. Operations                                | **           |                |                                   |
| 4. HMIS                                      | *            |                |                                   |
| 5. SHP Request (subtotal lines 1 through 4)  | \$211,494.00 |                |                                   |
| 6. Administrative Costs (up to 5% of line 5) | \$ 10,575.00 |                |                                   |
| 7. Total SHP Request (total lines 5 and 6)   | \$222,069.00 |                |                                   |

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

**NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.**

**Section B. Supportive Services Chart – Renewal Projects (See Attached)**

| Supportive Service Expense                       | Year 1 | Year 2 | Year 3 | Total |
|--|--------|--------|--------|-------|
| 1. Service Category:<br>Quantity:                |        |        |        |       |
| 2. Service Category:<br>Quantity:                |        |        |        |       |
| <b>3. Total Supportive Services Budget</b>       |        |        |        |       |
| <b>4. SHP REQUEST</b>                            |        |        |        |       |
| <b>5. Selectee's Match (Line 3 minus Line 4)</b> |        |        |        |       |

**Section C. Operating Costs Chart – Renewal Projects N/A**

| Operating Expense                                     | Year 1 | Year 2 | Year 3 | Total |
|---|--------|--------|--------|-------|
| 9. Maintenance/Repair                                 |        |        |        |       |
| 10. Staff (position, salary, % time, fringe benefits) |        |        |        |       |
| 11. Utilities   |        |        |        |       |
| 12. Equipment (lease/buy)                             |        |        |        |       |
| 13. Supplies (quantity)                               |        |        |        |       |
| 14. Insurance   |        |        |        |       |
| 15. Furnishings (quantity)                            |        |        |        |       |
| 16. Other Operating Costs* (amounts/ quantities)      |        |        |        |       |
| <b>9. Total Operating Budget</b>                      |        |        |        |       |
| <b>10. SHP REQUEST</b>                                |        |        |        |       |
| <b>11. Selectee's Match (Line 9 minus line 10)</b>    |        |        |        |       |

\*If not specified, the costs will be removed from the budget.



**Section D. HMIS Budget – Renewal Projects**

| Cost Item                              | Year 1 | Year 2 | Year 3 | Total |
|--|--------|--------|--------|-------|
| <b>Equipment</b>                       |        |        |        |       |
| Central Server(s)                      |        |        |        |       |
| Personal Computers and Printers        |        |        |        |       |
| Networking                             |        |        |        |       |
| Security                               |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Software</b>                        |        |        |        |       |
| Software/User Licensing                |        |        |        |       |
| Software Installation                  |        |        |        |       |
| Support and Maintenance                |        |        |        |       |
| Supporting Software Tools              |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Services</b>                        |        |        |        |       |
| Training by Third Parties              |        |        |        |       |
| Hosting/Technical Services             |        |        |        |       |
| Programming: Customization             |        |        |        |       |
| Programming: System Interface          |        |        |        |       |
| Programming: Data Conversion           |        |        |        |       |
| Security Assessment and Setup          |        |        |        |       |
| On-line Connectivity (Internet Access) |        |        |        |       |
| Facilitation                           |        |        |        |       |
| Disaster and Recovery                  |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Personnel</b>                       |        |        |        |       |
| Project Management/Coordination        |        |        |        |       |
| Data Analysis                          |        |        |        |       |
| Programming                            |        |        |        |       |
| Technical Assistance and Training      |        |        |        |       |
| Administrative and Support Staff       |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>HMIS Space and Operations</b>       |        |        |        |       |
| Space Costs                            |        |        |        |       |
| Operational Costs                      |        |        |        |       |
| <b>Subtotal</b>                        |        |        |        |       |
| <b>Total HMIS Budget</b>               |        |        |        |       |
| <b>SHP Request</b>                     |        |        |        |       |
| <b>Selectee's Match</b>                |        |        |        |       |

# Applicant/Recipient Disclosure/Update Report

**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):<br>The Salvation Army, a Georgia Corporation, for The Salvation Army - Fort Myers, FL<br>10291 McGregor Boulevard, Fort Myers, Florida 33919<br>(239) 278-1551 | 2. Social Security Number or Employer ID Number:<br>580-66-607 |
| 3. HUD Program Name<br>Comprehensive After Care Program   | 4. Amount of HUD Assistance Requested/Received<br>\$222,069.00 |
| 5. State the name and location (street address, City and State) of the project or activity:<br>The Salvation Army, 2400 Edison Avenue, Fort 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).<br><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<br><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 %) |
|--|--|---|---|
|  |  |   |   |

(Note: Use Additional pages if necessary.)

## Certification

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

|            |                              |
|------------|------------------------------|
| Signature: | Date: (mm/dd/yyyy)<br>5/8/03 |
|------------|------------------------------|

**APR ENTRIES**

**11. Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

| A. Monthly Income at <b>Entry</b> |                 |    |
|-----------------------------------|-----------------|----|
| a.                                | No income       | 4  |
| b.                                | \$1-150         | 2  |
| c.                                | \$151 - \$250   | 1  |
| d.                                | \$251- \$500    | 6  |
| e.                                | \$501 - \$1,000 | 24 |
| f.                                | \$1001- \$1500  | 30 |
| g.                                | \$1501- \$2000  | 12 |
| h.                                | \$2001 +        | 4  |

| C. Income Sources at <b>Entry</b> |  |    |
|-----------------------------------|--|----|
| a.                                | Supplemental Security Income (SSI)       | 1  |
| b.                                | Social Security Disability Income (SSDI) | 0  |
| c.                                | Social Security                          | 1  |
| d.                                | General Public Assistance                | 0  |
| e.                                | Temporary Aid to Needy Families (TANF)   | 0  |
| f.                                | Child Support                            | 2  |
| g.                                | Veterans Benefits                        | 0  |
| h.                                | Employment Income                        | 70 |
| i.                                | Unemployment Benefits                    | 0  |
| j.                                | Medicare                                 | 0  |
| k.                                | Medicaid                                 | 3  |
| l.                                | Food Stamps                              | 2  |
| m.                                | Other (please specify)                   | 1  |
| n.                                | No Financial Resources                   | 5  |

| B. Monthly Income at <b>Exit</b> |                |    |
|----------------------------------|----------------|----|
| a.                               | No income      | 14 |
| b.                               | \$1-150        | 0  |
| c.                               | \$151- \$250   | 0  |
| d.                               | \$251- \$500   | 1  |
| e.                               | \$501- \$1000  | 15 |
| f.                               | \$1001- \$1500 | 23 |
| g.                               | \$1501- \$2000 | 14 |
| h.                               | \$ 2001 +      | 16 |

| D. Income Sources at <b>Exit</b> |  |    |
|----------------------------------|--|----|
| a.                               | Supplemental Security Income (SSI)       | 0  |
| b.                               | Social Security Disability Income (SSDI) | 1  |
| c.                               | Social Security                          | 0  |
| d.                               | General Public Assistance                | 0  |
| e.                               | Temporary Aid to Needy Families (TANF)   | 1  |
| f.                               | Child Support                            | 0  |
| g.                               | Veterans Benefits                        | 0  |
| h.                               | Employment Income                        | 65 |
| i.                               | Unemployment Benefits                    | 1  |
| j.                               | Medicare                                 | 0  |
| k.                               | Medicaid                                 | 0  |
| l.                               | Food Stamps                              | 1  |
| m.                               | Other (please specify)                   | 0  |
| n.                               | No Financial Resources                   | 15 |

**16. Overall Program Goals.** Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission or APR) for each of the goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

---

**a. Residential Stability**

Objectives: 1. 50% of the program participants will remain in stable or permanent housing during participation in the program

2. 50% of the participants will co-create a written case plan within 30 days of entrance into the program

Progress:

1. During the project year, 93% of all participants remained in stable housing or gained permanent housing.

2. This goal was met at the 92% level. The social worker and the applicant work together and design outcomes that are individualized for the client. Therefore, goals are meaningful to the client and motivation is high to obtain positive outcomes.

Next Operating Year's Objectives:

1. 50% of the program participants will maintain stable or permanent housing during participation in the program.

2. 50% of the participants will co-create a written case plan within 30 days of entrance into the program.

---

**b. Increased Skills or Income**

Objectives: 1. 50% of the project participants will maintain employment or an ongoing income during participation in the program.

2. 50% of the project participants will increase their skills as determined by their case plan.

Progress:

1. Of the 83 persons who exited the program, 17% (13) returned to jail or an inpatient program. Therefore, their incomes returned to zero. But of the remaining successful participants, 68 maintained an income of more than \$500 per month and 53 of those persons have an income of more than \$1,000 per month. This is an increase of 13% over the incomes at entry.

2. This goal was met at 86%. Participants received special trainings or instruction that resulted in increases in income, promotions to management positions and reports of improved self-esteem and satisfaction.

Next Operating Year's Objectives:

1. 50% of the project participants will maintain employment or ongoing income during participation in the program.

2. 50% of the project participants will increase their skills as determined by their case plan.

---

**C. Greater Self-determination**

Objectives: 1. 50% of this project year's participants will achieve one goal on their individual case plan.

Progress:

1. This goal was met at 86%. Goals designed for greater self-determination are most often related to sobriety and stable mental health. These goals are significant in that when achieved they result in improved work and personal relationships. This may then result in better employment opportunities, reunification of families and long lasting maintenance of healthy relationships.

Additionally, participants are provided literacy education and GED preparation.

Next Operating Year's Objectives:

1. 50% of this project year's participants will achieve one goal on their individual case plan

---

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

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

**Applicant/Recipient Information**

Indicate whether this is an Initial Report  or an Update Report

|   |   |
|---|---|
| 1. Applicant/Recipient Name, Address, and Phone (include area code)                         | 2. Social Security Number or Employer ID Number |
| 3. HUD Program Name   | 4. Amount of HUD Assistance Requested/Received  |
| 5. State the name and location (street address, City and State) of the project or activity. |   |

**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) | 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 type="checkbox"/> Yes <input type="checkbox"/> No   | <input 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.**

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| Department/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |

(Note: Use Additional pages if necessary.)

**Part III Interested Parties. You must disclose:**

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
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|--|--|---|---|
|  |  |   |   |

(Note: Use Additional pages if necessary.)

**Certification**

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

|           |                    |
|-----------|--------------------|
| Signature | Date: (mm/dd/yyyy) |
| X         |                    |

### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

# Exhibit 2R: Supportive Housing Program –Renewals

**LIFT PROGRAM RENEWAL**  
**DEPARTMENT OF HUMAN SERVICES**  
**LEE COUNTY BOARD OF COUNTY COMMISSIONERS**

## Section A. Project Information

### 1. Basic Identification

- y. Grantee Name: **Lee County Board of County Commissioners**  
z. Project Name: **Living Independently for Today (LIFT)**  
aa. Sponsor Name: **Lee County Department of Human Services**  
bb. Address: **83 Pondella Road, Suite 1, North Fort Myers, Florida 33903**  
cc. Telephone: **239/652/7930**  
dd. Fax Number: **239/652-7960**  
ee. Contact Person: **Karen B. Hawes, Director**  
ff. Project Congressional District: **FL 14**  
gg. Project 6-digit Geographic Code: **129071, 120966, 120402**  
hh. Project Number of Grant Being Renewed: **FL14B20-3004**  
ii. Component/Type: (please check one) TH  PH  SSO  SH  HMIS  IH   
i. Grant Term: (please check one) 1  2  3

### 2. Number of Participants/Number of Beds

- q. Subpopulations served (check all that apply): Veterans  Seriously Mentally Ill   
Substance Abuse  Dually Diagnosed  HIV/AIDS  Youth  Domestic Violence   
r. Veterans are the primary target population:  Yes  No  
s. Project is in a rural area:  Yes  No  
t. Sponsor is a religious/faith-based organization:  Yes  No  
u. Number of beds in project (specify a number):       N/A        
v. Number of persons in families served (at a point in time):       79        
w. Number of single individuals served (at a point in time):       25        
x. Number of persons in families and single individuals who are disabled (at a point in time):       5

### 3. Performance

- a. Are there any significant changes in the project since the last funding approval:  Yes  No  
If "yes", briefly describe the changes.
- b. If one or more extensions have been provided for your current grant, please indicate:       N/A        
• If not applicable, indicate here: \_\_\_\_\_  
• The number of extensions approved: \_\_\_\_\_  
• The extension period (c.g., two months, one year): \_\_\_\_\_  
• The reasons why the extension(s) was necessary: \_\_\_\_\_
- c. If not operating at full capacity, please explain the reasons.
- d. APR questions 11 and 16 are attached (required):  Yes  No
- e. Additional explanation for questions 11 and 16 is attached:  NA  Yes  No

**4. Project Budget**

| Proposed Activities                          | SHP Request  | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|--|--------------|----------------|-----------------------------------|
| 1. Real Property Leasing                     |              |                |                                   |
| 2. Supportive Services                       | \$ 114,021 * | \$ 28,505      | \$ 142,526                        |
| 3. Operations                                | **           |                |                                   |
| 4. HMIS                                      | *            |                |                                   |
| 5. SHP Request (subtotal lines 1 through 4)  | \$ 114,021   |                |                                   |
| 6. Administrative Costs (up to 5% of line 5) | 5,701 ***    |                |                                   |
| 7. Total SHP Request (total lines 5 and 6)   | \$ 119,722   |                |                                   |

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

**NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.**

**Section B. Supportive Services Chart – Renewal Projects**

| Supportive Service Expense   | Year 1            | Year 2 | Year 3 | Total             |
|--|-------------------|--------|--------|-------------------|
| 1. Service Category: Case Management<br>Quantity: Equivalent of 1 FTE Supportive Services Case Manager Salary/Fringe @\$45,326   | \$ 45,326         | N/A    | N/A    | \$ 45,326         |
| 2. Service Category: Transportation<br>Quantity: 95 monthly bus passes @ \$30  | 2,850             |        |        | 2,850             |
| 3. Service Category: Permanent housing start-up costs @FMV<br>Quantity: 45 move-in costs (1 <sup>st</sup> months rent, last months rent, security deposit) at an average of \$1,740 - \$78,300<br>35 Utility Deposits (water, electricity) @ average of \$300 - \$10,500 | \$ 88,800         |        |        | \$ 88,800         |
| 4. Service Category: Basic Assistance to Individuals (Home furnishings, employment assistance, health care, etc.)<br>Quantity: Approximately 7 households  | \$ 5,550          |        |        | \$ 5,550          |
| <b>3. Total Supportive Services Budget</b>   | <b>\$ 142,526</b> |        |        | <b>\$ 142,526</b> |
| <b>4. SHP REQUEST</b>  | <b>\$ 114,021</b> |        |        | <b>\$ 114,021</b> |
| <b>5. Selectee's Match (Line 3 minus Line 4)</b>   | <b>\$ 28,505</b>  |        |        | <b>\$ 28,505</b>  |

**Section C. Operating Costs Chart – Renewal Projects**

Not Applicable

**Section D. HMIS Budget – Renewal Projects**

LIFT is a participant in Lee County's Continuum of Care HMIS Network.



**Questions 11 and 16 from most recent APR**

**11. Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

| A. Monthly Income at Entry |               |    |
|----------------------------|---------------|----|
| a.                         | No income     | 0  |
| b.                         | \$1-150       | 0  |
| c.                         | \$151-\$250   | 0  |
| d.                         | \$251-\$500   | 0  |
| e.                         | \$501-\$1,000 | 3  |
| f.                         | \$1001-\$1500 | 13 |
| g.                         | \$1501-\$2000 | 10 |
| h.                         | \$2001 +      | 8  |

| C. Income Source at Entry |  |    |
|---------------------------|--|----|
| a.                        | Supplemental Security Income (SSI)       | 2  |
| b.                        | Social Security Disability Income (SSDI) | 0  |
| c.                        | Social Security                          | 2  |
| d.                        | General Public Assistance                | 0  |
| e.                        | Temporary Aid to Needy Families (TANF)   | 0  |
| f.                        | Child Support                            | 2  |
| g.                        | Veterans Benefits                        | 0  |
| h.                        | Employment Income                        | 33 |
| i.                        | Unemployment Benefits                    | 0  |
| j.                        | Medicare                                 | 0  |
| k.                        | Medicaid                                 | 8  |
| l.                        | Food Stamps                              | 2  |
| m.                        | Other (please specify)                   | 0  |
| n.                        | No Financial Resources                   | 0  |

| B. Monthly Income at Exit |               |    |
|---------------------------|---------------|----|
| a.                        | No Income     | 5  |
| b.                        | \$1-150       | 0  |
| c.                        | \$151-\$250   | 0  |
| d.                        | \$251-\$500   | 0  |
| e.                        | \$501-\$1,000 | 3  |
| f.                        | \$1001-\$1500 | 5  |
| g.                        | \$1501-\$2000 | 10 |
| h.                        | \$2001 +      | 11 |

| C. Income Source at Exit |  |    |
|--------------------------|--|----|
| a.                       | Supplemental Security Income (SSI)       | 1  |
| b.                       | Social Security Disability Income (SSDI) | 1  |
| c.                       | Social Security                          | 2  |
| d.                       | General Public Assistance                | 0  |
| e.                       | Temporary Aid to Needy Families (TANF)   | 0  |
| f.                       | Child Support                            | 3  |
| g.                       | Veterans Benefits                        | 0  |
| h.                       | Employment Income                        | 26 |
| i.                       | Unemployment Benefits                    | 2  |
| j.                       | Medicare                                 | 0  |
| k.                       | Medicaid                                 | 7  |
| l.                       | Food Stamps                              | 4  |
| m.                       | Other (please specify)                   | 0  |
| n.                       | No Financial Resources                   | 5* |

While the majority of LIFT participants were successful, of the five who exited the program with no financial resources, two relapsed into homelessness, one was incarcerated and two left the area.

---

**16. Overall Program Goals.** Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APF) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

---

**a. Residential Stability**

Objectives: Sixty-five percent (65%) of the singles and adults in the program will maintain stable housing.

Progress: Seventy percent (70%) or 23 out of 34 of the singles and adults who left during the operating year remained in stable housing.

Next Operating Year's Objectives: Sixty-five percent (65%) of the single and family households in the program will maintain stable housing

---

**b. Increased Skills or Income**

Objectives: Seventy percent (70%) of participants would increase or maintain their income.

Progress: Seventy-three percent (73%) or 25 out of 34 increased or maintained their income.

Next Operating Year's Objectives: Seventy percent (70%) of the participants will increase or maintain their household income.

---

**c. Greater Self-determination**

Objectives: Sixty-five percent will achieve greater self-determination by participating in self-help groups, other community resources and/or case management.

Progress: Seventy-one percent (71%) or 24 out of 35 achieved greater self-determination by participating in one or more of the above activities.

Next Operating Year's Objectives: Sixty-five percent (65%) of LIFT participants will meet one or more goals related to greater self-determination as outlined on their Individual Action Plans.

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HUD-40118 (11/00)

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

**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)<br><br>( ) - |  | 2 Social Security Number or Employer ID Number |  |
| 3 HUD Program Name  |  | 4 Amount of HUD Assistance Requested/Received  |  |

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

**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)<br><input 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<br><input 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 |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |

(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<br><br>X | Date: (mm/dd/yyyy) |
|--------------------|--------------------|

Form HUD-2880 (3/99)

### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

**Exhibit 2: Supportive Housing Program - New  
DEDICATED HMIS PROJECT  
Lee County Board of County Commissioners**

**Section A. Project Narrative**

1. **Project summary.** Please provide the following:

a. Applicant and sponsor names:

Lee County Board of County Commissioners, Department of Human Services/ Lee County Board of County Commissioners, Department of Human Services  
*(Core HMIS agencies: Dept. of Human Services, Salvation Army, Ruth Cooper Center, SWFAS, United Way)*

b. Program component:

Homeless Management Information System (HMIS) (dedicated project)

c. Total SHP request and the percent of this request for housing activities. SHP housing activities include acquisition, rehabilitation, and new construction; leasing of housing; and operations for supportive housing.

\$180,510, of which \$4,403 is for administrative costs and none is for housing activities.

d. The type of housing (e.g., apartments, group home) proposed, if applicable:

N/A

e. The population(s) to be served (N/A for dedicated-HMIS projects):

N/A

f. Grant term of the proposed project (**2 year minimum**, except for dedicated HMIS projects):

1 year.

7. **Homeless Management Information System.** Describe the following:

a. How the COC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded COC-wide HMIS.

The Homeless Management Information System will allow COC funded providers to electronically share client information and send electronic referrals to other service providers participating in the network. Service Point 3.0 is the software that will be used. This software is a web-based application that allows participating agencies to manage client, service, and resource data in a real-time environment.

The application provides client and referral tracking, case management tools such as case notes, goals and objectives, an agency and program database, and comprehensive reporting including automation of HUD's Annual Performance Report. Most COC funded providers are currently completing the APR manually.

The system will also automate the tracking of mainstream resources accessed by clients, as this is a required component of the APR. This should enable providers to better assist homeless people to access the resources they need. The Homeless Coalition will encourage other non-COC funded projects to participate in this collaborative so that a more accurate reflection of the numbers and needs of the homeless in Lee County can be gathered. The Coalition also is currently researching individuals considered chronically homeless and attempting to change the way services have been delivered to these individuals. This system will enable the Homeless Coalition to better track such data over time. In addition, the homeless census information will be entered into the HMIS system and can be further evaluated.

The project will also allow the Salvation Army, who is one of the largest providers of homeless services in Lee County to automate client case management and service delivery. Service Point brings together data from multiple agencies and can provide a single point of entry for client, service, and resource data. During the initial implementation, Lee County Department of Human Services who is the lead agency for the COC application process will serve as the lead agency for the HMIS project.

All COC funded agencies have agreed to participate in the HMIS project. The Information and Referral (I and R) provider in Lee County is the United Way. United Way will utilize this software as the database for the countywide I and R system and to implement the 211 line. This is the first time that the community I and R will be able to electronically access information on persons requesting assistance. In addition, the I and R provider will be able to more effectively follow up on the outcome of referrals made since they can receive feedback from agencies via the Internet. Since the 211 line requires coverage 24 hours per day and seven days per week, the United Way has partnered with the Domestic Violence Shelter's crisis line staff that will take 211 calls after hours. This staff will have access to Service Point and can enter client information into the system and transmit electronic referrals that providers can access the next business day. For emergencies, the shelter staff will direct clients to appropriate crisis services.

- b. **For all dedicated HMIS projects** (New, Expansion, and Updated) demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2003" categories in the Fundamental Components in the COC System – Housing Activity Chart will be included in the COC-wide HMIS.

The bed capacity for 2002 is 733. During the initial HMIS implementation 377 beds or 51% of the capacity will be entered into HMIS. The Lee County Homeless Coalition will educate the agencies not funded by the COC and request that they participate in the HMIS project. The Coalition can serve as the data entry point for agencies that do not have the capacity to participate directly.

- c. Name the lead agency designated to oversee the HMIS project:

Lee County Board of County Commissioners, Department of Human Services.

- d. Provide the timetable for implementing the new or expanded HMIS:

The server that will host the web-based application was purchased with other funds and is set up. It currently contains Service Point 2.05. The providers opted not to use this version as Bowman Internet Systems was in the final development stages of Service Point 3.0, which contains extensive system upgrades. Service Point 3.0 should be installed by September 2003. We currently own 14 licenses and some providers will begin utilizing the system in the fall on a limited basis.

This request will enable the HMIS project to be expanded to all COC funded providers, some additional homeless and support service providers, and the community I and R. All COC funded projects will be operational by December 2004. Once the core group of users is operational and establish user guidelines and system protocols, other providers will be invited to join the HMIS project, which will be called the Service Point Information Network (SPIN). The Lee County School District, Interfaith Caregivers, and many other community agencies have expressed interest in participating in this collaborative information system.

- e. Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.

The HMIS project is being implemented as a partnership with Lee County Human Services serving as the lead organization. Other key players include the United Way of Lee County, all currently funded COC Homeless Assistance Projects, the local domestic violence shelter, and the Lee County Coalition for the Homeless. All organizations have brought existing resources to the table to plan for and implement the system. This request includes only those components necessary to enhance or expand the HMIS system. Match and leverage resources are quantified in the application.

## Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V (A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.)

Please describe the following:

1. The specific type and length of experience of **all organizations** involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.

Lee County Human Services has served as the lead agency and was awarded funds for the COC Homeless Assistance Projects since 1995. In addition to serving as the applicant, Human Services has been a provider of COC funded homeless services since 1996. A similar client case management software system was developed for human services to aid in the tracking and reporting of client assistance activities for the Family Self-Sufficiency Program, of subrecipient agencies' activities for the Contracts unit, and housing activities for the Housing Services Program. Human Services staff was directly involved in the customization of the software by performing a detailed workflow analysis, automation of work procedures, development of reports, and information processing. This process provided valuable experience for several staff members that will work on the HMIS implementation.

All participating organizations are well established and have extensive experience in providing information and referral, support services, and/or housing as well as addressing the needs of the homeless.

2. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.

N/A

3. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

| Year Awarded     | Grant Number | Grant Amount | Amount Spent to Date |
|------------------|--------------|--------------|----------------------|
| Example:<br>1999 | CA16B900-060 | \$500,000    | \$375,412            |
| 1998             | Various      | \$1,939,676  |                      |
| 1999             | Various      | \$2,210,811  |                      |
| 2000             | Various      | \$1,690,605  |                      |
| 2001             | Various      | \$1,899,486  |                      |
| 2002             | Various      | \$1,899,829  |                      |



4. Please explain any delays in implementing any of the grants listed in (3) above which exceed the SHP timeliness standards described in Section IV (D) of the Notice of Funding Availability (NOFA).

Lee County has served as the lead agency for all Continuum of Care applications since 1995. We directly received a grant in 1996 and were awarded another grant in 1999. All grants have been carried out within the timeliness standards with the exception of two awards. One award was declined by Lee County due to not being able to meet the property ownership requirements. The other project was transferred to a new sponsor after the original sponsor was unable to carry out the project. Lee County went to great lengths to identify a new sponsor and process a project amendment through HUD. The new sponsor is currently in the process of implementing the Shelter Plus Care project.

5. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

None

**Section C. Project Information** (please type or print)

|  |                                    |
|--|------------------------------------|
| Project Name:<br><b>Homeless Management Information System (HMIS)</b>  | Project Priority No. 5             |
| Project Address (street, city, state, & zip):<br>83 Pondella Road Suite 1<br>North Fort Myers, Florida 33903   |                                    |
| Project Sponsor's Name:<br>Lee County Board of County Commissioners<br>Department of Human Services  | Project Congressional District(s): |
| Sponsor's Address (street, city, state, & zip):<br>83 Pondella Road Suite 1<br>North Fort Myers, Florida 33903   | Project 6-digit Geographic Code:   |
| Authorized Representative of Project Sponsor (name, title, phone number, & fax):<br><b>Ann M. Arnall, Deputy Director</b><br>239-652-7920 239-652-7960 (fax) |                                    |

**Section D. Program Components/Type**

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only
- Safe Havens
  
- Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.
- HMIS**
- Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

---

## Section E. Existing Facilities and/or Activities Serving Homeless

**Persons** (To be completed for new projects only; renewal projects see Exhibit 2R.)

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
- Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
- No (Skip to section F.)
3. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:
- Increase the number of homeless persons served.
- Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
- Bring existing facilities up to a level that meets State and local government health and safety standards. Please explain.
- Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].
- If this box is checked, you must fully describe the following in order to be eligible for funding:***
- c. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- f. Why it is nonrenewable.
- g. When it will cease.
- h. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

## Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts:

**Chart 1** is for recording the number of beds/bedrooms in the project. Do not complete Chart 1 if the project is for supportive services only (SSO).

**Chart 2** is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for dedicated HMIS projects.

**Chart 3** is for recording the supportive services proposed for your homeless clients. Do not include costs for HMIS activities as these costs should be included in Section G.

---

**This section is not applicable for a dedicated HMIS application**

## Section G. HMIS Budget for Dedicated and Shared HMIS Projects

Complete the entire HMIS Budget Chart for a **dedicated HMIS project**. A project for shared HMIS costs with other projects need *only* complete the "Total" lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

### Example:

| Personnel  | SHP Dollars Requested<br>(1, 2, or 3 years) |
|--|---|
| Project Management /Coordination<br>1 – Staff x .5 FTE @ \$56,000/annual x 3<br>years = \$84,000 | \$84,000                                    |
| Administrative Support Staff<br>1 – Staff x .5 FTE @ \$16,000/annual x 3<br>years = \$24,000     | \$24,000                                    |

### Chart: HMIS Budget

| Cost Item  | SHP Dollars Requested |
|--|-----------------------|
| <b>Equipment</b>   | <b>Total</b>          |
| <b>Central Server(s)</b><br>1 server used to store all HMIS data \$13,289  | \$13,289              |
| <b>Personal Computers and Printers</b><br>1 Lap top computer for Homeless Coalition = \$2,750<br>24 computers for use by Salvation Army, ACT, United Way,<br>and Renaissance Manor \$1,136 x 24 = \$27,264<br>18 APC Backup units for existing machines at Salvation Army<br>\$117.42 x 18 = \$2,114<br>4 Laser printers and cables \$694.22 x 4 = \$2,777<br>2 Desk jet printers \$160.50 x 2 = \$321 | \$35,226              |
| <b>Networking</b><br>1 server to be purchased by Salvation Army to support network<br>\$9,196  | \$ 9,196              |
| <b>Security</b> (included with Software costs)   |                       |
| <b>Software</b>  | <b>Total</b>          |
| <b>Software/User Licensing</b><br>42 Microsoft Office XP \$61.83 x 42 = \$2,597<br>5 Microsoft Office XP Media \$19.10 x 5 = \$96<br>24 Norton Antivirus Corporate Edition \$12.88 x 24 = \$309<br>47 Service Point Licences \$225 x 47 = \$10,575<br>47 Protegrity Licenses \$138 x 47 = \$6,486  | \$20,063              |
| <b>Software Installation</b>   |                       |
| <b>Support and Maintenance</b>   | \$1,176               |

|   |              |
|---|--------------|
| 14 existing licenses \$84 x 14 = \$1,176  |              |
| <b>Supporting Software Tools</b>  |              |
| <b>Services</b>   | <b>Total</b> |
| <b>Training by Third Parties</b><br>Service Point Training for all users \$895/day x 5 days = \$4,475<br>plus \$1,025 travel expenses to be paid to Bowman Internet<br>Salvation Army specific training \$895/day x 10 days = \$8,950<br>plus \$2,300 travel expenses to be paid to Bowman Internet | \$16,750     |
| <b>Hosting/Technical Services</b>   |              |
| <b>Programming: Customization</b><br>Customization of system required by Salvation Army \$9,350   | \$9,350      |
| <b>Programming: System Interface</b>  |              |
| <b>Programming: Data Conversion</b><br>Programming to convert data from Lee County Human Services<br>Agency Information Management System \$8,500 x 1 year  | \$8,500      |
| <b>Security Assessment and Setup</b>  |              |
| <b>On-line Connectivity (Internet Access)</b><br>Salvation Army \$134/month x 12 months = \$1,608<br>Cable Internet \$60/month x 12 months x 3 = \$2,160<br>DSL Connectivity \$42/month x 12 months = \$504   | \$4,272      |
| <b>Facilitation</b>   |              |
| <b>Disaster and Recovery</b>  |              |
| <b>Personnel</b>  | <b>Total</b> |
| <b>Project Management/Coordination</b><br>Lee County position salary and fringe benefits 1 FTE = \$52,000<br>Salvation Army Information Technology position salary .5 FTE<br>= \$17,639<br>Lee County Office Manager salary and fringe benefits .175 FTE<br>= \$10,476                              | \$80,115     |
| <b>Data Analysis</b><br>Homeless Coalition position to extract and analyze data salary<br>and fringe benefits .32 FTE \$13,250  | \$13,250     |
| <b>Programming</b>  |              |
| <b>Technical Assistance and Training</b><br>Southwest Florida Addiction Services position salary .5 FTE<br>\$12,500   | \$12,500     |
| <b>Administrative Support Staff</b>   |              |
| <b>HMIS Space and Operations</b>  | <b>Total</b> |
| Space Costs   |              |
| Operational Costs   |              |
| <b>Total HMIS Costs*</b>  | 223,687      |
| <b>Total SHP Dollars Requested**</b>  | 176,107      |

Section J. Homeless Veterans

1. Are veterans the primary target population?

Yes  No

**Section K. Budget**

**Project Budget (complete all 3 columns)**

**Part I. Indicate grant term. Please circle one:**    1    2    3 year(s)

**Part II. Complete the Project Budget**

| Proposed Activities                           | SHP Request | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|---|-------------|----------------|-----------------------------------|
| 1. Acquisition                                |             |                |                                   |
| 2. Rehabilitation                             |             |                |                                   |
| 3. New Construction                           |             |                |                                   |
| 4. Subtotal (lines 1 through 3)               | *           |                |                                   |
| 5. Real Property Leasing                      |             |                |                                   |
| 6. Supportive Services                        | **          |                |                                   |
| 7. Operations                                 | ***         |                |                                   |
| 8. HMIS                                       | 176,107     | 47,580         | 223,687                           |
| 9. SHP Request (subtotal lines 4 through 8)   | 176,107     |                |                                   |
| 10. Administrative Costs (up to 5% of line 9) | 4,403       |                |                                   |
| 11. Total SHP Request (total lines 9 and 10)  | 180,510     |                |                                   |

- \* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.
- \*\* By law, SHP funds can be no more than 80% of the **total** supportive services and HMIS budget.
- \*\*\* By law, SHP can pay no more than 75% of the **total** operating budget.
- \*\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. **State and local government applicants** and project sponsors **must** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to Section IV (C) (3) of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

**NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.**

---

## Section L. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

3. Which of the following subpopulations will your project serve? (Check all that apply)
- Chronically Homeless
  - Severely Mentally Ill
  - Chronic Substance Abusers
  - Dually Diagnosed
  - AIDS or Related Diseases
  - Victims of Domestic Violence
  - Youth
  - Women with Children
  - Veterans
3. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
- Yes  
 No
4. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as “primarily religious” for purposes of applying HUD’s church/state limitations. For example, while the YMCA is often not considered “primarily religious” under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
- Yes  
 No
5. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
- Yes  
 No

If “yes,” please provide the name of the military installation: \_\_\_\_\_

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp 06/30/2003)

**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):<br><br>( ) -           | 2. Social Security Number or Employer ID Number:<br><br>- |
| 3. HUD Program Name   | 4. Amount of HUD Assistance Requested/Received            |
| 5. State the name and location (street address, City and State) of the project or activity: |   |

**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)<br><input 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<br><input 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 |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |

(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:<br><br>X | Date: (mm/dd/yyyy) |
|---------------------|--------------------|



### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

**EXHIBIT 2**  
**THE SALVATION ARMY**  
**COMPREHENSIVE CARE PROGRAM RENEWAL**

**Section A. Project Information**

**1. Basic Identification**

- jj. Grantee Name: **Lee County Department of Human Services**  
kk. Project Name: **Comprehensive Care Program**  
ll. Sponsor Name: **The Salvation Army**  
mm. Address: **10291 McGregor Blvd., Fort Myers, Florida 33919**  
nn. Telephone: **239.278-1551**  
oo. Fax Number: **239.278-9038**  
pp. Contact Person: **Meg M. Geltner, General Manager**  
qq. Project Congressional District: **14**  
rr. Project 6-digit Geographic Code:  
ss. Project Number of Grant Being Renewed:  
tt. Component/Type: (please check one) TH  PH  SSO  SH  HMIS  IH   
uu. Grant Term: (please check one) 1  2  3

**2. Number of Participants/Number of Beds**

- y. Subpopulations served (check all that apply): Veterans  Seriously Mentally Ill   
Substance Abuse  Dually Diagnosed  HIV/AIDS  Youth  Domestic Violence   
z. Veterans are the primary target population:  Yes  No  
aa. Project is in a rural area:  Yes  No  
bb. Sponsor is a religious/faith-based organization:  Yes  No  
cc. Number of beds in project (specify a number): N/A  
dd. Number of persons in families served (at a point in time): 12  
ee. Number of single individuals served (at a point in time): 108  
ff. Number of persons in families and single individuals who are disabled (at a point in time): 1

**3. Performance**

- a. Are there any significant changes in the project since the last funding approval:  Yes  No

If "yes", briefly describe the changes.

The only significant changes to the project include some modifications to the Outreach Program. Due to recommendations from HUD's consulting firm for TA's called TONYA, the Outreach Program will move from community based activities and outreach events which are planned to encourage homeless persons to participate in and access program services. The Outreach Team will be initiating a program to case manage 60 chronically homeless individuals. It is anticipated that 20% of those case managed will gain an increase in household income and /or move off the streets.

- b. If one or more extensions have been provided for your current grant, please indicate: N/A  
• If not applicable, indicate here: N/A  
• The number of extensions approved: N/A  
• The extension period (e.g., two months, one year): N/A  
• The reasons why the extension(s) was necessary: N/A  
c. If not operating at full capacity, please explain the reasons: N/A

d. APR questions 11 and 16 are attached (required):  Yes  No

e. Additional explanation for questions 11 and 16 is attached:  NA  Yes  No

**4. Project Budget**

| Proposed Activities                          | SHP Request    | Applicant Cash | Total Budget<br>(Col. 1 + Col. 2) |
|--|----------------|----------------|-----------------------------------|
| 1. Real Property Leasing                     |                |                |                                   |
| 2. Supportive Services                       | \$1,013,465.00 | \$ 253,366.00  | \$1,266,831.00                    |
| 3. Operations                                | **             |                |                                   |
| 4. HMIS                                      | *              |                |                                   |
| 5. SHP Request (subtotal lines 1 through 4)  | \$1,013,465.00 |                |                                   |
| 6. Administrative Costs (up to 5% of line 5) | 50,673.00      |                |                                   |
| 7. Total SHP Request (total lines 5 and 6)   | \$1,064,138.00 |                |                                   |

\* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

\*\* By law, SHP can pay no more than 75% of the total operations budget.

\*\*\* Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

**NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.**

**Section B. Supportive Services Chart – Renewal Projects (See Attached Chart)**

| Supportive Service Expense                       | Year 1 | Year 2 | Year 3 | Total |
|--|--------|--------|--------|-------|
| 1. Service Category:<br>Quantity:                |        |        |        |       |
| 2. Service Category:<br>Quantity:                |        |        |        |       |
| <b>3. Total Supportive Services Budget</b>       |        |        |        |       |
| <b>4. SHP REQUEST</b>                            |        |        |        |       |
| <b>5. Selectee's Match (Line 3 minus Line 4)</b> |        |        |        |       |

**Section C. Operating Costs Chart – Renewal Projects N/A**

| Operating Expense                                     | Year 1 | Year 2 | Year 3 | Total |
|---|--------|--------|--------|-------|
| 17. Maintenance/Repair                                |        |        |        |       |
| 18. Staff (position, salary, % time, fringe benefits) |        |        |        |       |
| 19. Utilities   |        |        |        |       |
| 20. Equipment (lease/buy)                             |        |        |        |       |
| 21. Supplies (quantity)                               |        |        |        |       |
| 22. Insurance   |        |        |        |       |
| 23. Furnishings (quantity)                            |        |        |        |       |
| 24. Other Operating Costs* (amounts/ quantities)      |        |        |        |       |
| <b>9. Total Operating Budget</b>                      |        |        |        |       |
| <b>10. SHP REQUEST</b>                                |        |        |        |       |
| <b>11. Selectee's Match (Line 9 minus line 10)</b>    |        |        |        |       |

\*If not specified, the costs will be removed from the budget.

**Applicant/Recipient  
Disclosure/Update Report**

Department of Housing  
Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/200

**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

|  |  |
|--|--|
| Applicant/Recipient Name, Address, and Phone (include area code):<br>The Salvation Army, a Georgia Corporation, for The Salvation Army - Fort Myers, FL<br>McGregor Boulevard, Fort Myers, Florida 33919<br>278-1551 | Security Number or Employer ID:<br>580-66-607            |
| Program Name:<br>Comprehensive Care Program  | Amount of HUD Assistance Requested/Received:<br>4,138.00 |

Provide the name and location (street address, City and State) of the project or activity:  
The Salvation Army, 2400 Edison Avenue, Fort Myers, FL 33901

**I Threshold Determinations**

|  |  |
|--|--|
| 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).<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you receive 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 \$50,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.<br><input type="checkbox"/> Yes <input checked="" 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 |
|--|--------------------|---------------------------|----------------------------|
| 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).

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

(Note: Use Additional pages if necessary.)

**Certification**

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

|            |                   |
|------------|-------------------|
| Signature: | Date (mm/dd/yyyy) |
|------------|-------------------|

**11. Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

| A. Monthly Income at <b>Entry</b> |                 |     |
|-----------------------------------|-----------------|-----|
| a.                                | No income       | 268 |
| b.                                | \$1-150         | 0   |
| c.                                | \$151 - \$250   | 2   |
| d.                                | \$251- \$500    | 8   |
| e.                                | \$501 - \$1,000 | 20  |
| f.                                | \$1001- \$1500  | 5   |
| g.                                | \$1501- \$2000  | 4   |
| h.                                | \$2001 +        | 0   |

| C. Income Sources at <b>Entry</b> |  |     |
|-----------------------------------|--|-----|
| a.                                | Supplemental Security Income (SSI)       | 14  |
| b.                                | Social Security Disability Income (SSDI) | 3   |
| c.                                | Social Security                          | 4   |
| d.                                | General Public Assistance                | 1   |
| e.                                | Temporary Aid to Needy Families (TANF)   | 2   |
| f.                                | Child Support                            | 3   |
| g.                                | Veterans Benefits                        | 1   |
| h.                                | Employment Income                        | 7   |
| i.                                | Unemployment Benefits                    | 1   |
| j.                                | Medicare                                 | 0   |
| k.                                | Medicaid                                 | 0   |
| l.                                | Food Stamps                              | 0   |
| m.                                | Other (please specify) Widows Benefits   | 4   |
| n.                                | No Financial Resources                   | 269 |

| B. Monthly Income at <b>Exit</b> |                 |     |
|----------------------------------|-----------------|-----|
| a.                               | No income       | 139 |
| b.                               | \$1-150         | 8   |
| c.                               | \$151 - \$250   | 9   |
| d.                               | \$251- \$500    | 17  |
| e.                               | \$501 - \$1,000 | 62  |
| f.                               | \$1001- \$1500  | 48  |
| g.                               | \$1501- \$2000  | 17  |
| h.                               | \$2001 +        | 7   |

| D. Income Sources at <b>Exit</b> |  |     |
|----------------------------------|--|-----|
| a.                               | Supplemental Security Income (SSI)                         | 11  |
| b.                               | Social Security Disability Income (SSDI)                   | 10  |
| c.                               | Social Security  | 6   |
| d.                               | General Public Assistance                                  | 3   |
| e.                               | Temporary Aid to Needy Families (TANF)                     | 6   |
| f.                               | Child Support  | 3   |
| g.                               | Veterans Benefits  | 3   |
| h.                               | Employment Income  | 120 |
| i.                               | Unemployment Benefits                                      | 2   |
| j.                               | Medicare   | 0   |
| k.                               | Medicaid   | 10  |
| l.                               | Food Stamps  | 11  |
| m.                               | Other (please specify) Savings, Unknown, Indian Trust Fund | 9   |
| n.                               | No Financial Resources                                     | 138 |

**16. Overall Program Goals.** Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

---

**a. Residential Stability**

---

**Objectives:**

1. Fifty percent of all residential participants will obtain permanent housing or residential stability upon completion of the program.
- 

**Progress:**

**Response to 1:**

The Comprehensive Care Program provided services to a 457 participants. Of those, 307 persons exited the program during the contract year. Two hundred and eighteen (218) persons met the goal of obtaining permanent or stable housing (71%). Of the 89 persons who did not obtain stable housing but left the program, 4% were institutionalized, 5% returned to places not meant for human habitation, and 20% left with destination unknown. The number of persons who remain in the program and are continuing toward their goals is 67.

The high percentage of success for obtaining housing is due to the comprehensive nature of our program. Participants are trained in job seeking and interviewing skills, work ethics, budgeting with credit evaluation and management, household management, time management and short and long term planning for financial stability. Financial assistance may also be provided through utility or rental deposits, necessary household items and food or other basic needs. It is expected that participants will remain in stable housing due to continued support that is provided through our Comprehensive After Care Program.

There also exists future opportunities to assist individuals who did not meet their goals or who had left the program prematurely. Those persons often go into more temporary living arrangements. Housing may be upgraded to a permanent status, during participation in the Comprehensive After Care Program. Participants may also be referred into the L.I.F.T. program offered through Lee County Social Services. This is a successful and cooperative partnership provided through the Continuum of Care. Both agencies work together to follow and support the progress of the clients.

---

**Next Operating Year's Objective:**

2. Fifty percent of all residential participants will obtain permanent housing or residential stability upon completion of the program.

---

**b. Increased Skills or Income**

---

**Objectives:**

1. Fifty percent of Comprehensive Care Program participants will obtain employment in the community or acquire a steady source of ongoing income within 60 days of leaving the program.
  2. Fifty percent of Comprehensive Care Program participants will attend five (5) Life Management/ Life Skills classes. Fifty percent of Project H.E.L.P. participants will complete the first quarter of a work adjustment program and secure outside employment and permanent housing within eighteen months.
- 

**Progress:****Response to 1:**

Of the participants who had no income upon entry, 168 obtained employment or a steady source of income through the Comprehensive Care Program. This is a 55% rate of success.

Participants are assisted with development of resumes, provided lists of potential employment opportunities, assisted with transportation, and provided with appropriate dress and rehearsal for interviews. A daily schedule of classes provides training in a variety of skill areas that are problematic for participants. Classes and groups are offered from 9:00 am until 9:00 pm. Basic Life Skill classes include, health, nutrition, home management, parenting etc. The Life Management / Life Skill training program also provides classes for G.E. D. and Literacy.

The schedule is designed to provide flexibility to participants so that they may participate in employment or housing searches, as well as, attend other scheduled activities. But before advancing into job search, all participants are required to understand and address the concerns that surrounded their condition of homelessness.

Additionally, CCP participant graduates may apply for HELP supported employment positions onsite at The Salvation Army. These positions are time limited and entry level. During the past year, nine persons have entered the HELP program, 67% (6/9) graduated to independent and more permanent employment in the local community.

**Response to 2:**

The percentage of residents who improved their skills as agreed to in their individualized case plans was 69% (213/307). These goals are developed with every program participant and individualized to their specific needs. Classes cover many areas of daily functioning and skills to ensure success in employment and in maintaining healthy relationships.

Classes are available at a variety of times on a weekly schedule. Individual meetings are also scheduled with facilitators to assist those who need more intense or direct guidance. Instruction is offered during the day and in the evenings, Monday through Friday so to ensure that all participants can access the services that they need.

Class topics include but are not limited to budget development and money management, nutrition for individuals and families on limited budgets, basic health and hygiene, parenting skills (child care, discipline, communication skills, etc.), stress management and literacy classes including GED certification.

Residents are further assisted in accessing continuing educational training in the local community.

This may be a referral for a class, funding to enroll in specialized training or even arrangement of a scholarship that could pay for higher education/college certification or a degree.

---

**Next Operating Year's Objectives:**

1. Fifty percent of Comprehensive Care Program participants will obtain employment or acquire a steady ongoing source of income.
2. Fifty percent of residential CCP participants will increase their skills as determined by their individual case plan.



---

**c. Greater Self-determination**

---

**Objectives:**

1. Fifty percent of residential CCP participants referred into the rehabilitative services will attend five rehabilitative classes during their shelter stay.
  2. Outreach will provide information and referral to 6,000 homeless and potentially homeless individuals in the community, annually.
- 

**Progress:**

**Response to 1:**

The percentage of residents meeting this goal is 80% (244/307).

Greater self-determination incorporates three specific areas of treatment. These areas include mental health, addictions recovery and domestic violence therapy. Participants will receive these services when and if appropriate. All participants attend educational classes for the above as an introduction and occasionally this is an opportunity for persons to indicate a need. All needs should be identified at intake but these classes provide a check and balance to ensure that no one needing these services is overlooked.

Upon identification of need, a participant will receive a referral for a complete evaluation. Upon completion of the evaluation, service type and amount are recommended, agreed to by the participant, and outlined in the Individual Case Plan. Services begin immediately and include individual and group therapy along with the educational classes that are provided to all.

**Response to 2:**

Outreach provided information and referrals to 8,395 homeless and potentially homeless individuals in the community. This was 29% over our goal.

---

**Next Operating Year's Objectives:**

1. Fifty percent of this contract year's participants will achieve one goal on their individual case plan.

---

**d. Medical Services**

---

**Objectives:**

1. Fifty percent of residential CCP clients will receive a complete medical screening and/or physical admission examination.
2. Perform two “foot screenings” for homeless individuals over the next year.

**Progress:****Response to 1:**

Eighty six percent (272/307) of clients served this past year received medical screenings with admission physical examinations being performed by a licensed physician. This goal was met.

Clients are screened for HIV, tuberculosis, hepatitis and syphilis. A daily afternoon primary care clinic has been initiated and has provided expanded access to medical services for participants. The clinic medical staff includes licensed physicians, Physician’s Assistants/ Licensed Adult Nurse Practitioners, Registered Nurse, License Practical Nurses and Medical Assistants. The physician (physician assistant / nurse practitioner) services are provided through the Family Health Centers of SW Florida.

**Response to 2:**

Two “foot” clinics were held this past year; goal was met.

These clinics are held in conjunction with Florida Gulf Coast Advanced Nursing students. This provides the nursing students with the opportunity to learn first hand from the homeless directly. Two persons were found to need the services of a podiatrist and were referred to a local podiatrist.

**Next Operating Year’s Objectives:**

- 
1. Fifty percent of residential CCP clients will receive a medical screening and admission physical examination.
  2. Two foot screenings will be performed over the next year.

(End of EXHIBIT 2 Narrative)

### **Discharge Policy Status, 2003**

Section 420.626 of the Housing Chapter (420) of the Social Welfare Title (XXX) of the Florida Statutes sets out state discharge guidelines for institutions under contract or licensed/regulated by the state. The section notes that the intent of the Legislature is ensure that persons leaving care and custody are not discharged into homelessness. Recommended procedures include screening, discharge plans, coordination with post-release agencies, and provision of transitional medication and basic necessities. Many of these institutions fall under the Florida Department of Children and Families. A Continuum officer is an administrator with this department and serves as a connection to this agency's programs.

The *Bureau of Transition Services* within the Florida Department of Corrections is responsible for developing, coordinating, and administering pre-release and post-release programs and services. This agency has fifty-two *Transition Assistance Specialists* with one assigned at each major correctional facility. This bureau contracts with private and faith-based transitional housing providers to provide 800 beds for discharged persons. The bureau also operates *Project ReConnect* which provides job placement and apprentice opportunities. Continuum member *Salvation Army of Fort Myers* is a contracted agency under this program and has multiple staff in regular contact with the release program staff at regional corrections institutions. SWFAS and other Continuum agencies have similar communication with the state staff.

The Lee County Board of County Commissioners has completed the *Certification* to HUD that it opposes discharge into homelessness and committed its resources to support for placement programs. The Lee County Sheriff's Office and the Fort Myers Police Department are active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing.

Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* that contains standardized procedures for Outreach connection with discharge administrators. With the implementation of the HMIS in 2004, the Lee Continuum will track persons beginning at the point of contact in the pre-release programs.

**Acknowledgment of  
Application Receipt**

**U.S. Department of Housing  
and Urban Development**

Type or clearly print the Applicant's name and full address in the space below.

Richard Lloyd Faris  
Department of Human Services  
Lee County Board of County Commissioners  
83 Pondella Road, Suite 1  
North Fort Myers, Florida 33903

(fold line)

Type or clearly print the following information:

Name of the Federal  
Program to which the  
applicant is applying:

Continuum of Care, Supportive Housing Program

**To Be Completed by HUD**

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
  - Being sent under separate cover

Processor's Name \_\_\_\_\_

Date of Receipt \_\_\_\_\_