



Amanda Wander &lt;bigbendcocoreview@gmail.com&gt;

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**Cover Information for APCH for Families Expansion 2016**

2 messages

**Dan Moore** <danmoore@ability1st.info>

Wed, Aug 17, 2016 at 11:35 AM

To: "BigBendCoCReview@gmail.com" &lt;BigBendCoCReview@gmail.com&gt;

Cc: Holly Bernardo &lt;HollyBernardo@ability1st.info&gt;

Please find the supplemental information below regarding Ability1st's APCH for Families Expansion 2016 application:

- Ability1st has made every effort to eliminate prohibitive barriers for entry into our APCH for Families program. Ability1st has a successful track record of housing person with significant criminal histories, including felonies, histories of domestic violence and substance abuse.
- Ability1st has developed policies designed to maintain housing stability for families regardless of their willingness to accept support services, pay their rent or address significant mental health or addiction issues.
- Ability1st maintains a full time experienced social worker, supported by funding in addition to HUD, that coordinates the APCH for Families program and provides needed support services. The expansion project includes funding for an additional support services staff for the eight expansion slots.
- Ability1st maintains at least one person on our governing Board of Directors who is currently or formerly homeless, and currently includes a person served in our A Place Called Home, PSH program, for chronically homeless individuals.
- APCH for Families has an outstanding track record of exceeding performance measures by providing the necessary program supports that encourages participants in maintaining permanent housing and income.

- Ability1st has consistently received a data quality score of “A” for HMIS participation related to our PSH Programs.
- For 2015-2016, APCH for Families demonstrates an efficient program model for providing housing and support services far below the average cost per person/household for chronically homeless individuals. Ability1st spent \$8,717 for leasing assistance and \$ 2,457 for support services per household and \$4359 for leasing assistance and \$1,228 for support services for each individual served in the program.

**Dan Moore, LMHC**

**Executive Director**

***Ability1st* is the Center for Independent Living of North Florida, Inc.**

**1823 Buford Court**

**Tallahassee, FL 32308**

**(850) 575-9621, extension 102**

**(850) 575-5740 FAX**

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## **Before Starting the Project Application**

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 08/10/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** The Center for Independent Living of N. F., dba Ability1st

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-2091522

	<b>c. Organizational DUNS:</b>	107552796	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1823 Buford Court

**Street 2:**

**City:** Tallahassee

**County:** Leon

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 32308

### e. Organizational Unit (optional)

**Department Name:** Housing

**Division Name:** APCH for Families

### f. Name and contact information of person to be

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**contacted on matters involving this application**

**Prefix:** Ms.

**First Name:** Holly

**Middle Name:**

**Last Name:** Bernardo

**Suffix:**

**Title:** Assistant Director

**Organizational Affiliation:** The Center for Independent Living of N. F., dba Ability1st

**Telephone Number:** (850) 575-9621

**Extension:** 107

**Fax Number:** (850) 575-5740

**Email:** hollybernardo@ability1st.info

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6000-N-25

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select district(s) in which the project is expected to operate.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

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

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

**15. Descriptive Title of Applicant's Project:** APCH for Families Expansion 2016

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

a. **Applicant:** FL-002

b. **Project:** FL-002

(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 02/01/2017

b. **End Date:** 01/30/2018

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

a. **Federal:**



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

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

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

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

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

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

If "YES," provide an explanation:

## 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Dan

**Middle Name:**

**Last Name:** Moore

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (850) 575-9621  
**(Format: 123-456-7890)**

**Fax Number:** (850) 575-5740  
**(Format: 123-456-7890)**

**Email:** danmoore@ability1st.info

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

**Date Signed:** 08/10/2016

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

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

### **Instructions:**

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

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

Ability1st, applicant and sponsor for the APCH for Families Expansion project has accumulated over 20 years of experience as a human services agency providing direct services to persons with disabilities who are experiencing homelessness in our community. Since 2006, Ability1st has been the sub-grantee and provider for the Permanent Supportive Housing (PSH), Leasing Assistance project called A Place Called Home. This project has expanded since that time to now house over 45 chronically homeless persons annually.

Additionally, since 2012, Ability1st has been the direct grantee and sponsor for APCH for Families, also a PSH, Leasing Assistance project which now houses over 13 families per year. This project is for families that includes a disabled adult parent and at least one minor child. Both programs have utilized a housing first model for the past three years. Ability1st has entered PSH program data into HMIS since the implementation of both programs. Ability1st has further participated in our CoC's coordinated intake system since its development this past year.

Ability1st also has over 20 years of providing outreach services to indigent and homeless persons with mental illness, substance abuse and co-occurring disorders in our community. These services are available due to a contract with Big Bend Community Based Care, the local Managing Entity for the region's Department of Children and Families/Substance Abuse and Mental Health (SAMH) funding. For the past 10 years, Ability1st has focused those SAMH services in providing supports for chronically homeless persons with disabilities in our PSH leasing program (s) called A Place Called Home. This experience has also consisted of developing specialized support services within our agency to serve the individual needs of this population. As noted elsewhere in the application, we are also in our sixth year of providing specialized benefits restoration and application services for homeless persons with disabilities seeking SSI/SSDI and Medicaid and Medicare benefits.

Ability1st has also provided services to crime victims with disabilities for the past 12 years, the majority of which are homeless and indigent persons in our community. This has consisted of outreach and direct services with persons in our PSH leasing programs, as well at local housing and emergency shelter programs.

Finally, Ability1st utilizes as a routine component of our services, peer counselors. These individuals are persons with disabilities and have direct personal experiences that they can share with chronically homeless consumers who are also persons with disabilities.

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

Ability1st maintains at least 4 SOAR trained mental health outreach staff experienced in assisting persons who are experiencing chronic homelessness and have mental health, substance abuse and co-occurring disorders access SSI, Medicaid and other entitlement programs.

Additionally, Ability1st has a long track record of competing for and implementing Federal, State, local and foundation funding sources in service of persons with disabilities including:

Federal Department of Education/Rehab Services Administration funds (now Health & Human Services) for Independent Living (IL) Services (1978 to present); State of Florida Department of Education, Division of Vocational Rehabilitation funds for IL services (1994 to present); State of Florida Department of Children and Families (SAMH)funds for Mental Health Outreach (1995 to present); Florida Attorney General's Office Crime Victim Services funds (2004 to present); The Able Trust High School High Tech Program funds

for Youth Transition Services(1993 to present) and the local Community Human Services Partnership funds for Accessibility Services (City and UWBB 1996 to present); Area Agency on Aging (2013 to present) for caregiver support services and PEARLS counseling for depression.

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

Ability1st is governed by a volunteer board of directors who supervises the Executive Director (ED). The ED supervises the Direct of Finance, the Office Manager, and the Assistant Director (who supervises the primary direct services staff.) The ED also supervises the Access to Independence Program Manager who coordinates the agency's largest program by volume of consumers served.

The Director of Finance, Office Manager, front desk staff, and ED share cash management, payroll, AP/AR and general ledger functions to maintain maximum feasible internal controls. Ability1st participates in a Federal single audit each year due to the volume of Federal funds administered.

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



### 3A. Project Detail

**Instructions:**

The selections made on this screen will determine the remaining screens that must be completed for this project application.

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

**Energy Star:** this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

**1a. CoC Number and Name:** FL-506 - Tallahassee/Leon County CoC

**1b. CoC Collaborative Applicant Name:** Big Bend Homeless Coalition, Inc.

**2. Project Name:** APCH for Families Expansion 2016

**3. Project Status:** Standard

**4. Component Type:** PH

**5. Is Energy Star used at one or more of the proposed properties?** No

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

### 3B. Project Description

**Instructions:**

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

**PH PROJECTS ONLY**

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select

RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. “

Will the project request costs under the rental assistance budget line item?: This is a required field. Select “Yes” or “No” from the dropdown menu and if “Yes” is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is “Yes”. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If “Yes” is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If “Yes” is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Only option will be Coordinated Entry

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

APCH for Families is a currently funded scattered-site, permanent supportive housing (PSH) project that provides leasing assistance and support services to 13 homeless families. All other existing supportive housing projects are operating at capacity and do not allow for chronically homeless persons with disabilities that have minor children. The proposed project would add 8 additional family units to the project, with no barriers other than the willingness to sign a one year lease. Each of these families would be prioritized through the CoC coordinated intake process and would be identified as most chronically

homeless with the highest needs. At least one adult member of the family will have a disability to be eligible for the project. Housing settings are chosen with the families, based on their needs and preferences.

While emergency shelter for families has increased in our area, transitional housing resources available for homeless families in Tallahassee have diminished and there are no other PSH options for homeless families. The emergency housing is filled beyond capacity because there are not enough supported housing options to refer families to. Through the CoC coordinated intake process, chronically homeless families continue to be identified. These families primarily consist of single parents with disabilities who also have minor children in their custody. Our community's Section 8 program run by the Tallahassee Housing Authority continues to have an extensive waiting list.

The new project will utilize the existing Housing Coordinator for APCH for Families who will process new applications for homeless families, provide leasing assistance, verify eligibility criteria, coordinate supportive services, negotiate leases with local landlords to allow families with problematic rental histories, process rent payments, and document progress on related goals in each family's Individual Services Plan.

The PSH expansion project includes supportive services for participants including case management, life skills training, assistance with accessing and maintaining entitlement benefits, supportive and crisis counseling, information and referral and outreach provided by Ability1st. This includes peer counseling for persons with substance abuse and mental health disorders as well as other disabilities. Each program participant is visited by a supportive services provider on a weekly basis decreasing to monthly upon confirmation of stabilization, and based on individual consumer preferences and need.

The agencies that provide support services are also collaborative partners within our continuum and will serve as primary referral sources for our PSH Project. This includes the local domestic violence shelter-Refuge House, and BBHC's HOPE Community, which has converted to a family emergency shelter. The local CoC's PSH Coordinated intake system prioritizes and refers eligible families to the project.

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

Using our CoC's bi-weekly Coordinated Intake and Assessment process, chronically homeless families are being assessed and prioritized for placement in Rapid Rehousing and PSH slots based on relative vulnerability of the disabled adult, depth of chronicity, and lack of suitable alternatives for housing. It is anticipated that if this project is funded and under contract, of the eight family units proposed, four of the families will be housed within the first two months. The remaining family units will be housed within the following two months. Families without any current financial resources will be placed as soon as feasible utilizing existing community resources to assist with utility deposit, payment of back utility bills etc.

The Expansion Project will be supervised by the current Supportive Housing Program Manager, who also provides direct case management for APCH for

Families current participants. The Expansion Project's implementation will be further monitored by the Assistant Director, who supervises the Supportive Housing Program Manager, and is also responsible for contract management and APR's for all of the Ability1st supportive housing projects.

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

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

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

**Other:** Highly vulnerable adults with chronic medical conditions.

**5. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input type="checkbox"/>
---	--------------------------

	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** Yes

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

As this project will use scattered site apartments with existing landlords/property managers with whom we have developed positive, collaborative relationships, no further development activities are necessary.

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

**8. Will the project request costs under the rental assistance budget line item?** No

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

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

### 3C. Project Expansion Information

**Instructions:**

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

**Increase the number of homeless persons served**  
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

**Provide additional supportive services to homeless persons**  
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

**Bring existing facilities up to state or local government health and safety standards**  
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

**Replace the loss of nonrenewable funding**  
a) Use the text box provided to describe the source of non-renewable funding.  
b) Use the text box provided to describe why the funds are non-renewable.  
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire  
d) Use the text box provided to describe what steps were taken to obtain other funding sources.  
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

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

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



**Increase number of homeless persons served**

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

Current level of effort	
# of persons served at a point-in-time	26
# of units	13
# of beds	26
New effort	
# of additional persons served at a point in time that this project will provide	20
# of additional units this project will provide	8
# of additional beds this project will provide	20

**Additional supportive services to homeless persons**

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

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

Due to the prioritization of chronically homeless families for this project with the most severe needs, more consistent and intensive support services will be offered to assist families in maintaining there housing placements.

## 4A. Supportive Services for Participants

### Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- • Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then

Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select “No” if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select “No” if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

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

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

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

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

Project participants will be offered ongoing support services by the applicant agency or another CoC partner agency, based on eligibility requirements and individual preferences. Ability1st will directly provide services to persons who are deaf and hard of hearing, and persons with physical or cognitive disabilities.

Persons with mental illness and/or co-occurring disorders will be referred to community programs such as Bond Community Health Center, Neighborhood Medical Center, and Florida Therapy Services, as well as Apalachee Center, the local community mental health provider. Also, program participants will be referred to Townsend Arc and DISC Village for substance abuse treatment.

Support services provided by Ability1st generally consist of independent living skills training, case management, supportive and peer counseling, budgeting and financial services, information and referral and advocacy assistance.

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

Program participants will be encouraged to seek or improve their level of employment whenever appropriate. Ability1st routinely provides independent living skills training related to vocational readiness. Further, Ability1st maintains collaborative relationships with local providers such as Vocational Rehabilitation, Career Source, and Goodwill offices, which allow for coordinated referrals for employment services and placement.

Finally, Ability1st employs SOAR trained Benefits Specialists who can assist program participants in obtaining SSI, SSDI, Medicaid, and Medicare benefits.

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



**Click 'Save' to update.**

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

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

- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes
- 5b. Use of a single application form for four or more mainstream programs?** No
- 5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes
  
- 6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes
  - 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 8

**Total Beds:** 20

**Total Dedicated CH Beds:** 20

**Total Prioritized CH Beds:** 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	8	20	20	0

## 4B. Housing Type and Location Detail

### Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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

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

- a. Units: 8
- b. Beds: 20

**New PSH projects are required to dedicate ALL units and beds to persons and families experiencing chronic homelessness.**

**\*3. Beds for the Chronically Homeless**

- a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? (Auto-calculated) 20
- b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? (Auto-calculated) 0
- c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? (Auto-calculated) 0
- d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? (Auto-calculated) 0

**4. Address:**

**Street 1:**

**Street 2:**

**City:**

**State:**

**ZIP Code:**

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**



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123000 Tallahassee, 129073 Leon County

## 5A. Project Participants - Households

**Instructions:**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

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

### Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	8			8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
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Adults over age 24	8			8
Adults ages 18-24				0
Accompanied Children under age 18	12			12
Unaccompanied Children under age 18				0
<b>Total Persons</b>	20	0	0	20

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Instructions:**

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	8			2	1	6	4	2	1	
Adults ages 18-24										
Children under age 18	12									
<b>Total Persons</b>	20	0	0	2	1	6	4	2	1	0

**Click Save to automatically calculate totals**

**Persons in Households without Children**

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

**Persons in Households with Only Children**

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 5C. Outreach for Participants

**Instructions:**

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

\*NOTE\* The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

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

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

40%	Directly from the street or other locations not meant for human habitation.
60%	Directly from emergency shelters.
	Directly from safe havens.
100%	Total of above percentages

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

Ability1st actively participates in bi-weekly CoC coordinated intake and assessment meetings, that utilizes HMIS data, to identify the most vulnerable chronic individuals and families needing PSH. Ability1st is the Point of Contact for the Refuge House, the local domestic violence shelter. Ability1st completes

the VISPAT's and gathers eligibilty documentation for HMIS entry that provides referrals to PSH programs for women and their children. Hope Community family emergency shelter is an active partner in the CoC providing regular referrals for families needing PSH. Substance Abuse and Mental Health (SAMH) staff conducts weekly street outreach and reaches out to people living in the woods who are in need of housing.

## 6A. Funding Request

### Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand  
OR

Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

**1. Will it be feasible for the project to be under grant agreement by September 30, 2018?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand** Permanent Housing Bonus



**OR**  
**is the project applying for funding through the permanent housing bonus?**

**3. Does this project propose to allocate funds according to an indirect cost rate?** No

**4. Select a grant term:** 1 Year

**\* 5. Select the costs for which funding is being requested:**

<b>Acquisition/Rehabilitation/New Construction</b>	<input type="checkbox"/>
<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operations</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## Funding\_Request HIDDEN

**(HIDDEN) Grant Term in years, for use in calculations:** 1

**(HIDDEN) Grant Term in Months, for use in calculations:** 12

<b>Acquisition/Rehabilitation/New Construction (Hidden)</b>	<input type="checkbox"/>
<b>Supportive Services (Hidden)</b>	<input checked="" type="checkbox"/>
<b>Rental Assistance (Hidden)</b>	<input type="checkbox"/>
<b>Leased Units (Hidden)</b>	<input checked="" type="checkbox"/>
<b>Leased Structures (Hidden)</b>	<input type="checkbox"/>
<b>Housing Relocation &amp; Stabilization (Hidden)</b>	<input type="checkbox"/>
<b>Operations (Hidden)</b>	<input type="checkbox"/>
<b>HMIS (Hidden)</b>	<input type="checkbox"/>

## 6C. Leased Units

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

<b>Total Annual Assistance Requested:</b>		\$74,400	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$74,400	
<b>Total Units:</b>		8	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
FL - Tallahassee,...	8	\$74,400	\$74,400

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan fair market rent area:** FL - Tallahassee, FL HUD Metro FMR Area (1203999999)

### Leased Units Annual Budget

New Project Application FY2016	Page 42	08/10/2016
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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$520		x	12	=	\$0
0 Bedroom		x	\$693		x	12	=	\$0
1 Bedroom		x	\$733		x	12	=	\$0
2 Bedroom	8	x	\$914	\$775	x	12	=	\$74,400
3 Bedroom		x	\$1,193		x	12	=	\$0
4 Bedroom		x	\$1,440		x	12	=	\$0
5 Bedroom		x	\$1,656		x	12	=	\$0
6 Bedroom		x	\$1,872		x	12	=	\$0
7 Bedroom		x	\$2,088		x	12	=	\$0
8 Bedroom		x	\$2,304		x	12	=	\$0
9 Bedroom		x	\$2,520		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	8							\$74,400
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$74,400

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

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	0.40 FTE Counseling Specialist to provide support services to high need families in project	\$18,126
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$18,126
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$18,126

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

## 6I. Sources of Match

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

### Summary for Match

<b>Total Value of Cash Commitments:</b>					\$6,003
<b>Total Value of In-Kind Commitments:</b>					\$0
<b>Total Value of All Commitments:</b>					\$6,003
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Area Agency on Aging	01/01/2016	\$4,454
Yes	Cash	Private	Florida Telecommu...	07/01/2016	\$1,549



## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen "6J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Area Agency on Aging  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 01/01/2016
- 6. Value of Written Commitment: \$4,454

## Sources of Match Detail

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen "6J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** Cash

**3. Type of source:** Private

**4. Name the source of the commitment:** Florida Telecommunications Relay Inc. (FTRI)  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 07/01/2016

**6. Value of Written Commitment:** \$1,549

## 6J. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6l. Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6l. Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6l. Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$74,400	1 Year	\$74,400

<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$18,126	1 Year	\$18,126
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$92,526
<b>8. Admin (Up to 10%)</b>			\$5,886
<b>9. Total Assistance Plus Admin Requested</b>			\$98,412
<b>10. Cash Match</b>			\$6,003
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$6,003
<b>13. Total Budget</b>			\$104,415

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

## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non profit status...	08/10/2016
2) Other Attachment(s)	No	HUD form 2991	08/10/2016
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Non profit status form

## **Attachment Details**

**Document Description:** HUD form 2991

## **Attachment Details**

**Document Description:**

## **7B. Applicant Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Dan Moore

**Date:** 08/10/2016

**Title:** Executive Director

**Applicant Organization:** The Center for Independent Living of N. F., dba Ability1st

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

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am**



**aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	08/05/2016
<b>1E. Compliance</b>	08/05/2016
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	08/10/2016

<b>1F. Declaration</b>	08/05/2016
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/09/2016
<b>3A. Project Detail</b>	08/08/2016
<b>3B. Description</b>	08/10/2016
<b>3C. Expansion</b>	08/09/2016
<b>4A. Services</b>	08/09/2016
<b>4B. Housing Type</b>	08/08/2016
<b>5A. Households</b>	08/08/2016
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/09/2016
<b>6A. Funding Request</b>	08/08/2016
<b>6C. Leased Units</b>	08/08/2016
<b>6F. Supp Srvcs Budget</b>	08/08/2016
<b>6I. Match</b>	08/08/2016
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/10/2016
<b>7B. Certification</b>	08/10/2016

**Internal Revenue Service**

**Date:** August 1, 2006

CENTER FOR INDEPENDENT LIVING OF  
NORTH FLORIDA INC  
ABILITY 1ST  
1823 BUFORD CT  
TALLAHASSEE FL 32308-4465 230

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**

John Kennedy ID 31-07927  
Customer Service Representative

**Toll Free Telephone Number:**  
877-829-5500

**Federal Identification Number:**  
59-2091522

Dear Sir or Madam:

This is in response to your request of August 1, 2006, regarding your organization's tax-exempt status.

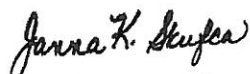
In January 1982 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: The Center for Independent Living of N. F. DBA Ability1st (Grantee)

Project Name: APCH for Families Expansion 2016

Location of the Project: Ability1st


1823 Buford Court, Tallahassee, FL 32308

Name of the Federal  
Program to which the  
applicant is applying: FL-506 HUD Continuum of Care Program

Name of  
Certifying Jurisdiction: City of Tallahassee

Certifying Official  
of the Jurisdiction  
Name: Michael Parker

Title: Director of Community Housing & Human Services

Signature: 

Date: 8-10-2014

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
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Applicant Name: The Center for Independent Living of N. F. DBA Ability1st (Grantee)

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Certifying Jurisdiction: City of Tallahassee

Certifying Official  
of the Jurisdiction  
Name: Michael Parker

Title: Director of Community Housing & Human Services

Signature: 

Date: 8-10-2014