

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

5/24/02

Blue Sheet No. 20020626

1. REQUESTED MOTION:

ACTION REQUESTED: Approval to: 1) Submit Lee County's HUD Fiscal Year 2002 Homeless Continuum of Care and Supportive Housing applications; 2) Authorize Chairman to sign agreements with HUD, Provider Contracts with subrecipients, and authorize Chairman to sign HUD Certifications and HUD Consistency with Consolidated Plan Letters.

WHY ACTION IS NECESSARY: HUD requires entitlement jurisdictions to complete an annual Homeless Continuum of Care and funding applications in order to receive a variety of HUD programs for the homeless. Board action is required prior to submitting the above.

WHAT ACTION ACCOMPLISHES: Enables Lee County to meet the HUD deadline to apply for a variety of programs to assist the county's homeless.

2. DEPARTMENTAL CATEGORY: 05 COMMISSION DISTRICT # CW C5A	3. MEETING DATE: Date Critical 6/11/02 6-11-02
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4. AGENDA: <input checked="" type="checkbox"/> CONSENT ADMINISTRATIVE APPEALS <input type="checkbox"/> PUBLIC WALK ON TIME REQUIRED:	5. REQUIREMENT/PURPOSE: (Specify) <input type="checkbox"/> STATUTE <input type="checkbox"/> ORDINANCE <input type="checkbox"/> ADMIN. CODE <input checked="" type="checkbox"/> OTHER 24 CFR 583	6. REQUESTOR OF INFORMATION: A. COMMISSIONER Na B. DEPARTMENT Human Services C. DIVISION Na BY: Karen B. Hawes, Dir.
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7. BACKGROUND:
In order to apply for HUD Homeless Supportive Housing funds, a Homeless Continuum of Care and applications must be submitted to HUD by June 14, 2002. Five projects to benefit homeless with a total value of \$1,892,020 are proposed for the next HUD fiscal year.

The applications must compete in a national funding competition. To meet the statutory deadline, staff requests Board approval to submit the above.

The Continuum of Care and applications were reviewed and ranked by the Lee County Homeless Coalition Ad Hoc Prioritization Subcommittee on May 2, 2002
Attachments:
Cover Letters (2)
2002 Lee County Homeless Continuum of Care (with 5 Project Applications)

8. MANAGEMENT RECOMMENDATIONS:
Staff recommends approval.

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i>	N/A	N/A	N/A	<i>[Signature]</i>	OA RK 5/29	OM 5/29/02	Risk 5/30	GC 5/29/02	<i>[Signature]</i>

10. COMMISSION ACTION:

APPROVED
 DENIED
 DEFERRED
 OTHER

RECEIVED BY
COUNTY ADMIN.
[Signature]
COUNTY ADMIN.
5/30 9:30

REC'D.
by CO. ATTY.
5/29/02
11:45 AM
CO. ATTY.
FORWARDED TO:
Cora Alden
11:52 AM



BOARD OF COUNTY COMMISSIONERS

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

Bob Janes
District One

June 11, 2002

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Special Needs Assistance Programs Office
Room 7270

Andrew W. Coy
District Four

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

John E. Albion
District Five

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

Donald D. Stilwell
County Manager

Attention: Continuum of Care Programs

James G. Yaeger
County Attorney

**SUBJECT: Lee County's 2002 Homeless Continuum of Care Strategic Plan
Supportive Housing Program (SHP) Consolidated Application**

Diana M. Parker
County Hearing Examiner

Dear Special Needs Assistance Program Representative:

Please find enclosed for your review and processing two (2) copies of the Lee County 2002 *Homeless Continuum of Care Strategic Plan* Supportive Housing Program Consolidated Application. This application consists of one new Permanent Housing project and four renewal SHP projects from four Project Sponsors, with Lee County as the Lead Agency and Applicant. We believe this consolidated application offers a solution to many of the identified unmet needs in our updated Continuum of Care and furthers Lee County's efforts to end homelessness and poverty.

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

I am happy to inform you that Continuum of Care descriptive and quantitative data is accessible to the public on our county website. Please call Richard Faris, Senior Planner, of the Lee County Department of Human Services at (941) 652-7930 if you have any questions regarding this consolidated application for SHP funds.

Sincerely,

Robert P. Janes, Chairman
Lee County Board of County Commissioners

Enclosure

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



LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

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

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Donald D. Stilwell
County Manager

James G. Yaeger
County Attorney

Diana M. Parker
County Hearing
Examiner

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

**SUBJECT: Lee County's 2002 Homeless Continuum of Care Strategic Plan
Supportive Housing Program (SHP) Consolidated Application**

Dear Virginia:

Please find enclosed for your review and processing two (2) copies of the Lee County 2002 Homeless Continuum of Care Strategic Plan Supportive Housing Program and Shelter Plus Care Consolidated Application. This application consists of one new Permanent Housing project and four renewal projects from four Project Sponsors, with Lee County as the Lead Agency and Applicant.. We believe this consolidated application offers a solution to many of the identified unmet needs in our updated Continuum of Care and furthers Lee County's efforts to end homelessness and poverty.

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

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

Sincerely,

Robert P. Janes, Chairman
Lee County Board of County Commissioners

Enclosure

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



LEE COUNTY

SOUTHWEST FLORIDA

2002 HOMELESS

CONTINUUM OF CARE

STRATEGIC PLAN

**U.S. Department of Housing and Urban Development
2001 Supportive Housing Program
Consolidated Application**

Prepared in Conjunction with:

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

Submitted by:

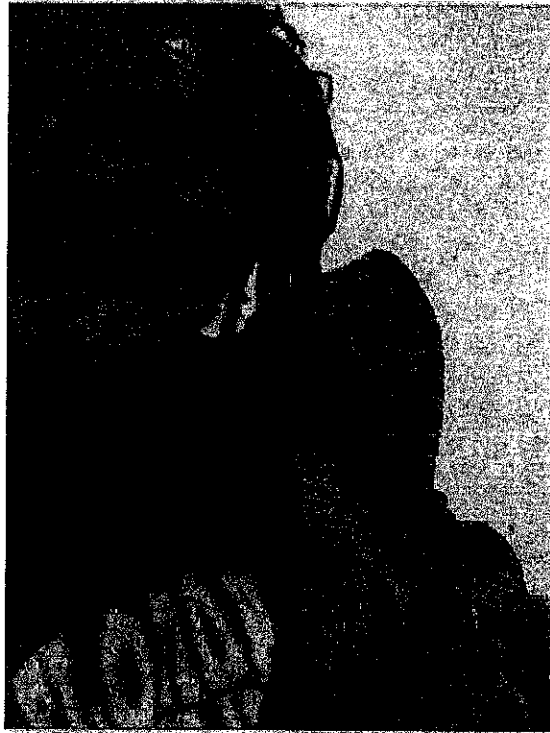
Lee County Board of County Commissioners
Lee County Department of Human Services

Submitted: June 11, 2002

Lee County



Coalition for the Homeless
Florida, Inc.



Vision

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

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

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

CoC Edition 5.29.02

2002 Application Summary

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

Continuum of Care (CoC) Name: **Lee County 2002 Homeless Continuum of Care**

CoC Contact Person and Organization: **Richard L. Faris,
Senior Planner, Lee County Department of Human Services**

Address: **83 Pondella Road, North Ft. Myers, FL 33903**

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

Continuum of Care Geography

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

Geographic Area Name	6-digit Code
Cape Coral FL	120402
Ft. Myers FL	120966
Lee County FL	129071

2002 HOMELESS CONTINUUM OF CARE • LEE COUNTY FLORIDA

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Lee County Comments and Suggestions

Section 1.
12- Month Accomplishments.
Lee County Homeless Continuum of Care

The Lee County 2002 Homeless Continuum of Care covers all municipalities and unincorporated areas in Lee County Florida. A county 2002 total of 1837 homeless persons has been determined.

1. The Community Homeless Database. Service and bed data was gathered from all homeless agencies including Mainstream Programs and a careful homeless person Street Count was done. A community matrix of Homeless needs, inventory and gaps was finalized incorporating a common, repeatable, methodology. The Lee Continuum selected its HMIS system and purchased server equipment.

2. The Homeless Strategic Plan. Lee agencies and clients developed the 2002 Lee County Homeless Continuum of Care including the Strategy on Chronic Homelessness. The Lee CoC guides all homeless assistance including the HUD Programs, other federal homeless and mainstream programs, Florida and local government programs, and private support.

4. Effective Community Education. TV, radio, and newspaper media publicized the Homeless Candlelight Vigil, Census Blitz ,Veteran's Standdown, the new school "Faces of Homelessness" art contest, and announced nearly \$3 million dollars in HUD, HHS, and Florida State homeless awards.

5. Mainstream Program Integration. Lee County housed nearly one hundred households in a Florida state pilot project utilizing *TANF* funds. Department of Human Services homeless case workers co-located with Medicaid, TANF, Food Stamp and Workforce Investment staffs at the Fort Myers "One Stop" provided and monitored the connection between homeless clients and mainstream benefits.

6. Impact of HUD SHP and Supplemental Resources. New outreach vans, new HMIS servers, sixteen new permanent homeless beds, and supportive services were funded with a on Homelessness \$227,000 *Challenge Grant* and a \$288,000 *Housing Assistance Grant* from the newly established Florida State Office on Homelessness.. Homeless Occupational programs were established with *Florida Gulf Coast University*. Homeless medical service was funded by a *Healthcare for the Homeless* Program award and housing, employment, and support services are being delivered by a \$53,000 HHS/ *PATH* award and a \$1.9 million dollar *HUD SHP* award.

Section 2

Lee County Continuum Planning Process

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

2.a.1 The Lead Entity : The Department of Human Services

The Department of Human Services of Lee County Board of County Commissioners is the lead entity for planning and is the applicant and administrator for U.S Department of Housing and Urban Development (HUD) and Florida State Office on Homelessness(State Office) grants. DHS staff initiated organized homeless efforts in 1987 and submitted the original Continuum of Care Plan in 1995 and all annual plans to date.

DHS is in position to effectively lead the Continuum planning effort. The department does the planning and administration of numerous programs that complement CoC programs including federal CDBG and HOME entitlements. DHS prepares the Lee County HUD Consolidated Plan integrating Homeless Continuum strategy with all other countywide efforts. DHS planning integrates HUD programs - CDBG, HOME, (and in 2003 - ESG), and HOPE 3, U.S. Department of Health and Human Services(HHS) programs - CSBG, Healthcare for the Homeless, PATH, and SAMSHA programs in substance abuse and mental health along with other federal programs impacting homeless and low-income residents. Planning also considers and integrates state-funded programs in affordable housing, job training, health, social and emergency services as well as Lee County funded programs supporting emergency assistance, health ,other services, and county non-profit agencies. DHS staff within these emergency assistance and case management programs have daily exposure to homeless and at risk of homelessness residents.

Since 1997, DHS has partnered with the nonprofit *Lee County Coalition for the Homeless (Coalition)* in the planning and implementation of homeless assistance. The Coalition brings the first hand experience of its provider, advocate, homeless and formerly homeless members to the planning process. The Coalition has a continual improvement process which attempts to find and incorporate the input of each and every agency or organization in contact with the homeless or at-risk-of-homeless residents in the county and adjacent areas. Thus the DHS and Coalition aim to maintain and expand an inclusive planning process strengthened by shared experience and information.

2.a.2 The Homeless Network: The Lee County Coalition for the Homeless Florida, Inc.

The nonprofit Lee County Coalition for the Homeless, Florida, Inc. (the Coalition) coordinates delivery of the Continuum of Care *Services* within the community. The organization formalized out of predecessor homeless consortiums in 1997 and was reorganized as a Florida, not-for-profit corporation with 501(c)(3) status in 2000. Coalition members include former and current homeless individuals, veterans, persons with HIV/AIDS, residents of the community, private business and community foundation representatives, non profit organizations and treatment providers. The Coalition network of agencies, including Lee County DHS, is shown in *Format 2.d*. Along with providing Continuum planning inputs, the Coalition coordinates service delivery to the homeless and conducts public awareness and advocacy events. Important Coalition annual activities are the Homeless Census Blitz, the Candlelight Vigil, and the Veteran's Standdown.

The Coalition plays a vital role in Continuum planing. Inputs to this planning is an important segment of the scope of work of the several Coalition functional subcommittees all of which meet monthly throughout the year.. The *Long Range Planning Subcommittee* looks at multi-year planning and advocacy and is the liaison with the DHS lead entity for the HUD Continuum of Care document. The *Housing Subcommittee* identifies housing resources for homeless individuals and families and facilitates access to safe, decent, affordable housing. The *Services Subcommittee* monitors service resources for homeless individuals and families to assure comprehensiveness and responsiveness to changing needs.

2.b The Community Planning Process Description

Coordination

The *lead agency* facilitating the CoC planning process is the Lee County Department of Human Services (DHS). DHS and its Continuum partners work to make certain that the Homeless Continuum Planning is well coordinated within the multiplicity of *planning* processes and cycles, *funding* processes and cycles, and political and economic realities that configure the environment for homeless assistance in Lee County, Florida.

DHS provides coordination of federal efforts. DHS compiles both the HUD Homeless Continuum of Care and the HUD Annual Plan for entitlement funds which reports on Lee County assistance programs in many areas including health, infrastructure, economic development, neighborhood development and affordable housing. Like the Continuum, the entitlement reporting is focused on integration of all county resources including Mainstream Program resources. The data gathering, planning and reporting in the Annual and Consolidated Plans benefit coordinated CoC planning.

DHS also coordinates the Homeless planning within the context of state and local government planning for all special populations. DHS is the lead agency for Florida homeless grants and numerous other state programs in the areas of health, human services, and low-income housing. The department also administers county-funded programs in emergency assistance and health assistance programs and county funding for nonprofit provider agencies serving special populations. Planning input is obtained from the Lee County Commissioners and county administrators as well as the planning, development, economic development, and veterans divisions. Additional data and input is garnered from the major cities of Fort Myers and Cape Coral and the smaller incorporated areas of Sanibel, Fort Myers Beach and Bonita Springs. The County Sheriff's Department and municipal police departments play an active role in planning and public awareness actions. Workforce Development and vocational training agencies input data and planning direction. Florida state input is obtained from the Departments of Children and Family Services, Community Affairs, Health, and Juvenile Justice. Additional planning input is garnered from the Regional Planning agency, the regional Health Planning Council and the outreach programs of the local state university and community college.

The Lee County Homeless Coalition adds the hands-on contact and front-line experience of the nonprofit agencies to Homeless planning. In addition to client experience these providers and agencies add the day to day interface with Mainstream public providers and the resource impact of charitable funders. Planning roles and representation can be seen in *Format 2.d. Continuum Planning Role*

Established Process

The Lee County Homeless Continuum planning process has been in place since the 1995. In 1998, HUD nominated the Lee County Continuum for a Best Practice Award. Major public, nonprofit and private supporters have had many years of continual networking and annual Continuum document planning. Key players in continual planning activities are DHS and the Coalition Housing, Service and Long Range Planning subcommittees. The Coalition and each of its subcommittees have monthly meeting throughout the year.

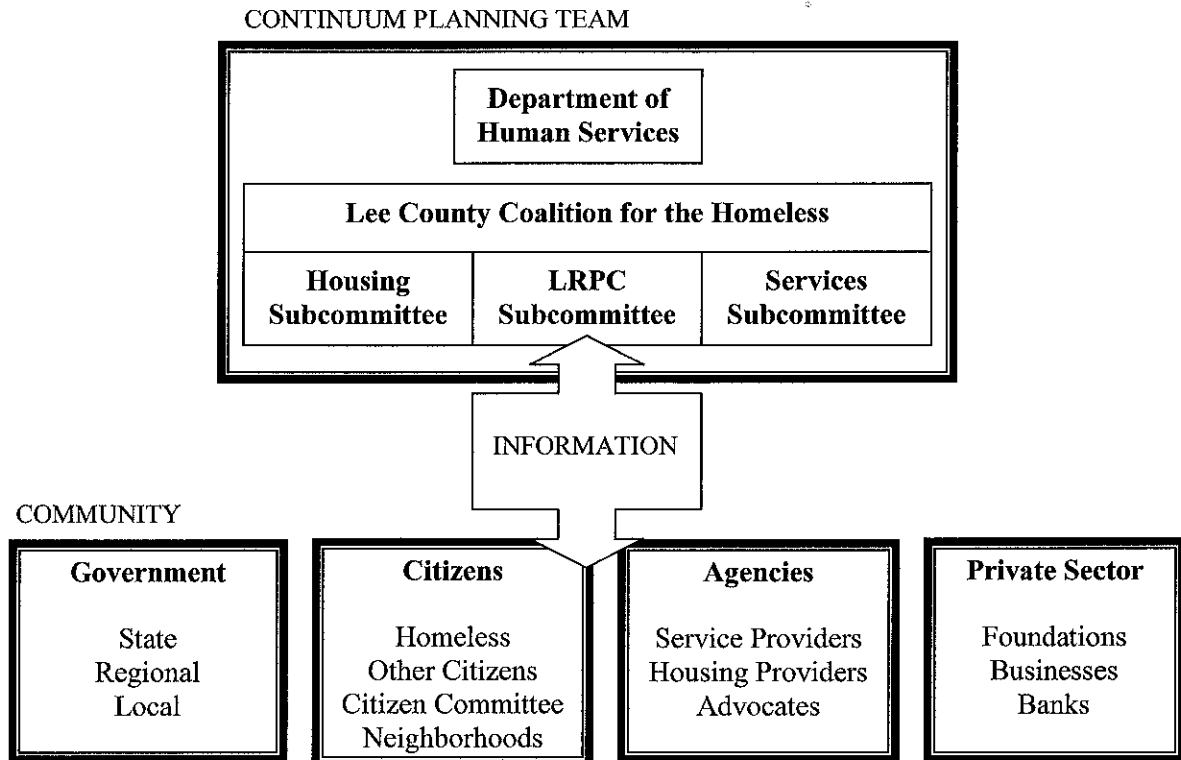
For planning inputs to the HUD Continuum of Care application, the DHS staff offers technical assistance workshops, provides liaison with local municipalities, conducts meetings, advertises grant applications, and solicits citizen input. Feedback gained as DHS administers and monitors the contracts of SHP and S+C project sponsor allows for realistic planning and programming in the annual application. DHS uses the Coalition mounted annual Census Blitz and Provider Survey reports to inform the CoC application.

Unduplicated Resources and Programs

As noted, the Lee County environment for Homeless activities and assistance has many facets and shifting priorities and opportunities. In this situation it is important to maximize limited resources for eliminating homelessness. DHS and the Coalition continually assess the status and direction of public and private funders. Similarly, the progress and success of existing homeless efforts are continually evaluated.

As the recognized channel for Federal and State Homeless funding, DHS is able to avoid duplicate applications or programs for homeless activities. DHS also plays an active role coordinating the resources and local programs of Mainstream and non-homeless anti-poverty efforts including groups focusing on emergency assistance and neighborhood development Thus homeless supports are not duplicated if they are available in programs dealing with all types of low income persons such as Food Stamps and Workforce Investment. Finally DHS and the Coalition network with in the multi-county "*Southwest Florida Homeless Coalition* regional coordinating meeting to avoid overlap or gaps in coverage.

Figure 2.1: Continuum Planning Interrelationships



2.c

Figure 2.2: Continuum Planning Meetings

Dates	Forum	Topics
Lee County Coalition for the Homeless		
(Coalit = Monthly Plenary) (Hsg = Housing), (Service = Supportive Services (LRPC = Long Range Planning)		
7/11/02	Service	Veterans Standdown planning
7/26/01	Coalit:	Health Care for the indigent presentation
8/30/01	Coalit:	Children's programs from Medicaid
9/6/01	Service	Kids issues from youth providers
9/19/01	Service	Standdown planning
9/20/01	Service	Community. Outreach Workers network discussion
9/25/01	Coalit:	Informational presentation for all agencies - planning
10/4/01	Service	Kids Issues - continued discussion of homeless art contest
10/12/01	LRPC	Committee Formation
10/17/01	Service	Standdown planning
10/25/01	Coalit:	Children's programs
10/7/02	Hsg.	Supportive Housing meeting to focus on county and adjacent county resources
11/2/01	Service	Candlelight Vigil planning
11/8/01	Service	Kids Issues - Public even
11/20/01	LRPC	HMIS- identification of working group of principals. Discussion of holiday Events
11/29/01	Coalit:	HMIS status & scheduling, advertising Events
11/29/01	Hsg.	Supportive Housing presentation by Renaissance Manor, Boley Centers
12/4/01	LRPC	HMIS working group
12/12/01	LRPC	HMIS planning for product investigation tour by R. Faris
12/6/01	Service	Events and FL. Kid Care insurance presentation
12/10/01	Service	Standdown planning
12/13/01	Service	Blitz Information, advance planning
12/17/01	Service	Kid Care insurance - further discussion
12/18/01	LRPC	HMIS presentation by AIMS vendor
12/21/01	Coalit:	Annual Homeless Candlelight Vigil, Lee CoC Input by veterans, homeless, providers
12/ 6,13,20	Hsg.	Coordination with Supportive Housing efforts, NAMI
12/19,20	Service	Telephone Bank 2002 Provider Survey
1/3/02	Service	Blitz Prep
1/7/02	LRPC	CoC, HMIS provider tour report
1/8/02	Service	HMIS discussion with service providers
1/10/02	Service	Blitz Prep. Volunteer training
1/19/02	Service	Homeless Veterans Standdown
1/15/02	Service	Homeless Census
1//q6/02	Coalit:	Annual Homeless Veteran's Standdown CoC Input by veterans, homeless,, providers
1/9/01	Service	Outreach Worker networking
1/22/02	LRPC	CoC status, HMIS, FL Homeless Grants solicited
1/31/02	Coalit:	CoC, HMIS, Blitz info prelim report
2/5/02	LRPC	HMIS vendor presentation, ITG, FL Grants processing
2/28/02	Coalit:	Vigil evaluation/Planning
2/ 26/02	Hsg	Supportive Housing coordination with Florida Supportive Housing Coalition
2/26/02	LRPC	CoC announce, HMIS, FL. Grants
3/12/02	LRPC	CoC preparation HMIS vendor presentation - ServicePoint, Grants
3/29/02	Coalit:	CoC Training for all providers
3/26/02	LRPC	CoC, HMIS, FL Grants

3/26/02	Hsg	Supportive Housing need and goals identified
4/10/02	Service	Advocacy meeting, FL and Natl. Homeless coordination
4/11/02	Service	Child Watch - joint meeting,
4/11/02	LRPC	CoC, HMIS
4/25/02	LRPC	CoC, HMIS, Florida Grants awards
4/25/02	Coalit:	Health Care for the Homeless presentation
5/2/02	Prioritiz	Citizen Prioritization committee ranks 2002 projects.
5/9/02	Service	Child Watch coordination planning
5/9/02	Coalit:	CoC, HMIS security questions and Jacksonville tour discussion
5/21/02	LRPC	CoC draft review,
5/31/02	Coalit:	Networking with homeless organizations of other counties
<i>SW Florida Homeless Coalition (SWFHC), (Quarterly networking with homeless organizations of other counties)</i>		
<i>Emergency Assistance Providers Council (Monthly networking with non-homeless emergency providers)</i>		
<i>Lee County CAA/NDC Citizen Advisory Committee (Bimonthly networking with neighborhood leaders)</i>		

2.d

Format 2.3: Continuum Planning Roles

Specific Names of CoC Organizations/Persons	Geographic area Represented	Subpopulation Represented ¹	Level of Participation in Planning Process
State agencies:			
Dept. of Children & Families	Cape Coral, Ft. Myers, Lee	SA/SMI/Y <i>Planning input/ TANF, State Alcohol-Drug-Mental Health)</i>	<i>(Position)</i> Chairman, Prioritization Comm. Dept. Rep. is chair of Continuum Prioritization Committee <i>(Participation)</i> Attends all Coalit. and LRPC subcommittee meetings. <i>(Also)</i> Provides data/strategy on state programs
Lee County Health Department	Cape Coral, Ft. Myers, Lee	HIV/AIDS, Y	<i>(Position)</i> Member <i>(Participation)</i> Department representative attends full Coalition meetings <i>(Also)</i> Department provides subpopulation data and community health planning inputs
SW Florida Homeless (Regional) Coalition. (@ Florida Gulf Coast University)	Cape Coral, Ft. Myers, Lee, Region	<i>(Advocacy/ Planning input on all subpopulations multi-county level)</i>	<i>(Position)</i> Liaison/Member. Director is liaison with regional coalition <i>(Participation)</i> Attends all Coalit. regular meetings. <i>(Also)</i> Provides venue and staff support for Lee CoC Tech. Assist. Workshops and volunteers for Homeless count
SW Florida Reg. Planning Council	Cape Coral, Ft. Myers, Lee	<i>(Planning Input-Transp., Housing)</i>	<i>(Position)</i> Member. <i>(Participation)</i> Rep. Attends some Coalit. meetings <i>(Also)</i> Council provides regional planning documentation
Workforce Develop. Council // TANF C/o Lee "One Stop"	Cape Coral, Ft. Myers, Lee	<i>(Planning input-Employment Programs)</i>	<i>(Position)</i> Jt. Member-DHS on Council <i>(Participation)</i> Department representative attend some Coalit. meetings <i>(Also)</i> Agency Reps provide presentations and planning inputs on employment and welfare support
<i>Shimberg Center, University of Florida,</i>	<i>Cape Coral, Ft. Myers, Lee</i>	<i>(Planning Inputs Housing stats)</i>	<i>(Position)</i> Presenter, <i>(Participation)</i> Provides county annual demographic data and completed countywide service needs assessment in 2000
<i>Lee County Extension Service</i>	<i>Cape Coral, Ft. Myers, Lee</i>	<i>(Planning Inputs, Housing)</i>	<i>(Position)</i> Presenter, <i>(Participation)</i> Agency Reps provide presentations and planning inputs on housing counseling.
Local government agencies:			
Lee County DHS Family Self Sufficiency/ HOPWA Program	Cape Coral, Ft. Myers, Lee	HIV/AIDS <i>(Ryan White provider)</i>	<i>(Position)</i> Member <i>(Participation)</i> Program Rep attends all LRPC meetings <i>(Also)</i> Provides homeless housing data and strategy for Continuum. Provides former homeless perspective.
Lee County School Board	Cape Coral, Ft. Myers, Lee	Y	<i>(Position)</i> Member <i>(Participation)</i> School Board Homeless Extension Worker attends all Coalit and Service Comm. meetings <i>(Also)</i> Provides homeless youth data and strategy for Continuum
Fort Myers Vet Center (Lee Co)	Cape Coral, Ft. Myers, Lee	VETS	<i>(Position)</i> Member <i>(Participation)</i> Director attends all Coalit and LRPC meetings <i>(Also)</i> Director is former homeless person. He directs annual <i>Veteran's Standdown</i> and provides regular input on homeless veteran needs for Continuum.
Lee County Dept. of Human Services Lee County Bd. Of Commissioners	Cape Coral, Ft. Myers, Lee	<i>Advocacy/ Planning input on all subpopulations</i>	<i>(Position)</i> Officer. Lead Entity Homeless Coordinator. Dept. Rep. leads CoC document preparation and HMIS implementation <i>(Participation)</i> Dept. Rep attends all Coalit and LRPC meetings, <i>(Also)</i> Provides national and local data and strategy for Continuum
Lee County Office of Equal Opport.	Cape Coral, Ft. Myers, Lee	<i>(Advocacy/ Planning input on all subpopulation)</i>	<i>(Position)</i> Member <i>(Participation)</i> Director attends some LRPC meetings <i>(Also)</i> Provides homeless legal advocacy and data and strategy for Continuum
Planning Department City of Fort Myers	Ft. Myers	<i>(Planning input on all subpopulation)</i>	<i>(Position)</i> Member <i>(Participation)</i> Planner attends Coalit. and LRPC meetings, <i>(Also)</i> Coordinates CoC with City programs and City Consolidated Plan
Community Development Dept City of Cape Coral	Cape Coral	<i>(Planning input on all subpopulation)</i>	<i>(Position)</i> Member <i>(Participation)</i> Planner attends Coalit. and LRPC meetings, <i>(Also)</i> Coordinates CoC with City programs and City Consolidated Plan

¹ (Indicates the CoC "Geography" where services are provided or where an agency represents/ advocates for the homeless. The Lee County Board of County Commissioners represent all county areas outside of the two cities)² (Bold = service provider)

Format 2.3: Continuum Planning Roles

Specific Names of CoC Organizations/Persons	(Geographic area Represented)	Subpopulation Represented ¹	Level of Participation in Planning Process
Sanibel, Ft Myers Beach, Bonita Springs City Administrations	Lee	(Planning input on all subpopulation)	(Position) Members (Participation) Reps. attend some Coalit/LRPC meetings (Also) Integrate city programs, support public awareness events and provide input and strategy for Continuum.
Lee County Emerg Mgt./Public Safety	Cape Coral, Ft. Myers, Lee	(Planning input on homeless disaster service)	(Position) Presenter (Participation) Representative attends some Coalit. meetings (Also) Inputs strategy on persons made homeless by disaster.
Public Housing			
Fort Myers Housing Authority	Ft. Myers,	(Planning input on homeless housing)	(Position) Member (Participation) Director/Representative attends all Coalit meetings (Also) provide input and strategy for increasing PHA outreach and housing in CoC.
Lee County Housing Authority	Cape Coral, Lee	(Planning input on homeless housing)	(Position) Member (Participation) Director attends all Coalit meetings (Also) provides input and strategy for increasing PHA outreach and housing in CoC and increased utilization of mainstream vouchers
Community Redevelopment Agency City of Fort Myers	Cape Coral, Ft. Myers, Lee	(Planning input on homeless housing)	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also) Provides strategy for increasing Section 8 voucher housing for homeless in CoC.
Nonprofit Organizations -Advocacy			
Health Planning Council	Cape Coral, Ft. Myers, Lee	HIV/AIDS (Ryan White lead agency)	(Position) Vice President , (Participation) Rep. attend all Coalit. meetings (Also) Provides HIV/AIDS / health data and strategy for Continuum
NAMI (Natl. Assoc. Mental Illness)	Cape Coral, Ft. Myers, Lee	SMI	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also) Provides strategy for increasing housing and services to victims of Mental Illness.
Lee County Coalition for the Homeless	Cape Coral, Ft. Myers, Lee	(Advocacy/ Planning input on all subpopulations)	(Position) Network (Participation) Monthly meetings and public events. (Also) Provides year-long homeless assistance delivery coordination. Gathers data and provides input to Continuum and CoC Document
Florida Homeless Coalition Inc. (State Tallahassee	Cape Coral, Ft. Myers, Lee, Florida	(Advocacy/ Planning input on all subpopulations)	(Position) Network (Participation) Monthly/biweekly data and strategy updates d (Also) provides state homeless advocacy and venues for CoC planning and implementation technical assistance workshops.
Emerg. Assist. Providers Coalition	Cape Coral, Ft. Myers, Lee	(Planning inputs)	(Position) Member (Participation): Representatives attend all Lee Coalit. and Service Committee meetings and (Also) Provide input on emergency rent and other assistance to persons at risk of homelessness.
Nonprofit Organizations - Service Providers:			
Salvation Army (Faith-based)	Cape Coral, Ft. Myers, Lee	SMI,SA,DV	(Position) Chairman, LRPC , (also Secy., Florida Homeless Coalition) (Participation) Rep. attend all Coalit. and LRPC meetings (Also) Provides venue and administrative assistance for planning meetings. Provides input on service delivery and homeless housing for Continuum
Hansen-Bays, Inc.	Ft. Myers,	SA	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also) Provides strategy for increasing housing and employment services to persons with substance abuse.
Anne's Restoration House (Faith-based)	Ft. Myers,	SA	(Position) Member (Participation) Representative attends all Coalit. and some LRPC meetings (Also) Provides strategy for increasing housing and support services to persons with substance abuse.
The Gardens	Ft. Myers,	SA	(Position) Treasurer, Coalit. (Participation) Rep. attend all Coalit. and LRPC meetings (Also) Provides input on service delivery and homeless housing for Continuum
Abuse Counseling and Treatment	Cape Coral, Ft. Myers, Lee	DV	(Position) Co-Chair, Service Comm. (Participation) Rep. attend all Coalit. and Service Committee meetings (Also) Provides input on service delivery and housing for victims of DV. (Primary DV provider)
Southwest Florida Addiction Services	Cape Coral, Ft. Myers, Lee	SA, DV (+Mult. diag.)	(Position) President, Coalit. (Participation) Rep. attends all Coalit. and LRPC meetings (Also) Provides input on resources, services, housing for persons with Substance Abuse. (Major SA provider)

Format 2.3: Continuum Planning Roles

Specific Names of CoC Organizations/Persons	(Geographic area Represented)	Subpopulation Represented	Level of Participation in Planning Process
Nonprofit Organizations - Service Providers(Continued):			
Holy Theotokos Monastery (Faith-based)	Cape Coral, Ft. Myers, Lee	SA, VETS	<i>(Position) Member (Participation)</i> Representative attends some Coalit. meetings <i>(Also)</i> Provides strategy for increasing housing and support services to persons with substance abuse.
Ruth Cooper Center	Cape Coral, Ft. Myers, Lee	SMI (+Mult.diag.)	<i>(Position) Co-Chair, Housing Comm (Participation)</i> Rep. attend all Coalit., Housing, and LRPC meetings <i>(Also)</i> Provides input on service delivery and homeless housing for persons with Mental Illness
Source of Light and Hope Development Center	Cape Coral, Ft. Myers, Lee	Y	<i>(Position) Jt. Member (Participation)</i> Principal is chair of Neighborhood Dev. Committee attends Coalit. meetings <i>(Also)</i> Provides input on blighted neighborhoods
Fort Myers Rescue Mission (Faith-based)	Cape Coral, Ft. Myers, Lee	SA, VETS	<i>(Position) Member (Participation)</i> Representative attends some Coalit. meetings <i>(Also)</i> Provides strategy for increasing housing and support services to persons with substance abuse problems
Lee County AIDS Task Force	Cape Coral, Ft. Myers, Lee	HIV/AIDS	<i>(Position) Member (Participation)</i> Representative attends Coalit. and Service Comm. meetings <i>(Also)</i> Primary HIV/AIDS clinic provides strategy for increasing housing and support services for Victims of HIV/AIDS
Outreach Program Veterans Administration Clinic	Cape Coral, Ft. Myers, Lee	VETS	<i>(Position) Co-Chair, Housing Comm. (Participation)</i> Representative attends all Coalit. and LRPC meetings <i>(Also)</i> Provides venue for Veteran's Standdown and planning input on services and housing for VA clients.
Goodwill Industries of SW Florida	Cape Coral, Ft. Myers, Lee	<i>(Developmental Disabilities)</i>	<i>(Position) Presenter (Participation)</i> Attends some Coalit. meetings <i>(Also)</i> provides input on employment services to persons with mental illness and developmental disabilities.
Businesses / Business Organization:			
Anonymous Monthly Support	Cape Coral, Ft. Myers, Lee	Y	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> Provides planning inputs for Continuum.
First Union Bank	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> Invitee for Coalition Foundation and Board. Provides planning inputs for Continuum.
Florida Community Bank	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> Invitee for Coalition Foundation and Board. Provides financial support for "Good Deals for Wheels" program providing economical transportation for homeless persons.
Roberts & Blackburn Realtors	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> Invitee for Coalition Foundation and Board. Provides planning inputs for Continuum.
McCormack Construction Co.	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> Invitee for Coalition Foundation and Board. Provides planning inputs for Continuum.
Sam Galloway Ford Publix Super Markets	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Rep. attends some Coalit. meetings <i>(Also)</i> and Board. Assists with food pantry .Provides planning inputs for Continuum.
Walmart, Target, Rooms to Go, Office Depot, Perkins Restaurants, Steve Bowen Construction,	Cape Coral, Ft. Myers, Lee	<i>(Business Community support/inputs)</i>	<i>(Position) Supporter (Participation)</i> Reps. attends some Coalit. meetings <i>(Also)</i> Invitees for Coalition Foundation. Provide planning inputs for Continuum.

Format 2.3: Continuum Planning Roles

Specific Names of CoC Organizations/Persons	(Geographic area represented)	Subpopulation Represented	Level of Participation in Planning Process
Current / former homeless persons:			
Co-Chairman, Coalition Services Subcommittee	Cape Coral, Ft. Myers, Lee	(Homeless case management inputs)	(Position) Co-Chair, Service Comm. (Participation) Rep. attend all Coalit. and Service Committee meetings (Also) Provides input on case management for homeless persons and families
Director, The Vet Center	(See entry at Local Govt)	(See entry at Local Govt)	(See entry at Local Government Agencies)
Member, Prioritization Committee	Cape Coral, Ft. Myers, Lee	(Advocacy)	(Position) Member, Reviewer (Participation) Served three years on annual Prioritization Committee Attends some Coalit. and LRPC meetings. (Also) Provides inputs on homelessness in No. Fort Myers
Homeless Residents, Salv. Army	Cape Coral, FM, Lee	SA, SMI	(Position) Reviewers (Participation) Join CoC review sessions and regular Coalit. meetings (Also) Provides inputs on homelessness for CoC
Homeless in camps, soup kitchens,	Cape Coral, Ft. Myers, Lee	(All subpopulations)	(Position) Respondents (Participation) responds to surveys and interviews Census Blitz/ Veteran's Standdown and Candlelight Vigil
Law Enforcement			
Fort Myers Police Department	Ft. Myers,	(Planning inputs)	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also) Provide input on planning for Homeless Assessment Center, provide venue, staff for planning
Lee County Sheriff's Department	Lee	(Planning inputs)	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also))Input on Assessment Center, crime
Medical			
Healthcare for the Homeless Clinic Family Health Centers	Cape Coral, Ft. Myers, Lee	(Planning input on all subpopulations)	(Position) Liaison, Member (Participation) Rep. attend all Coalit. and LRPC meetings (Also) Provides input on medical service delivery to homeless for Continuum
Lee Memorial Hospital	Cape Coral, Ft. Myers, Lee	(Planning input on all subpopulations)	(Position) Member (Participation) Representative attends some Coalit/LRPC meetings (Also))Provide input on planning for Homeless Assessment Center, provide support for street surveys
Veterans Administration Clinic	(See VA at Providers)	(See VA at Providers above)	(See entry under VA at Service Providers above)
Funders			
SW Florida Community Foundation	Cape Coral, Ft. Myers, Lee	(Community support/inputs)	(Position) Member (Participation): Representative attends LRPC meetings (Also) Provides presentations and planning input for Continuum.
United Way Community Coordinating Council	Cape Coral, Ft. Myers, Lee	(Advocacy - all subpopulations)	(Position) Jt. Member (Participation): President of Council is Chair of LRPC attends all meetings and coordinates HMIS planning (Also) Provides presentations and planning input for Continuum
Homeless Foundation	Cape Coral, Ft. Myers, Lee	(Community support/inputs)	(Position) Foundation (Participation): Invitees attend some Coalit. meetings and Public events. In development
Neighborhood groups:			
Neighborhood District Committee, Lee County. Charleston Park, Page Park, Pine Manor, Dunbar, Harlem Heights, Palmona Park, Suncoast Estates	Cape Coral, Ft. Myers, Lee	(Community planning inputs)	(Position) Jt. Member (Participation) Rep. attends all LRPC meetings (Also) provides review and neighborhood input to CoC document.
Housing developers:			
Renaissance Manor, Habitat, DIAD, LCHDC, BSHDC DHS Housing Services	Cape Coral, Ft. Myers, Lee	(Afford. Housing / Housing retention planning inputs)	(Position) Members/ Project Sponsor (Participation) Reps. attend some Coalit and LRPC meeting. (Also) Coordinate with Coalit. through Lee Co. DHS and joint programs. Provide input on housing inventory, access and placement

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

Section 3

Goals and System under Development

3.a.1 Summary: Lee County Strategy for ending Chronic Homelessness

"... a chronically homeless person is an unaccompanied disabled individual who has been continuously homeless for over one year. "(U.S. Department of Housing and Urban Development)

Progress within the year. The \$1.7 million dollar 2000 CoC award houses chronically homeless persons with mental illness and provides supportive services moving disabled homeless persons into housing. Florida TANF funding was used in 2000/01 to connect 100 homeless households with housing. \$600,000 in State Homelessness awards funded vans, new permanent housing for the disabled homeless, and computer servers for the HMIS system. \$350,000 from the *Healthcare for the Homeless Program* and a \$53,000 *PATH* award to Southwest Florida Addiction Services (SWFAS) will serve the chronically homeless. The \$1.9 million dollar 2001 HUD SHP award will house chronically homeless persons with substance abuse disability.

3a.1.1: Chronic Homelessness Strategy. The Lee Continuum has adopted chronic homelessness as its priority. A *Special Working Group* of agency principals will lead design and implementation of the Strategy for eliminating chronic homelessness. Following the United Way "Performance Outcome" format, the Lee Continuum will marshal *inputs/resources*, conduct *activities(action steps)* across the spectrum of homeless service, and annually monitor *indicators* of success in achieving phased *outcomes(goals)*. This strategy is presented in *Draft* format herewith. This document also presents specific, near-term, (18-month) strategies in *Format 3b*.

Inputs / Resources.

The Lee Continuum in early planning for eliminating chronic homelessness has determined that this goal will require *expanded funding* as well as focused planning and implementation. At present ,Continuum case managers work alongside local Medicaid, Children's Health Insurance TANF/ Welfare to Work, Food Stamp and Workforce Investment Act staffs at the Fort Myers "One Stop" and also connect homeless clients with SSI and Veterans benefits. Lee County sets aside CDBG funds and is prioritizing HOME funds for the homeless. The Lee County Housing Authority successfully obtains mainstream vouchers. Local CSBG, SSBG, Mental Health and Substance Abuse Block Grants, PATH, and Healthcare for the Homeless programs service the chronically homeless as do federal funds to hospitals, health centers, schools and vocational training. The Florida Housing Finance and State Office on Homelessness programs fund local homeless housing. Lee County revenues fund homeless emergency assistance and case management programs and support nonprofit organizations. County businesses and private citizens provide support through the United Way and Southwest Community Foundation and through many churches and faith-based organizations. *Expanded funding* will come through maximum utilization of these resources and new access to service funding sources including ESG and SAMHSA, and other Florida and federal housing funding.

Long Term Activities

1. Chronic Homelessness Protocol. The principals of the major homeless agencies operating as a Special Working Group will identify existing chronically homeless clients and prepare, implement, and publicize a Chronic Homelessness Protocol for prioritizing Continuum resources.

2.Data Gathering, HMIS, Evaluation and Reporting activities. The 2002 Homeless Census and Providers Surveys will be formatted to display preliminary statistics on the number, needs, service inventories for the chronically homeless. The Lee County HMIS is being implemented with specific

data elements and reporting for the chronically homeless. The 2003 CoC and each annual documents will incorporate HMIS -based evaluation of progress on chronic homelessness.

3. Funding Activities. The Continuum will expand utilization of the existing county homeless resources. New resources will be accessed including the initial Lee ESG entitlement funds Florida ESG funding , homeless reservations in Florida Housing Finance Corporation programs such as the SAIL apartment program. State Departments of Justice and Corrections will be approached for focused assistance. A *10-Year Lee Continuum Resource Budget* with annual target *indicators* is in development as a corollary to the Chronic Homelessness Protocol.

4. Chronic Homelessness Supportive Service Activities. The Protocol will prioritize Intensive Case management with a *single primary case manager* for each chronically homeless client. All outreach, counseling and treatment for chronically homeless clients will be prioritized. The Lee County HMIS will identify chronically homeless persons upon initial assessment or during initial stabilization. 10-year and annual service progress *indicators* will evaluate progress.

5. Chronic Homelessness Housing Activities. All types of shelter and supportive housing from low-demand shelters, safe-havens, transitional housing, and especially permanent supportive housing will be initiated or expanded with Federal resources and State resources of the Florida Housing Finance Corporation, and housing programs of the Department of Children and Families. Both congregate and scattered site housing is anticipated. 10-year and annual housing performance *indicators* are being established.

Outcomes

(Initial)(1) Lee County public, private, and nonprofit agencies are aware of the necessity to prioritize resources for the chronically homeless

(Intermediate)(2) Public, private, and nonprofit agencies coordinate programs for chronically homeless persons with the strategy of the Chronic Homelessness Protocol

(Intermediate)(3) Core homeless housing and service agencies utilize the installed Lee County HMIS for client tracking and reporting.

(Intermediate)(4) Homeless agencies access additional private, foundation, local government, state and federal resources obtained in the campaign to end chronic homelessness.

(Long Term Outcome)(5) Citizens, businesses, law enforcement, other public agencies, and most nonprofit homeless agencies utilize the central Lee County database for information and referral , client tracking, and coordinated provision of homeless services.

(Long Term Outcome)(6) Chronically Homeless persons achieve self-sufficiency and permanent housing.

3.a.2. Remaining Obstacles to ending chronic homelessness

(1) Service specialization by Continuum agencies is an obstacle to coordinated focus on Chronic Homelessness (2) Lack of access to standardized, centralized, client tracking and treatment information is an obstacle.(3) The current level of homeless funding from all sources is inadequate to move local chronically homeless persons into housing and stability.(4) Limited outreach services and multiple assessment procedures are obstacles to effective service to the chronically homeless. (5) Limited funding for some services and repetitive or redundant service provision are obstacles to effective service delivery. (6) A distinct lack of supportive housing developers exacerbates the obstacle of inadequate funding and inducements for housing for chronically homeless residents

3.b

Format 3.b 18 month Goals and Action Steps - Chronic Homelessness

Goal: End Chronic Homelessness	Action Steps	Responsible Person/Organization	Target Dates
<i>(Initial Outcome)</i> (1) Lee County agencies are aware of the necessity to prioritize resources for the chronically homeless	1a. The chronic homelessness Working Group will excerpt information from the overall strategy to eliminate chronic homelessness and publish/circulate the information as a monograph.	Working Group. DHS - Oliver S. Army - Geltner SWFAS - Bixler RCC - Erickson	Monograph 9.25.2002 Lee General Coalition meeting
<i>(Intermed. Outcome)</i> (2) Public, private, and nonprofit agencies coordinate homeless programs the Chronic Homelessness Protocol	2a. The Working Group will identify the baseline statistics of existing chronically homeless clients and services and design strategies and 10year and annual target indicators for Resources, HMIS use, and Service and Housing progress. This Chronic Homelessness Protocol will chart the path to the elimination of chronic homelessness in Lee County.	Working Group.	Protocol 9.30.02 Annual Evaluation, 12.31.02 Reporting 2003 CoC Doc.
<i>(Intermed. Outcome)</i> (3) Core homeless housing and service agencies utilize the installed Lee County HMIS for client tracking and reporting.	3a. Two HMIS services purchased 3b. SWFAS HMIS install 2003 3c. DHS, RCC, SA. install 2003/04 3d. HMIS operate, report 2004	3a. DHS 3b. SWFAS 3c. DHS, RCC, SA. 3d. Core Providers	3a. 9/02 3b. 9/03 3c. 1/04 3d. 5/04
<i>(Intermed. Outcome)</i> (4) Homeless agencies access additional private, foundation, local government, state and federal resources	4a. HUD,HHS, FL funds maintained 4b. New fund source @20% yr. Incr. Including ESG, FL funds, Foundation	LRPC as staff for the Working Group	Evaluate 12/02 Annual Resource Report 03 Coc Doc
<i>(Long Term Outcome)</i> (6) Chronically Homeless persons achieve self-sufficiency and permanent housing.	6a. HMIS, LIFT, S. Army, LFS svcs to chronic homeless (01 FL Awd) 6b. SWFAS outreach -SA (01 PATH) 6c. Mainstream svcs (01TANF,HHS) 6d. FHC services(01 Health/Homeless) 6e. SWFAS Occupat Svc. (01Able Tr.) 6f. LIFT, S. Army svcs(01/02 CoC)	6a. DHS,LIFT, S. Army, LFS 6b. SWFAS 6c. Continuum 6d. FHC 6e. SWFAS 6f. LIFT,S. Army,	6a. 9/02 6b. 10/02-9/03 6c.1/02-1/03 6d. 10/02-9/03 6e. 10/02-9/03 6f. 1/03
<i>(Long Term Outcome)</i> (6)	6g. SWFAS SA Job Ctr (01 FL) 6h. SWFAS 16 Perm SA Beds (01 CoC) 6i. RCC 10 S+C Beds (00CoC) 6j. DHS 6 SMI Beds (01 HOME) 6k. Ren. Manor 6 SMI Beds (02 CoC) 6l. S.Army 16 Disabled Beds (02 CoC)	6g. SWFAS 6h. SWFAS 6i. RCC 6j. DHS 6k. Ren. Manor 6 6l S. Army	6g. 9/02 6h. 10/02-9/03 6i.1/02-1/03 6j. 10/02-9/05 6k. 10/02-9/05 6l. 1/03 -1/08

Format 3.c Goals and Action Steps - Other Homelessness

Goal Other Homelessness	Action Steps	Responsible Person/Organizat ion	Target Dates
<i>(Intermed. Outcome) (7).</i> Lee County agencies coordinate programs for periodically homeless and homeless without disabilities with the Lee County Homeless Continuum of Care	7a. The Lee County Homeless Coalition will provide advocacy, public awareness and networking for homeless assistance agencies. Coalition annual attendance figures will be monitored 7b. The Department of Human Services will conduct an inclusive annual planning process for implementing coordinated homeless assistance in Lee County. HUD COC Scoring Evaluations will be reported	7a. The Lee County Homeless Coalition - LRPC Subcommittee 7b. The Department of Human Services - Faris	7a. Annual Evaluation 12/02 Annual Reporting CoC Doc. 7b. Annual Reporting CoC Doc 5/03
<i>(Intermed. Outcome) (8).</i> Public, private, and nonprofit agencies and private citizens utilize the existing Lee County/ United Way internet-based Information and Referral Service.	8a. The searchable Human Service Database currently operated on the Lee County website by the Department of Human Services and the Lee County United Way will be publicized in news media and with the membership of the Lee, Regional and State homeless coalitions.	Lee Co. DHS	Website hits monitored through 9.30.02 Evaluation 12.31.02, Reporting, 03 CoC Doc
	8b. The Lee County HMIS will be implemented and will provide internet access to central data for Information and Referral, client tracking, reporting and coordinated case management. The Continuum will target 20% annual increase in HMIS user agencies.	Lee Co. DHS	Phases 1,2,3 12/03 Implement 1/04 Annual Reporting CoC Doc 5/04
<i>(Long Term Outcome)(9)</i> Chronically Homeless persons achieve self-sufficiency and permanent housing.	9a. LIFT, S. Army, LFS prevention, outreach, medical Svcs (01 FL) 9b. Mainstream svcs (01 TANF, HHS etc) 9c. S. Army services (01 CoC) 9d. FHC services (01 Health/Hmls) 9e. Support Svcs (02 FL) 9f. LIFT, S. Army, services (02 CoC)	9a. DHS, LIFT, S. Army, LFS 9b. Continuum 9c. S. Army 9d. FHC 9e. SWFAS 9f. LIFT, S. Army,	9a. 9/02 9b. 10/02-9/03 9c. 1/02-1/03 9d. 10/02-9/03 9e. 10/02-9/03 9f. 1/03-
<i>(Long Term Outcome)(6)</i>	9g. S. Army 5 bed shelter (01 ESG) 9h. LCHA 10 vouchers (01 HUD) 9i. S. Army 10 bed shelter (02 ESG) 9j. DHS 35 housing place. (01 TANF)	9g. S. Army 9h. LCHA 9i. S. Army 9j. DHS	9g. 9/02 9h. 10/02-9/03 9i. 1/02-1/03 9j. 10/01-9/02

3.d

Format 3.d Fundamental Components of the Lee County CoC - Services

Component: **Prevention**

Prevention Services in place:

Emergency Assistance programs which provide one-time or temporary rent, utility, food are an important Homelessness Prevention resources...

Lee County DHS - emergency rent, utility, transportation assistance for household in crisis
Southwest Florida Community Foundation (through DHS) emergency rent, utilities
The Salvation Army Crisis Management; program provides emergency clothing, food, furniture, bus tickets
Florida Department of Children and Families coordinates Medicaid, Food Stamps, Healthy Kids medical insurance, childcare and TANF and SSBG- funded employment support services to maintain incomes and housing
Florida Department of Children and Families Foster Care Program prevents homelessness by placing youth aging out of foster care.
The Lee County Social Security Administration provides Social Security/Supplemental Security Income, and SSDI funding to provide income and maintain housing
Bonita Springs Assistance Office - emergency food, rent, utilities assistance to maintain housing
Lee County AIDS Task Force and DHS administer HOPWA rent assistance to maintain housing for AIDS victims
The local branch of the Florida Agency for Workforce Innovation provides unemployment benefits to maintain housing during unemployed periods.

Numerous agencies supply emergency food that allows persons in emergency situations to maintain housing

Salvation Army - food
Lutheran Services Florida (LSF) - emergency assistance
Nations Association - food
Anonymous Monthly support - Homeless youth assistance
Holy Theotokos Monastery - food, clothing
Second Harvest / Harry Chapin Food Bank - food
Wake Up America - food
Ft. Myers Rescue mission - shelter and food
Vince Rizzo Ministries - food
Cape Coral Caring Center - food

Many other services stabilize persons and households in difficulty or crisis and prevent homelessness. See the following services in the Component - Supportive Services on the following pages.

Case Management // Life Skills (including credit and legal counseling) // Alcohol and Drug Abuse Services // Mental Health Treatment // AIDS Related Treatment // Education // Employment Assistance // Childcare // Transportation

Prevention Services planned:

- Expanded Discharge procedures including Dept. of Corrections Discharge Officers
- DHS-United Way searchable *Internet Directory of Human Services* organizations and resources in place
- *Pocket Services Guide* distributed at public events - Lee County, Coalition
- Lee Coalition 2002 *In-service events* with Mainstream Program staff at Ft. Myers One Stop Center

How persons access/receive Prevention assistance:

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

Component: **Outreach**

Outreach in place:

To Veterans

Street and camp canvassing for homeless veterans is done by the Veterans' Administration outreach worker who maintains an office at the local VA Clinic.

To seriously mentally ill

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

To victims of substance abuse

Street and camp canvassing is done by the outreach staff of Southwest Florida Addiction Services (SWFAS) and connection with services is also performed by officers of the Lee County Sheriffs Office and Fort Myers Police Department. All these outreach services target chronically homeless persons.

To victims of HIV/AIDS

Street and camp canvassing is done by the outreach staff of Lee County AIDS Task Force and connection with services is also made by medical and emergency medical service staff

To victims of domestic violence

Street and camp canvassing is done by the outreach staff of Abuse Counseling and Treatment Inc.(ACT) and Center for Light and Hope. The service is also performed by officers of the Lee County Sheriffs Office and Fort Myers Police Department

To youth

Street and camp canvassing is done by the mobile outreach teams of the Salvation Army and Lutheran Services and by the Lee School Board homeless student outreach worker

To multiple populations.

Smaller faith-based organizations also perform outreach through prayer meetings and food distribution at parks and camps these include the Fort Myers Rescue Mission Mobile Pantry, Lee Co. Mission, Vince Rizzo Ministries, Rainbow Ministries.

Outreach planned:

- The Community Outreach Workers Group*** is beginning monthly network meetings at the Salvation Army to avoid redundancy and gaps in outreach to homeless subpopulations
- The Neighborhood Building*** staff of DHS is starting to integrate Homeless Outreach to persons in the blighted neighborhoods
- New mobile outreach vans*** funded by 2002 Florida State Office of Homelessness awards will begin service to youth and other homeless persons through the Lutheran Services and Salvation Army outreach staff.

Component: **Assessment**

Assessment service in place:

Lee County Department of Human Services / Lee Co. Health Dept. – medical needs
The Salvation Army – medical, substance abuse, mental illness needs
Lee Memorial, VA Clinic, and other hospitals – medical needs
Abuse Counseling and Treatment (ACT) – domestic violence needs
Ruth Cooper Center (RCC) Outreach staff and Mobile Crisis Unit – medical, substance abuse, mental illness needs
Southwest Florida Addiction Service (SWFAS) - medical, substance abuse, mental illness needs, HIV/AIDS screen
Lee County Coalition Service Subcommittee
Lee County DHS, Health Department,
The Salvation Army – 2 outreach workers plus nurse PLUS MOBILE CLINIC
SW Florida Addiction Services (SWFAS) PATH, TANF Grants Outreach Staff / linkage to Medicaid, Food Stamps, Childcare
Ruth Cooper Center(RCC) Outreach Staff / links to TANF, Medicaid, Food Stamps
AIDS Task Force Outreach Staff
"One Stop Center" - TANF, Workforce Investment, Welfare to Work, DHS assistance
Fort Myers Vet Center
Lutheran Services of Florida (LSF) Outreach Staff
Lee County Sheriff's Office
Fort Myers, Cape Coral, Fort Myers Beach, Sanibel Police Departments
Ft. Myers Rescue Mission Mobile Pantry, Lee Co. Mission, Vince Rizzo Ministries, Rainbow Ministries

Assessment planned:

- Outreach and assessment activities will be augmented as part of a homeless 'one stop' in initial stages of development with the police department. *(See note under Emergency Shelter Services planned.)*
- Outreach services to housing-ready homeless are being stepped-up by local Section 8 providers.
- The needs and inventory databases being developed as Action Steps will allow all Continuum participants to optimize outreach and assessment as well as service activities.
- A Homeless Link hotline is being developed.

How persons access/receive Assessment assistance

Homeless individuals are contacted in camps, at missions, at food pantries or on the street by outreach workers from the public, nonprofit, religious and private agencies listed above. Family Health Center provides an outreach nurse who visits homeless persons in camps and streets. Outreach teams attend Sunday services at Centennial Park, Vince Rizzo and Holy Theotokis services in North Ft Myers, and Chapel by the Sea services in Ft. Myers Beach. Mobile pantries and mobile assessment units from RCC, Salvation Army and SWFAS and Lutheran Services provide continual outreach in the form of information and assessment. The mobile crisis unit of the Ruth Cooper Center provides assessment within the community by medical and psychiatric specialists. Police or sheriff's officers come in contact with the homeless throughout the county and provide information and referrals. Emergency room and medical personnel are another first point of contact with the homeless and they provide information and referral along with assessment and treatment. Advertised assistance programs by the county and others bring homeless individuals to government and agency offices where they receive information, assessment and referral. Major outreach events such as the veterans "Stand Down", the homeless Census Blitz, and HIV and Alcohol Awareness Days are outreach contact points for homeless participants. The Lee County Homeless Coalition distributes a homeless services directory to law enforcement officers and at homeless person contact points.

Format 3.d Fundamental Components of the Lee County CoC - Services (Cont.)

Component: Supportive Services

Case management in place

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

Life skills in place

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

Alcohol and drug abuse in place

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

Mental health treatment in place

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

AIDS related treatment in place

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

Education in place

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

Employment assistance in place

DHS / Edison Community College Lee Education and Employment Program(LEE) – job training
Disabled Veterans of America - employment
Goodwill Industries of Southwest Florida, Inc - employment
Florida Better Jobs / Better Wages Program – educational assistance
Agency for Workforce Innovation – employment assistance
Workforce Council of SW Florida – job training, job counseling
High Tech Center- Fort Myers/Cape Coral locations – vocational training
Women’s Resource Center – self help, information and referral
SWFAS Occupational Therapy Program

Childcare in place

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

Transportation in place

Lee County DHS – case management , LIFT program
Lee County Health Department – assessment and referral
Ruth Cooper Center (RCC) – mental illness
The Salvation Army – case management and counseling
Lee Co. Vet. Center- case management and referral
Southwest Florida Addiction Services (SWFAS) – case management, substance abuse and mental health counseling
Consumer Credit Counseling Service (CCCS) – budget counseling

Lee County AIDS Task Force – case management
Abuse, Counseling and Treatment (ACT) – case management /domestic violence
The School District of Lee County - Social Worker for the Homeless – case management
Lee Memorial System and Gulf Coast Hospital – case management
Family Health Center services – case management

Other Services in place

SWFAS - detoxification services

Basic Assistance Services in place

(See Basic Assistance resources in the Component "Prevention" above)

Supportive Services planned:

(2002 CoC SHP) Salvation Army Comprehensive Care and After Care Program renewals

(2002 CoC SHP) Lee County LIFT Program Renewal

Continuum Homeless (telephone) Hotline

How homeless persons access/receive Supportive Services:

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

3.e

Format 3.e Fundamental Components of the Lee County CoC - Housing Activity

Component: Emergency Shelter			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
Hope House	Hope House	20	0
Lutheran Services (OASIS)	OASIS	22	0
Ruth Cooper Center	Ortiz Clinic	8	
SWFAS	Drug Dependency Court	2	
Abuse Counseling & Treatment (ACT)	ACT Shelter	2	12
Vince Smith Center	Vince Smith Center	20	0
Ft Myers Rescue Mission	Mission	40	
The Salvation Army	Edison Service Center	97	40
Subtotal		228	52
<p>Housing planned: An initial intake center remains in discussion with Police and Sheriff's departments and Continuum Providers. The center may be co-located with an existing provider facility. In 2003 Lee County will receive Federal ESG entitlement funding. Initial shelter concepts with this funding are in development. The ACT shelter is in fundraising for expanded facilities in 2003.</p>			
<p>How homeless persons access/receive assistance: Individuals and families can access assistance in a variety of methods. All Continuum agencies have an outreach component and contact homeless persons at pantries, soup kitchens, blighted neighborhoods and camps. These Outreach workers provide information and often transportation to shelters. The Continuum <i>Pocket Guide</i> provides information and directions to shelters. Police and Sheriff's officers refer and transport clients. Homeless persons often access the shelters on their own. At the shelter, the intake process begins with an assessment of needs.</p>			

Component: Transitional Housing			
Provider Name	Facility Name	Individuals	Persons in Families with Children
SWFAS	Vince Smith Center	20	
Ft Myers Rescue Mission	Mission	40	
The Salvation Army	Edison Service Center	6	8
Anne's Restoration House	Anne's Restoration House	12	
Eagle Recovery	Eagle Recovery	6	
Garden Foundation	Garden Foundation	12	
Hansen-Bays, Inc.	Hansen-Bays, Inc.	24	
Harvest House	Harvest House	4	
Healthy Choice	Healthy Choice	6	
Longorio Camp	Longorio Camp		0
Our Mother's Home	Our Mother's Home		8
Regeneration House	Regeneration House	3	
DATE	DATE (substance Abuse)	15	6
Ruth Cooper Center	Serenity House	9	
Ruth Cooper Center		50	
Sunset House	Sunset House	5	
SWFAS	Transitional Living Ctr	25	
Teen Challenge	Pine Manor Residence	24	
Tice House	Tice House	6	
Vince Rizzo Ministries	Vince Rizzo Ministries	16	
Hanna House	Hanna House	19	
	Subtotal	282	34
Housing planned:			
Salvation Army - 16 new beds - 2003			
Renewal funding for SWFAS transitional housing in the 2002 CoC application			
Supportive Housing with Lee County HOME funding in development - 2003 -			
How homeless persons access/receive assistance:			
Emergency Shelter providers refer homeless occupants to transitional housing. Prior to referral shelter staff often start the process of restoration through stabilization and enrollment in vocational and self-sufficiency services. Outreach staff also refer homeless persons directly to transitional housing facilities. As with shelters, referral may also come from medical providers or police and sheriff's officers. In some cases, individuals and families arrange their own transport. Persons receive room and in some cases food and services at the facilities. Upon arrival clients are assessed for Mainstream and other resources. Persons receive room, food and case management supportive services at the facilities. In 2004, housing providers will be linked by the Lee County HMIS.			

Component: Permanent Supportive Housing			
Provider Name	Facility Name	Individuals	Persons in Families with Children
Lee County Housing Authority			20
Buddy Fredricks		16	
Ft. Myers Housing Authority/ Successor		10	
Goodwill Industries of SW FL		38	
LARC		24	0
Subtotal		90	20
<u>Housing planned:</u>			
Renaissance Manor ,Lee County, 2002 - 6 Beds Permanent Supportive Housing			
Fresh Start II – 2001 CoC SWFAS (16 beds) Permanent Supportive Housing			
The Ruth Cooper Center Shelter plus Care permanent supportive housing - 9 beds, 2002			
LC Housing Authority - 10 Mainstream Vouchers			
The Veteran's Administration Outreach Program is developing a per-diem program for veterans - 2003/04			
<u>How homeless persons access/receive assistance:</u>			
Continuum agencies and providers maintain close contact with permanent supportive housing providers and refer graduates from transitional housing and shelter programs. Individuals and families also make direct initial contact at the housing facility. Assistance is in the form of reduced rental payments and supportive services for long-term disabilities. In 2004, housing providers will be linked by the Lee County HMIS.			

3.e.1 Point in time inventory date.

December 14, 2001

3.e.2. Lee Continuum Definitions

Definition 1) **Emergency Shelter...** is defined as an immediate, safe, decent alternative to the street. No services need to be provided, just a safe place to sleep.

Definition 2) **Transitional Housing....**is housing with supportive services to enable individuals to live more independently. Individuals are housed less than 24 months.

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

Definition 3) **Permanent Supportive Housing...**is stable, long-term housing with supportive services, services do not have to be provided by the housing provider, just available to client.

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

Section 4

Homeless Management Information System (HMIS)

4.a Lee County Homeless Management Information System Strategy and Progress

The Lee County Homeless Continuum of Care team is conducting a phased implementation of a central, internet-based, Homeless Management Information System (HMIS). This system will regularize and authenticate the census of homeless residents, centralize data on homeless resources and allow for evaluation and reporting on the progress of homeless programs. In activities to date, Continuum data needs were analyzed and research conducted on several vendors and mechanisms for HMIS systems. A core group of Continuum agencies have determined both agency internal uses for the system and HMIS components which will be shared across the Continuum. This group, which includes the Department of Human Services, Salvation Army, Ruth Cooper (Mental Health) Center, and Southwest Florida Addiction Services provide the majority of beds and services for homeless persons in the county. The Continuum team will implement the HMIS system throughout 2002 and 2003 and have the system in place for report and data extraction in 2004. The Lee County concept includes expanding utilization of the system capabilities to include a Information and Referral database of all Human Service resources for both homeless and non homeless.

Phase 1 - Strategy. Phase 1 is nearing completion as the core provider agencies which supply the majority of homeless beds in the Lee Continuum have agreed to implement the internet based "ServicePoint" System of Bowman Industries and two server units purchased through an award from the Florida State Office on Homelessness Florida competitive Challenge Grant. At this point the agencies are clarifying legal and regulatory requirements and establishing HMIS System policies and procedures. The core group is also establishing the inter-agency protocols for sharing data.

Phase 2 – System Acquisition and Installation. A core group of agencies consisting of the provider agencies responsible for the majority of homeless beds in the Continuum along with the Lead Agency and the Information and Renewal agency for the County have set out a strategy for system acquisition and installation. In 2002 one of the core providers – Southwest Florida Addiction Services (SWFAS) - is requesting HMIS funds within its 2002 HUD Supportive Housing Renewal application. This agency will acquire and install and test run the system. (All other core agencies will install their systems by early 2004 utilizing 2003 Continuum of Care funding or alternate funding sources.) The intended outcome for this phase is that Continuum agencies will utilize a tested model for data element selection, data conversion from existing systems, data transfer to the central server, and internet server access, manipulation, and data downloading.

Phase 3. - System Administration and Training. Simultaneous with the initial system installation at SWFAS will be the implementation of System Administration staffing and Continuum-wide user training. A System Administrator position will be established and funded within the Continuum. The System Administrator along with project sponsors and continuum providers will train on the ServicePoint System to prepare for common entries into the central HMIS. System Administration and training cost will initially be borne by the core agencies and will be prorated in future years as new agencies join the system. A portion of System Administration and Training costs may be requested in the 2003 HUD Continuum of Care application.

Phase 4 - System Implementation and Evaluation In this Lee Homeless Continuum agencies will make use of the central system to support their daily service to homeless persons. Agencies will make use of some or all of the modules, data elements and reporting mechanisms of the system (See Figure 4.1). At this point additional Continuum agencies will be recruited for the system. Utilization of the system will be made a requirement for access to local, state and federal funding programs. The desired outcome of this phase is that Homeless Continuum agencies, homeless persons, and county residents access and utilize a central resource of continuously updated information and conduct effective action to eliminate homelessness in Lee County.

Figure 4.1 - Lee County HMIS Components

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

4.b Lee County Homeless Management Information System Status

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

(4.c Gaps Analysis Inventory in Existing HMIS -NA)

The Lee County Homeless Continuum of Care does not have an existing continuum-wide HMIS.

Section 5 Gaps Analysis

Format 5.a Lee County 2002 Homeless Continuum of Care: Gaps Analysis Chart

Continuum of Care: Gaps Analysis

	Estimated Need	Current Inventory	Unmet need/ Gap
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Individuals

		Estimated Need	Current Inventory	Unmet need/ Gap
Beds	Emergency Shelter	652	228	424
	Transitional Housing	435	282	153
	Permanent Supportive Housing	290	90	200
	<i>Total</i>	<i>1378</i>	<i>600</i>	<i>778</i>

<i>Supportive Service</i>	<i>Job Training</i>	<i>725</i>	<i>87</i>	<i>638</i>
	<i>Case Management</i>	<i>1087</i>	<i>554</i>	<i>533</i>
	<i>Housing Placement</i>	<i>1087</i>	<i>317</i>	<i>770</i>
	<i>Life Skills Training</i>	<i>1087</i>	<i>383</i>	<i>704</i>
	<i>Medical (Non Emergency)</i>	<i>824</i>	<i>80</i>	<i>744</i>
	<i>Dental in 2002</i>	<i>1010</i>	<i>0</i>	<i>1010</i>

		Estimated Need	Current Inventory	Unmet need/ Gap
Sub-populations	Chronic Substance Abuse	496	297	199
	Seriously Mentally Ill	303	144	159
	Dually-Diagnosed	289	152	137
	Veterans	207	81	126
	Persons with HIV/AIDS	83	28	55
	Victims of Domestic Violence	289	64	225
	Youth	207	81	126
	Other			

Persons in Families With Children

		Estimated Need	Current Inventory	Unmet need/ Gap
Beds	Emergency Shelter	106	52	54
	Transitional Housing	307	34	273
	Permanent Supportive Housing	46	20	26
	<i>Total</i>	<i>459</i>	<i>106</i>	<i>353</i>

<i>Supportive Service</i>	<i>Job Training</i>	<i>353</i>	<i>16</i>	<i>337</i>
	<i>Case Management</i>	<i>413</i>	<i>277</i>	<i>136</i>
	<i>Child Care</i>	<i>132</i>	<i>80</i>	<i>52</i>
	<i>Housing Placement</i>	<i>413</i>	<i>118</i>	<i>295</i>
	<i>Life Skills Training</i>	<i>413</i>	<i>117</i>	<i>296</i>
	<i>Medical (Non-Emerg) 1</i>	<i>82</i>	<i>41</i>	<i>41</i>
	<i>Dental in 2002</i>	<i>96</i>	<i>0</i>	<i>96</i>

		Estimated Need	Current Inventory	Unmet need/ Gap
Sub-populations	Chronic Substance Abuse	165	88	77
	Seriously Mentally Ill	101	70	31
	Dually-Diagnosed	96	49	47
	Veterans	69	11	58
	Persons with HIV/AIDS	28	25	3
	Victims of Domestic Violence	96	90	6
	Other			

Format 5.b Gaps Analysis Methodology Chart

Data Source	Method	Date of Data Collection	Street Count (number)	Shelter Count (number)
<i>(Beds/Units -Est. Need)</i>				
Lee County Coalition Homeless Census Blitz	<ul style="list-style-type: none"> •Trained volunteer survey teams •Individual contact and interview •Point-in-time, unduplicated data 	1/15-16/2002	423	587
Barry University Methodology, Statistical Estimate (statistic for check)	Statistical estimate - 2001 Lee Co. Population and homeless population ratio standard by Barry University.	N.A.	N.A.	N.A.
<i>(Supp. Services–Est. Need)</i>				
2002 Phone Bank Interview of Homeless Housing and Service Providers (statistics for check)	Provider-estimated <i>Service Slot Needs</i> . Data used as check for self-reported responses and reference standards.	12/12-13/2001	N.A.	N.A.
"Report to the Governor", 2001 <i>SW Florida Homeless Coalition "Annual Report on Homeless Conditions in Florida"</i> , 2001 <i>FL Dept. of Children/Families..</i>	Reference subpopulation and service need ratios from current regional and statewide survey data.	N.A.	N.A.	N.A.
Lee County Coalition Homeless Census Blitz (statistics for check)	<ul style="list-style-type: none"> •Self-reported need data from individual contact and interview •Point-in-time, unduplicated data 	1/15-16/2002	N.A.	N.A.
<i>Subpopulations–Est. Need</i>				
2002 Phone Bank Interview of Homeless Housing and Service Providers (statistics for check)	Provider-estimated <i>Service Slot Needs</i> . Data used as check for self-reported responses and reference standards.	12/12-13/2001	N.A.	N.A.
"Report to the Governor", 2001 <i>SW Florida Homeless Coalition "Annual Report on Homeless Conditions in Florida"</i> , 2001 <i>FL Dept. of Children/Families..</i>	Reference subpopulation and service need ratios from current regional and statewide survey data.	N.A.	N.A.	N.A.
Lee County Coalition Homeless Census Blitz (statistics for check)	<ul style="list-style-type: none"> •Self-reported categories from individual contact and interview •Point-in-time, unduplicated data 	1/15-16/2002	N.A.	N.A.
2000 Community Health Assessment (CATCH) Lee Co. Health Dept. (statistics for check)	Lee County subpopulation ratios from Health Dept Study	N.A.	N.A.	N.A.
<i>(Beds/Units - Inventory)(Supp. Services–Inventory)(Subpopulations–Inventory)</i>				
Lee County // Coalition Phone Bank Interview of Homeless Housing and Service Providers Lee County HUD Consolidated Plan 2000-2002. (statistics for check)	<ul style="list-style-type: none"> •Provider Staff phone interview •Trained phone teams •Point-in-time, unduplicated data Resources for homeless ness <i>Section 4 Strategic Plan for Homelessness</i>	12/12-13/2001	N.A.	N.A.

5.c The Data Gathering Process

(1)Data process and methods: Continuum members and the LRPC committee met in December of 2001 to assess previous homeless census and provider surveys. As in previous years, the use of a face to face, 24 hour survey was chosen to improve authenticity of the results, to bring public awareness to homelessness, and to make contact and provide supplies and service access to homeless persons. The team leaders for the Blitz are service professionals who are known and trusted by many homeless persons and this allows for better access and better data than is available from the U.S Census or academic surveyors. A common *Census Blitz data intake form* was utilized with most responses keyed to the *Gaps Analysis Chart* requirements. A common set of definitions for *homelessness* and all questionnaire terms was used by all surveyors. 1004 unduplicated interviews were conducted in the Blitz in shelters, homeless housing, in camps, and on the streets and this number was augmented by an allowance for the hidden homeless to determine a Lee County homeless count of 1837 persons. The Barry University standard for homeless persons within the general population of .00404 was utilized in relation to the official estimate for the county 2001 population.

Previous mail surveys to *Providers* had been ineffective at getting comprehensive data and responses often aggregated homeless and non-homeless services. On December 14th, 2001 a telephone survey of all homeless provider agencies was completed. The Provider Inventory intake form was also formatted for easily tabulation and insertion into the Gaps Analysis Chart. In addition to *inventory* questions, providers were asked for professional estimates of *service needs*. This data used along with responses from homeless persons in the Census Blitz survey were used to check the standard percentages from the regional and Florida homeless reference data utilized to establish subpopulation need categories in the Lee Gaps Analysis. A statewide standardization of homeless provider surveys is underway. By 2004, local homeless *Subpopulation and Supportive Service Need* figures will be supported by HMIS records.

(2)Estimates for homeless living on the streets: At the outset it was acknowledged that any survey effort would miss some hidden and reluctant homeless persons. Survey planning began in December and, *Figure 2.2* shows that 13 separate meetings were held to prepare materials and assignments for the Census and Providers' surveys and to train volunteer surveyors. With knowledgeable guides, discussed above, the surveyors went to 92 sites including 43 camps homeless persons and obtained their responses. The 2002 Census Blitz directly interviewed 423 individuals in the woods or on the street. This number was augmented in proportion to the adjustment for hidden noted above for a final street/woods estimate of 652 individual and 106 persons in families with children.

(3)Relationship to Con Plan and Study data: The Lead Agency Department of Human Services prepares the CoC and the county Consolidated Plan. The Continuum of Care serves as the required *homeless needs assessment* in the Consolidated/Annual Plans of all 3 partner jurisdiction geographies in the CoC application.. The University of Florida Shimberg Center generates the annual official estimate of county populations. The Lee County 2001 population of 454,918 taken at the Barry University homeless standard (.00404) yields the 2001 county homeless estimate of 1837. As with homeless Needs, by 2004 this figure will be supported by records of the HMIS.

(4)Future Homeless Counts: The *annual* homeless" Census Blitz" will be continued. This year's Census Blitz implemented the 2001 recommendation and recorded a separate survey form for each family member. The accuracy of all data will be enhanced by the Lee County-HMIS.

**6.
Priorities**

Format 6.a Project Priorities Chart

Applicant	Project Sponsor/ Project Name	Numeric Priority	Requested Project Amount	Term Of Project	Program				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Lee County Dept. of Human Services	Renaissance Manor - <i>New</i>	1	\$386,000	3	✓				
Lee County Dept. of Human Services	The Salvation Army Aftercare Program - <i>Renewal</i>	2	\$211,000	1		✓			
Lee County Dept. of Human Services	Southwest Florida Addiction Services (SWFAS) - <i>Renewal</i>	3	\$100,091	1		✓			
Lee County Dept. of Human Services	Living Independently for Tomorrow Program (LIFT) - <i>Renewal</i>	4	\$138,600	1		✓			
Lee County Dept. of Human Services	The Salvation Army, Comprehensive Care Program - <i>Renewal</i>	5	\$1,064,138	1		✓			
	Total Requested Amount:		\$1,899,829						

6.b Evaluation of Renewing Projects

Salvation Army Aftercare Program - Renewal

(1) Project Performance:

The Aftercare Program demonstrated successful performance in terms of *Increased Monthly Income* for clients and other parameters as noted in the Aftercare annual APR, Question No. 11 found in Exhibit 2, Section B "Experience Narrative".

(2) Effectiveness at addressing stated Need

The Aftercare Program effectively addressed the Need for clients to *access and maintain better housing*. This effectiveness is detailed in the Aftercare annual APR, Question No. 16. found in Exhibit 2, Section B "Experience Narrative". The Program has been monitored by the DHS Contract Office and found to be addressing state needs.

SWFAS Transitional Housing Renewal

(1) Project Performance:

The SWFAS Fresh Start Program demonstrated successful performance in terms of *Increased Monthly Income* for clients and other parameters as noted in the SWFAS annual APR, Question No. 11 found in Exhibit 2, Section B "Experience Narrative".

(2) Effectiveness at addressing stated Need

The SWFAS Program effectively addressed the Need for clients to *access and maintain better housing*. This effectiveness is detailed in the SWFAS annual APR, Question No. 16. found in Exhibit 2, Section B "Experience Narrative". The Program has been monitored by the DHS Contract Office and found to be addressing state needs.

DHS LIFT Program - Renewal

(1) Project Performance:

The LIFT Program demonstrated successful performance in terms of *Increased Monthly Income* for clients and other parameters as noted in the LIFT annual APR, Question No. 11 found in Exhibit 2, Section B "Experience Narrative".

(2) Effectiveness at addressing stated Need

The LIFT Program effectively addressed the Need for clients to *access and maintain better housing*. This effectiveness is detailed in the LIFT annual APR, Question No. 16. found in Exhibit 2, Section B "Experience Narrative". The Program has been monitored by the DHS Contract Office and found to be addressing state needs.

Salvation Army Comprehensive Care Program - Renewal

(1) Project Performance:

The Comprehensive Care Program demonstrated successful performance in terms of *Increased Monthly Income* for clients and other parameters as noted in the Comprehensive Care annual APR, Question No. 11 found in Exhibit 2, Section B "Experience Narrative".

(2) Effectiveness at addressing stated Need

The Comprehensive Care Program effectively addressed the Need for clients to attain residential stability, increase income, and receive rehabilitative and medical services, his effectiveness is detailed in the Comprehensive Care HUD annual APR, Question No. 16. found in Exhibit 2, Section B "Experience Narrative". The Program has been monitored by the DHS Contract Office and found to be addressing state needs.

6.c. Gaps filled by 2002 Projects

Renaissance Manor Permanent Housing -New SHP project

This project helps fill the following Gaps:

Individual Permanent Supportive Housing - 6 beds for disabled(chronic) homeless persons for 3 years
Case Management for *SMI* population - 6 disabled(chronic) homeless persons per year
Life Skills for *SMI* population - 6 disabled(chronic) homeless persons per year
Substance Abuse counseling for *SA* population - 6 disabled(chronic) homeless persons per year
Renaissance Manor Permanent Housing helps to close the high priority permanent housing need for 6 disabled(chronic) homeless persons and provides high priority mental illness treatment services

Salvation Army Aftercare Program - Renewal

This project helps close the following Gaps:

Individual/Family Case Management - for 62 Disabled(Chronic) homeless persons in *all* subpopulations
Individual/Family Job Training, Substance Abuse Services, Life Skill Services - for 62 Disabled(Chronic) homeless persons in *all* subpopulations
Individual/Family Medical Services - for 62 Disabled(Chronic) homeless persons in *all* subpopulations
The Aftercare program meets high priority mental illness, substance abuse and housing placement services for high priority *mental illness and substance abuse populations*. Failure to renew the program will end relapse prevention services resulting in the homeless persons losing housing, returning to the streets and losing the progress made toward independent living.

SWFAS Transitional Housing Renewal

This project helps fill the following Gaps:

Individual Transitional Supportive Housing - 33 beds for Substance Abuse(Chronic) homeless persons
Individual Case Management for 160 Substance Abuse(Chronic) homeless persons
Individual Mental Health counseling for 160 Substance Abuse(Chronic) homeless persons
Individual Substance Abuse counseling for 160 Substance Abuse(Chronic) homeless persons
SWFAS Fresh Start meets the high priority transitional housing need for 160 Substance Abuse(Chronic) homeless persons and provides high priority mental illness and substance abuse treatment.

DHS LIFT Program - Renewal

This project helps close the following Gaps:

Family Case Management for 2 Disabled(Chronic) homeless and 57 other homeless persons in *Substance Abuse, HIV/AIDS* and most other subpopulations
Individual Case Management for 3 Disabled(Chronic) homeless persons and 22 other homeless persons in *Substance Abuse, HIV/AIDS* and most other subpopulations
Employment Support through transportation assistance for or 84 homeless persons in *all* subpopulations
Housing through counseling and start up costs (deposit, utilities, move-in costs) 84 homeless persons in *all* subpopulations
The LIFT program provides housing placement services for high priority *mental illness and substance abuse populations*. Failure to renew the program will result in homeless persons losing housing, returning to the streets and losing the progress made toward independent living.

Salvation Army Comprehensive Care Program - Renewal

This project helps close the following Gaps:

Individual/Family Case Management for 270 Disabled(Chronic) homeless persons and 106 other homeless adults and children in *Substance Abuse, Mental Illness and most other* subpopulations.
Individual/Family Job Training, Substance Abuse Services, Life Skill Services for 270 Disabled(Chronic) homeless persons and 106 other homeless adults and children
Individual/Family Medical Services for 270 Disabled(Chronic) homeless persons and 106 other homeless adults and children
The Comprehensive Care program serves high priority Chronic homeless *mental illness and substance abuse populations*. Failure to renew the program will result in chronically homeless persons losing housing, returning to the streets and losing the progress made toward independent living. isolation, depression, suicide, death, and loss of progress made toward independent living.

6.d 2002 Lee County Continuum Project Selection and Prioritization Process

6.d.(1) Open Project Solicitation. Projects are solicited in the community through public notice in the media and at workshops and events (see *Figure 2.2*) during the year. The Continuum of Care and SuperNOFA were advertised in the local press on April 1, 2002 along with notification of a technical assistance workshop, the HUD CoC webcast, and a DHS contact for further information. Nonprofit organizations and faith-based organizations receive additional notice at Lee and Regional Coalition meetings and compete on equal footing in the ranking process. Only one of this year's five sponsors is an internal program of a local government.

6.d.(2) Objective Rating and Unbiased Selection Committee. To carry out a fair and equal prioritization of the applicant projects, a Prioritization Subcommittee was solicited from residents of Lee County. Committee members were selected to insure impartiality, experience, and diverse viewpoints. On April 25th committee members received a briefing packet containing information on all projects, HUD 2002 NOFA information, a copy of the 2001 award , and the project ranking scoresheet with descriptions of scoring element. Committee selection criteria follow:

No direct or indirect tie to any Project Sponsors (all members)
Experience with indigent and homeless programs or funding (at least 1 member)
Experience with medical service community (at least 1 member)
Over 65 years (at least 1 member)
Homeless or formerly homeless (at least 1 member)

Fair and Equal Project Ranking. The Continuum planning team compiled a ranking scoresheet which reflected qualities and priorities derived from project implementation experience along with the 2001 gaps prioritization. Each Prioritization Committee member was delivered a packet of the project proposals to review along with extensive information on the existing Continuum of Care, the Gaps Analysis, and the results of previous years applications and project funding. All members were give a Ranking Scoresheet with eight parameters with corresponding point values totaling 100 points for judging applicant projects. The parameters are displayed below.

Project narrative is clear and complete and application form is complete	(up to 5 pts.)
Fills Need in Gaps Analysis	(5 pts.)
Provides Permanent Housing	(25 pts.)
Experience narrative demonstrates sufficient capacity to carry out project	(up to 10 pts.)
Experience narrative shows effective service delivery history	(up to 10 pts.)
The Project description clearly and completely details the procedure to assist clients to identify, apply for, and obtain benefits from a. TANF, b. SCHIP, c. SSI, d. Food Stamps, e. Workforce Investment Act, and f. Veteran's Health Care.	(up to 15 pts)
Identifies significant amount of Leverage resources	Up to 10 points
Project is a Renewal	(20 pts.)

6.d.(3) Voting process. On May 2nd, 2002, At the May 2 ranking meeting ,the committee chairperson explained the importance of prioritized community needs and the value of renewal projects and each project Sponsor gave a brief presentation. The initial ranking process was the completion of a project scoresheet by each committee member. This resulted in a raw point score by each reviewer for each project The raw point scores were converted to a *1st* choice through *5th* choice ranking for each reviewer for each project. The average of these place rankings for each project resulted in a project rating. The highest possible rating was "1" (resulting from all reviewers rating a project as 1st choice) These ratings were recorded for each project resulting in the Project Priority List in *Format 6.1*

6.d.(4) Complaints. None Received

Section 7
Lee County Continuum – Supplemental Resources

Format 7a: Continuum of Care: Project Leveraging Chart

Project Priority / Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
1	Perm Housing, Renaissance Manor		
Renaissance M	Annual Homeless set aside	Lee County CDBG	50,000
Renaissance M	Mortgage for acquisition	Renaissance Manor	\$16,250
Renaissance M	Construction	Lee County HOME/SHIP	\$200,000
Renaissance M	Supportive Services	Coastal Behavioral Healthcare	\$21,600
Renaissance M	Operations	Renaissance Manor	\$21,656
Renaissance M	Housing Counseling	Lee Co. Salvation Army	\$366,840
2	Aftercare, Salvation Army		
Aftercare	Annual Homeless set aside	Lee County CDBG	50,000
Aftercare	Shelter	Salvation Army	\$57,416
Aftercare	Property - Harbor House	Salvation Army	\$86,725
Aftercare	Property - Garret House	Salvation Army	\$42,725
Aftercare	Furniture and Fixtures for Trans. Hsg	Salvation Army	\$10,000
Aftercare	Residential Assist. Rent	Salvation Army	\$6,000
Aftercare	LIFT housing assistance for CAP Clients	Salvation Army	\$50,000
Aftercare	Mental Health medications	In-kind donations	\$8,640
Aftercare	Relapse Prevention counseling	In-kind donations	\$7,800
Aftercare	Annual Dental visit for CAP clients	Salvation Army Dental Clinic	\$3,000
Aftercare	G.E.D. Training	Salvation Army	\$22,500
3	Transitional Housing SWFAS		
SWFAS	Match	Provider Funds	\$106,792
SWFAS	Overhead	Provider Funds	\$110,000
SWFAS	TANF Treatment Funding	Florida Department of Children and Families	\$110,000
SWFAS	State Block Grant Substance Abuse Funding	Florida Department of Children & Families	\$247,412
SWFAS	Occupational Therapy Grant	The Able Trust	\$44,000
SWFAS	Substance Abuse Treatment Funding	Lee County, Florida CDBG	\$33,000
SWFAS	Psychotropic Medications	State of Florida Indigent Drug Program	\$36,400
SWFAS	Halfway House Women's Funding	Florida Department of Children & Families, Residential Level 4 Funding	\$41,808
SWFAS	Permanent Housing Facility	State Office on Homelessness Housing Assistance Grant	\$288,897

7.b Enrollment and Participation in Mainstream Programs

Mainstream Programs and Resources for Homelessness, Lee County Summary. The Lee County Homeless Continuum strategy recognizes that the elimination of chronic homelessness, and in the longer run the elimination of all aspects of homelessness, can only be achieved with maximum utilization of Mainstream Programs and Resources. In a recent year, grant funding to the entire state of Florida from all HUD programs totaled approximately \$214 million dollars. In the same year Florida grant funding from HHS totaled over \$5 billion dollars and federal departments of Agriculture, Education and Labor invested another \$2 billion dollars. Another insight into this "big picture" is the recent estimation by HHS that " fewer than 3% of homeless men receive their entitled disability benefits". Continuum-wide identification and enrollment of homeless persons in Mainstream resources and the sustained delivery of these cash and service benefits is the foundation of the strategy to eliminate Lee County homelessness. (See also *Action Step 2a*).

The Lee Continuum has taken on the considerable task of quantifying and monitoring its progress in delivering Mainstream resources. Establishing baseline participation statistics is a multi-year task and data accuracy will require unduplicated client records in the full implementation of the HMIS system. To establish preliminary participation data, Mainstream providers have been requested to record homelessness at intake and Homeless providers have reported Mainstream participation by existing clients. The *Lee County Chronic Homelessness Protocol* will be adopted by Continuum providers in 2002 and embodied in the Lee County HMIS. A *Protocol* component is the shared referral resource directory, which includes Mainstream resources and has been in existence and updated since the Lee Continuum began. (See the partial resource list in the sample following).

7.b (1) Continuum -wide Strategy to identify persons eligible for Mainstream Programs.

Medicaid, SCHIP/HEALTHY KIDS, TANF, Food Stamp, Supplemental Security Income, Workforce Investment Act, and Veteran's Health Care eligibility verification is integrated in intake procedures by homeless case managers at DHS, Salvation Army, SWFAS, Ruth Cooper Center, and all provider agencies noted at *Format 3d* of this document. State staff determine *Medicaid, Medicaid funded Healthy Kids, TANF, and Foodstamp* eligibility concurrently in an integrated manner. This final identification checkpoint helps ensure that homeless applicants receive benefits. Eligibility Assessment for all of the Mainstream resources is covered under the Lee County *Chronic Homelessness Protocol* and embodied in the Lee HMIS. In addition, eligibility determination and referrals for mainstream benefits are provided at homeless public events such as the Candlelight Vigil, Veteran's Standdown, and Census Blitz .

7.b (2) Continuum -wide Strategy to Enroll homeless in Mainstream Programs.

Mainstream Program enrollment support is provided by homeless case managers at DHS, Salvation Army, SWFAS, Ruth Cooper Center, and all Continuum providers. DHS homeless case managers are co-located with *Medicaid, SCHIP/HEALTHY KIDS, TANF, Food Stamp, Supplemental Security Income, and Workforce Investment Act* staffs at the Fort Myers "One Stop" for ease in enrollment. Case managers maintain up-to-date familiarity with the programs and Continuum providers such as Lee Memorial Health System, Family Health Centers, Ruth Cooper Center (RCC), and Southwest Florida Addiction Services (SWFAS) process Medicaid reimbursement. Enrollment procedures for all of the Mainstream Programs following is covered under the Lee County *Chronic Homelessness Protocol* and enrollment counselors will access a central Information and Referral database in the 2004 Lee Co. HMIS

7.b (3) Continuum Strategy to secure and maintain benefits for homeless persons

Mainstream Benefits Monitoring is done by all Continuum homeless case managers including DHS, Renaissance Manor, Salvation Army, SWFAS, and Ruth Cooper Center. As noted, DHS homeless case managers are co-located with (DCF) Medicaid and other Mainstream Program staff at the Fort Myers "One Stop". Monitoring Benefits for all of the Mainstream Programs following is covered under the *Lee County Chronic Homelessness Protocol* and case managers monitoring benefits will access central Client and Resource Information databases in the 2004 Lee Co. HMIS. Case managers currently use agency internal computer systems to monitor client benefit status at selected mileposts within the client case plan period.

Figure 7.1 Sample Procedure -Access to Mainstream Programs and Resources¹

Identification Procedure. Upon verification of homelessness, admission to the program is granted. Each participant is assigned a case manager. During the initial meeting a checklist is completed to determine need and qualify the participant for mainstream resources. At this time official documents are obtained that are necessary to access gainful employment, housing, and child care. During this process unresolved legal issues are often discovered. This requires intensive intervention and collaboration with Legal Aid or the local court systems. Case managers make appointments, arrange transportation and often accompany the participants into the community to obtain the necessary documents. An initial case plan is then developed with individualized goals and objectives. The initial case plan is reviewed and revised as needed with a formal case plan completed within 30 days of admission. Case plan objectives and participant's progress are reviewed by an interdisciplinary team, on a monthly basis.

Enrollment Procedure The Case Manager assists in enrolling clients in a broad range of programs including the primary Mainstream Programs of Medicaid, KidsCare, TANF "Food Stamp, SSI, Workforce, Veteran's Health. Transportation is provided to these mainstream and localized resources . A partial list of client benefit sources include; Lee County Housing Authority, Fort Myers Housing Authority, Fort Myers Community Redevelopment Agency, Medicaid, Child Support Enforcement, food stamps, AFDC cash assistance, WIC nutritional supplements, TANF funds for housing, WAGES welfare to work, Legal Aid Society, Lee County Association for Retarded Citizens, Displaced Homemaker Fresh-Start program, Childcare of Southwest Florida, Lee County School District Early Intervention, Lee County School District Social Services, Lee County GED classes, Edison Community College, Vocational Rehabilitation Services and Work Force Council, LIFT housing assistance, Lee County DHS long-term Case Management, Department Of Children and Family benefits, Unemployment Compensation, and Dress for Success. Also, participants are assisted to access the Veteran's Administration Pell Grants,, Social Security Income / Disability Income, Ryan White Case Management, Housing Opportunity for Persons with AIDS, Florida Volunteer Healthcare Provider Network, Division of Blind Services, Indigent Drug Program and Sickle Cell Anemia Foundation. Camelot Community Care mental health services, Ruth Cooper Center mental health services, Southwest Florida Addiction Services, A.C.T. domestic violence counseling, Family Health Centers, University of Florida Extension Services, and Women's Resource Center.

Procedure to Monitor Mainstream Benefits. A preliminary timetable for cash and service benefits is established along with initial eligibility review at intake assessment. Upon enrollment in Medicaid, KidsCare, TANF "Food Stamp, SSI, Workforce, Veteran's Health and other Mainstream resources, a comprehensive benefit budget and timetable is completed by the case manager and client. The budget and timetable are entered in computer and HMIS databases. A computer- based tickler procedure will bring up reminders at preset dates, (usually 30,60,90 days and the projected benefit expiry date) which will occasion case manager contact with the client to verify the cash payment of service status of Mainstream assistance. Where initial payments or services are not received, or when payments or services are discontinued for any reason, the case manager, in consultation with the client will contact the Mainstream program to make arrangements to resume benefits. Where benefits have expired under program rules, case managers will consult with clients on need status and renew the eligibility- enrollment-monitoring process where appropriate.

¹(The *Chronic Homelessness Protocol* in development will incorporate similar procedures.)

Format 7.c: Use of Mainstream Resources

Mainstream Resources	Use of Resource in CoC System for homeless persons	Specific Project Name	\$ Amount (or) Number of unit/beds provided within the last 2 years for the homeless
CDBG <i>(Local entitlements)</i>	<ul style="list-style-type: none"> •Homeless access affordable units (c/o LIFT, Aftercare) •Homeless access affordable units (c/o LIFT) •Homeless portion supportive service funding •(<i>Homeless Set Aside(Lee Co)</i>) 	<ul style="list-style-type: none"> •Velasco Village (Ft. Myers) •Cape Coral Hsg Dev. (CC) <i>(Land Acquisition)</i> •Pub. Services(Cape Coral) SWFAS Lee Homeless Coalition Cape Coral Caring Ctr Abuse Counseling Shelter Lutheran Services Special Populations Bldg. Childcare SW FL •(4 projects) <i>(Lee Co)</i> 	<ul style="list-style-type: none"> •\$50,000/2 yr funds for 2 units/2 yr <i>Fort Myers CDBG</i> •\$25,000/2 yr funds for 1 units/2 yr <i>Cape Coral CDBG</i> •\$50,000/2 yr funding <i>Cape Coral CDBG</i> • <i>(included in Format 7a- Leveraging)</i>
HOME <i>(Lee Co. entitlements)</i>	<ul style="list-style-type: none"> •HOME funds reserved for Supportive Housing for disabled. Homeless •Homeless access affordable units (c/o LIFT) 	<ul style="list-style-type: none"> •Sans Souci Project (Lee) •Private residence 	<ul style="list-style-type: none"> •\$200,000/ 2yr, funding for (6 beds) <i>Lee County HOME</i> •\$25,000/2 yr, funds for 1 units/2 yr <i>Lee HOME Afford Housing Revolv. Fd</i>
Housing Choice Vouchers	<ul style="list-style-type: none"> •Mainstream Voucher 	<ul style="list-style-type: none"> •Private (Sect 8) apartments 	<ul style="list-style-type: none"> •\$28,000/2 yr, funds for 2 units/2 yr <i>Lee County Housing Authority</i>
Public Housing	<ul style="list-style-type: none"> • Homeless Public Housing 	<ul style="list-style-type: none"> •Private (Sect 8) apartments •Pine Echo I •Michigan Court 	<ul style="list-style-type: none"> •\$42,000/2 yr, funds for 3 units/2 yr •<i>Fort Myers CRA - Voucher</i> •<i>Lee County Housing Authority - 1 unit</i> •<i>Fort Myers Housing Authority- 1 unit</i>
Mental Health Block Grant	<ul style="list-style-type: none"> •Federal MH Block Grant funding in Florida (ADM) contracts with Lee Providers - Homeless portion 	<ul style="list-style-type: none"> •Transitional Living Campus •Ortiz Clinic + Mobile Team •Edison Service Center 	<ul style="list-style-type: none"> •\$500,000/2yr funding •SWFAS •Ruth Cooper Center •Salvation Army <i>(exclusive of amounts in Format 7a)</i>
Substance Abuse Block Grant	<ul style="list-style-type: none"> •Federal SA Block Grant funding in Florida (ADM) contracts with Lee Providers - Homeless portion 	<ul style="list-style-type: none"> •Transitional Living Campus •Ortiz Clinic + Mobile Team •Edison Service Center 	<ul style="list-style-type: none"> •\$500,000/2yr funding •SWFAS •Ruth Cooper Center •Salvation Army <i>(exclusive of amounts in Format 7a)</i>
Social Services Block Grant	<ul style="list-style-type: none"> •Federal SSBG and set-aside TANF funding in Florida Depts of <i>Children and Families, Health, Juvenile Justice and Education.</i> (Primarily for child protection.) - Homeless portion 	<ul style="list-style-type: none"> •Oasis Shelter •Edison Service Center •Lee Co. Clinics 	<ul style="list-style-type: none"> •\$60,000/2yr funding •Lutheran Services •Salvation Army (Blind Services) •Family Health Ctrs. (Child. Medicines)
Welfare to Work	<ul style="list-style-type: none"> •Federal TANF and SSBG funding and related Workforce Investment Act funding for employment services and employment support services including childcare administered at the Fort Myers "One Stop" - Homeless portion 	<ul style="list-style-type: none"> •Workforce Florida Fort Myers "One Stop Center" 	<ul style="list-style-type: none"> •\$450,000/2yr funding

State- Funded Programs			
State Office on Homelessness (Florida Department of Children and Families) Homeless Challenge Grant	Case Mgt., Outreach Vans, Treatment supplies, HMIS hardware	<ul style="list-style-type: none"> •LIFT Program - •HMIS Project •Homeless Medical Outreach •Edison Service Center •Homeless Youth Outreach •Oasis Shelter 	<ul style="list-style-type: none"> •\$227,098/1 yr, funding for •DHS •DHS •Salvation Army •Salvation Army •Lutheran Services •Lutheran Services
State Office on Homelessness (Florida Department of Children and Families) District Homeless Grant in Aid	Coalition Admin Supportive services	<ul style="list-style-type: none"> •McGregor Office •Florida Gulf Coast University, •Edison Service Center 	<ul style="list-style-type: none"> •\$155,000/2yr., funding for •Lee Homeless Coalition, •SW FL Homeless Coalition, •Salvation Army
State Housing Initiatives Partnership Program (SHIP) State Fee Revenue funding for affordable housing in entitlement communities- Homeless portion	Housing funds	<ul style="list-style-type: none"> •Transitional Living Campus 	<ul style="list-style-type: none"> •\$176,000/2yr., funding for •SWFAS center <p>(exclusive of funds in <i>Format 7a</i>)</p>
Emergency Financial Assistance for Housing Program EFAHP	Financial Assist.	<ul style="list-style-type: none"> •Edison Service Center 	<ul style="list-style-type: none"> •\$10,000 /1yr., funding for •Salv. Army housing assistance
State Domestic Abuse Program. Support for homeless victims of domestic abuse	Service Funding	<ul style="list-style-type: none"> •ACT Shelter •Source of Light Shelter 	<ul style="list-style-type: none"> •\$100,000/2yr., funding for •Abuse Counseling Therapy •Source of Light and Hope
Florida Education of Homeless Children and Youth	Service Funding	<ul style="list-style-type: none"> • School Board Homeless Social Worker 	<ul style="list-style-type: none"> •\$10,000 /1yr., funding for •Lee School Board
<i>Department of Corrections Dept. of Juvenile Justice Homeless assistance</i>	<i>Service Funding</i>		<i>(Included in SSBG response above)</i>
City/County Funded Programs			
Lee County General Fund Partnership for Results Program	Service/Housing Funding for non profit agencies	<ul style="list-style-type: none"> •Edison Service Center •Transit. Living Campus •ACT Shelter • Scattered sites 	<ul style="list-style-type: none"> •\$803,000 /2yr., funding for Salv. Army SWFAS ACT AIDS Task Force
Lee County General Fund Substance Abuse and Mental Health Services(State Match) Contracts - Homeless portion	Treatment Funding	<ul style="list-style-type: none"> •Edison Service Center •Transit. Living Campus 	<ul style="list-style-type: none"> •\$200,000 /2yr., funding for Salv. Army SWFAS
<i>Fort Myers Cape Coral Lee County School Board</i>		<i>(Included in responses above)</i>	
Private Programs			
Service Clubs, Kiwanis, Lions, Rotary, Zonta, and others Stores Target Stores, K-Mart Stores and Galloway Ford fund Continuum providers through grants. Perkins, Albertson's, Bill Smith Appliance Homeless portion	<ul style="list-style-type: none"> • Supportive services • Basic assistance 	<ul style="list-style-type: none"> •Salvation Army •Lee Coalition •SWFAS •RCC •ACT •Oasis Shelter •CCC Soup Kitchen 	<ul style="list-style-type: none"> •(est. \$200,000/2yr) funding for of eyeglasses, emergency food and other materials and services to homeless persons and providers •(est. \$200,000/2yr) funding for food and materials to providers/ public events
Bonita Springs Assistance	<ul style="list-style-type: none"> • Supp. services • Basic assistance 	Bonita Springs Center	<ul style="list-style-type: none"> •(est. \$100,000/2yr) funding for of eyeglasses, emergency food and other materials and services to homeless persons

Private/Faith-based			
Hope House Ft Myers Rescue Mission Anne's Restoration Eagle Recovery Garden Foundation Hansen-Bays Harvest House Healthy Choice Our Mother's Home Regeneration House DATE Sunset House Teen Challenge Tice House Vince Rizzo Ministry Hanna House Buddy Frederick's	<ul style="list-style-type: none"> • Shelter, transitional housing • Supportive services • Emergency assistance 	Hope House, <i>Olga</i> Ft Myers Rescue Mission, <i>Dunbar</i> Anne's Restoration, <i>No. Ft Myers</i> Eagle Recovery, <i>Ft Myers</i> Garden Foundation, <i>Dunbar</i> Hansen-Bays, <i>Pine Manor</i> Harvest House, <i>So. Ft Myers</i> Healthy Choice, <i>Ft Myers</i> Our Mother's Home, <i>So Ft Myers</i> Regeneration House, <i>Ft Myers</i> DATE, <i>Pine Manor</i> Sunset House, <i>Cape Coral</i> Tice House, <i>Tice</i> Vince Rizzo Ministry, <i>No. Ft Myers</i> Hanna House, <i>Ft Myers</i> Buddy Frederick's, <i>Ft Myers Beach</i>	<ul style="list-style-type: none"> • est. \$4,500,000/2 yr. funding for 330 beds
Foundations			
United Way Non-profit support - Homeless portion	Support services Treatment	<ul style="list-style-type: none"> •Edison Service Center •Trans. Living Campus •Ortiz Clinic •ACT Shelter •Oasis Shelter •CCC Soup Kitchen 	<ul style="list-style-type: none"> •(est. \$500,000/2 yr) •Salvation Army •SWFAS •Ruth Cooper Center •ACT •Luth. Svcs •Community Coop. Ministry
Southwest Florida Community Foundation Non profit support - Homeless portion	One-time grants for Capacity building Supportive services housing	<ul style="list-style-type: none"> • Edison Service Center •Lee Coalition Office •Trans. Living Campus •Ortiz Clinic • ACT Shelter •Oasis Shelter 	<ul style="list-style-type: none"> •(est. \$200,000/2yr) •Salvation Army •Lee Coalition •SWFAS •RCC •ACT •Oasis Shelter

¹ Figures are estimates and understate Continuum benefits from mainstream programs. The 2002 Provider Survey will collect mainstream supports on an agency by agency basis. ² Some beds are permanent *non-supportive* housing for formerly homeless

Note: In addition to the above non-McKinney Act supports, the Lee County Homeless Continuum will soon access other elements of the McKinney-Vento Act in the form of the HRSA *Healthcare for the Homeless* program and the HUD *ESG* entitlement program.

2002 HOMELESS CONTINUUM OF CARE • LEE COUNTY, FLORIDA

CERTIFICATIONS / FORMS

APPLICATION FOR FEDERAL ASSISTANCE

<p>1. Type of Submission Application Preapplication</p> <p><input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction</p> <p><input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction</p>	<p>2. Date Submitted (mm/dd/yyyy) 6/14/02</p>	<p>Applicant Identifier</p>
<p>3. Date Received by State (mm/dd/yyyy)</p>		<p>State Applicant Identifier</p>
<p>4. Date Received by Federal Agency (mm/dd/yyyy)</p>		<p>Federal Identifier</p>

5. APPLICANT INFORMATION

<p>Legal Name: Lee County Board of County Commissioners</p>	<p>Organizational Unit: Department of Human Services</p>
<p>Address (give city, county, state, and zip code): Department of Human Services, Lee County, Florida 83 Pondella Road, Suite 1 North Fort Myers, FL 33903</p>	<p>Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard L. Faris (941) 652-7930</p>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

5	9	-	6	0	0	0	7	0	2
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7. TYPE OF APPLICANT:
 (enter appropriate letter in box) B

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)

1	4	.	2	3	5
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TITLE: Supportive Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Lee County's 2002 Homeless Continuum of Care Strategic Plan Supportive Housing Program (SHP) Consolidated Grant Application

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
 Lee County, Cape Coral, Fort Myers

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant	b. Project
		14	14

15. ESTIMATED FUNDING: \$1,899,829

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy) _____

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Robert P. Janes	b. Title Chair, Lee County Bd. of County Commissioners	c. Telephone number (Include Area Code) (941) 335-2224
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy)

Applicant Certification

(These certified statements are required by law.)

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

1. Fair Housing and Equal Opportunity.

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

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

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

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

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

project be awarded in substantial part to persons residing in the area of the project.

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

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

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

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

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

Additional for S+C:

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

2. Drug – Free Workplace.

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

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the grantees policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and

- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);
- (h) providing the street address, city, county, state and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

3. Anti-Lobbying.

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and of more than \$100,000 for each such failure.

4. Debarment.

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

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public

transactions (Federal, State or local) terminated for cause or default.

5. Uniform Act.

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

B. For SHP Only.

1. Maintenance of Effort.

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

2. 20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

3. 1-Year Operation Rule.

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

4. Environmental Rule.

- (a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.
- (b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out

mitigating measures required by HUD or ensure that alternate sites are utilized.

C. For S+C Only.

1. Maintenance of Effort.

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

2. Supportive Services.

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

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

- (a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).
- (b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

4. Environmental Rule.

- (a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321)(NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.
- (b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

D. For SRO Only.

1. Standards, Definitions, and \$3,000 Minimum.

The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

2. Environmental Rule.

It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

E. For SHP and SRO

1. Nonprofit Board of Directors.

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

F. For SHP and S+C.

1. Lead-Based Paint.

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

G. For S+C and SRO.

1. PHA Qualification.

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

H. Explanation.

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

Signature of Authorized Certifying Official:		Date:
Title: Chairman, Lee County Board of County Commissioners		
Applicant: Lee County Board of County Commissioners		For PHA Applicants Only: (PHA Number)

44
8133



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

112871

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

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

Mailing Address:

Location Address:

LEE COUNTY BOARD OF COUNTY
COMMISSIONERS
P. O. BOX 398
FT HYERS

FL 33902-0398

2115 SECOND STREET
FT HYERS FL 33901

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

J. H. Fuchs
EXECUTIVE DIRECTOR

Director

The Salvation Army
120-130 West Fourteenth Street
New York, New York 10011

Person to Contact:
E. Davenport
Telephone Number:
(212) 264-1079
Refer Reply to:
EIT:7399

RECEIVED
MAY 23 1979
NATIONAL CHIEF SECRETARY

Date: May 14, 1979

Gentlemen:

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

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

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

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

Sincerely yours,

Charles H. Brannan

District Director

Name of Organizations: The Salvation Army

Date of Exemption Letter: October 10, 1955

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

Foundation Classification (if applicable): Public Foundation under Section 170(b)(1)(A)(i)

TAX IDENTIFICATION NUMBER	THE SALVATION ARMY - A GEORGIA CORPORATION 1424 N. E. EXPRESSWAY, N. E. ATLANTA, GEORGIA 30329 INTERNAL REVENUE SERVICE
590631403 Federal	NO. 58-0660607
State 0600720826	

Internal Revenue Service
District Director

Department of the Treasury

Date: SEP 29 1980

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

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

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

Dear Applicant:

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

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

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

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

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

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

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

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

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Henry C. Farley

Exempt Organization Specialist

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

Date: JAN 13 1999

RENAISSANCE MANOR INC
1401 16TH STREET
SARASOTA, FL 34236

Employer Identification Number:
65-0869993
DLN:
17053300050008
Contact Person:
D. A. DOWNING IDN 31505
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
October 13, 1998
Advance Ruling Period Ends:
December 31, 2002
Addendum Applies:
Yes

Dear Applicant:

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

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

3. **Housing where participants will reside.**

a. **TYPE AND SCALE**

Renaissance Manor will build six one-bedroom apartment units of permanent housing for these residents.

The property is three adjacent parcels located on the south side of San Souci Drive in Lee County, Florida (street numbers: 1342, 1346, 1350.) Renaissance Manor currently has a contract to purchase these parcels scheduled for closing in spring 2002. San Souci Drive is located south of the City of Fort Myers, south of Cypress Lake Drive and east of McGregor Boulevard in the Fiesta Village Subdivision.

On this property, Renaissance Manor will construct three duplexes each containing two one-bedroom apartments, with Structall construction. This construction technique will allow Renaissance Manor to provide housing within 30 to 45 days after financing. Each unit will contain approximately 600 square feet of living space with one bedroom, a full kitchen, bath with either a shower or tub, living room and front porch. The units will be situated on the lots to allow for small gardens.

Prior to identifying this property approximately thirty properties were examined and fifteen visited. The properties identified with the appropriate size configuration and access to bus lines that would work for these potential residents need were very limited. Those properties that could be rehabilitated, needed repairs that would exceed the cost of constructing the three units proposed.

b. **BASIC COMMUNITY AMENITIES**

San Souci Drive is located within walking distance of a public bus, a neighborhood park and within one mile of a shopping center with groceries, pharmacy and other services. From the bus routes, access to both Ruth Cooper Center for Behavioral Health Care and Coastal Behavioral Healthcare Services is available.

c. **ACCESSIBLE** to persons with disabilities in accordance with applicable laws.

Reasonable accommodations will be made for any participant in accordance with section 504 of The American Disability Act. Since these building will be one story and new, by design, a number of accommodations are incorporated into the units.

c. For transitional housing component only: the residents' length of stay.

NA

e. For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood. NA, proposal is for six apartment units.

f. For innovative supportive housing component projects only: NA

4. Supportive services the participants will receive.

Demonstrate for each of the following:

a. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants. Initial assessment activities, that are intentionally broad to cover all possible clients needs. Services provided, based on these assessments, to each resident are designed around each resident's needs with the goal of providing them long term stability, access to mainstream resources and achieving their personal objectives. The supportive services budget reflects the focus of providing extensive case management type services with personal from the case management team. From local experience, it is anticipated that initially clients will need significant case management services and help with obtaining medications and resources to establish themselves in housing until entitlements can be obtained. In some cases, this initial activity will be followed by a period of relative stability. For others, there will be an ongoing need for significant services for the resident to live independently. One of the benefits of the team approach used by Coastal Behavioral Healthcare is that there are cost and time savings associated for staff by having residents located in adjacent units, opportunities for casual encounters and occasions for neighborly support. It is anticipated that residents will need case management services throughout their residency. Life Support skills will be provided, as needed, with the majority of residents needing more of this training/support in their first six months, with follow-up as need arises.

b. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to participants to access those services.

Coastal Behavioral Healthcare has recently received a one million dollar allocation for a FACT (Florida Assertive Community Team) in Lee County, Florida that provides for a mobile mental health team made up of mental health experts including case managers, psychologists, mental health counselors, nurses, nurses aides, etc. that provide services onsite. As much as possible, the supportive services for these residents will be provided at the location best suited for the resident (at the housing unit, worksite, at a transitional housing site or other location). As a backup and to access other services, bus transportation is available near the units.

c. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, SCHIP, SSI, Food Stamps, Workforce Investment Act and Veterans Health Care programs.

- All persons served will be eligible for mainstream services.
- If the client contacts Renaissance Manor directly, Renaissance Manor will interview them to obtain information and make referrals for immediate and emergency needs.
- If mental health needs are indicated, the individual will be sent to Coastal Behavioral Healthcare or a local mental health provider for assessment. In some cases this takes place at an office, in other cases Coastal Behavioral Healthcare will provide these services (and follow-up services) on-site where ever the client is located i.e., in a temporary shelter, in jail, temporary housing, at a worksites or in Renaissance Manor housing units.
- This assessment includes checking for eligibility for the following mainstream health and social services programs: TANF, Medicaid, SCHIP, SSI, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
- If the client is referred to Renaissance Manor for housing, Renaissance Manor sets up appointments and takes resident to medical and psychiatric evaluations.
- The resident, Coastal Behavioral Healthcare and Renaissance Manor staff meet to develop a wellness plan based on all the information obtained.
- As needed, Renaissance Manor helps with additional appointments and assessing services in coordination with the case management staff for such activities like seeing a psychiatrist, medical services, counseling, job training, life skills and income management services or obtaining benefits.

5. Accessing permanent housing. Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.

If the client is referred to Renaissance Manor for housing, Renaissance Manor sets up appointments and takes resident to medical and psychiatric evaluations.

The resident, Coastal Behavioral Healthcare and Renaissance Manor staff meet to develop a wellness plan based on all this information.

As needed, Renaissance Manor helps with additional appointments and assessing services in coordination with the case management staff for such activities like seeing a psychiatrist, medical services, counseling, job training, life skills and income management services or obtaining benefits.

6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.

Residential Stability

50 percent of participants will remain in this supportive housing for a twelve month period or move into another permanent housing option within the first twelve months of residence.

Increased skills or income

60 percent will obtain entitlement income such as social security or the optional state social security supplemental income within six months of residency.

Greater self-determination

70 percent of the residents will select a goal as part of their wellness plan and make progress toward achieving that goal.

7. HMIS

Renaissance Manor will participate in the Lee County HMIS detailed at Exhibit 1 Section 4 HMIS.

8. Discharge Policy

The Lee County Certification and Discharge Policy Narrative follows.

Section B. Experience Narrative

a. Experience Working -Target Population of Homeless Individuals with Disabilities

Renaissance Manor, Inc. has been providing housing and support services to adults with mental health concerns since 1999. The Executive Directors and Administrator each have eight years of experience operating a housing facility for adults with mental health needs. The Board of Renaissance Manor also provides expertise and guidance in both housing and mental health issues. Some board members have family members with mental health concerns and therefore are knowledgeable about the challenges and the support systems necessary to make housing for the mentally ill successful. Others are active in the health industry.

Approximately, sixty percent of the individuals who have resided in Renaissance Manor facilities were homeless (i.e., on the street or in jails) or in danger of becoming homeless prior to their residence. In 2001, fourteen individuals were able to move to less supportive housing from the assisted living facility. Renaissance Manor's staff sees significant improvements in many resident's daily lives. These include medication improvements, increased daily functioning i.e., making it to meals and participating in resident and community opportunities rather than sleeping in their rooms all day.

Previous Property Management Experience

Renaissance Manor, Inc. provides high-quality, permanent, affordable long-term housing to mentally ill adults and supports their residence in the least-restrictive and safest environment possible. Incorporated as a 501(c) in 1999, Renaissance Manor, Inc. currently operates a facility that provides housing and support services to 41 full-time residents from the ages of 18-65. This is Sarasota County, Florida's only facility to provide long-term housing, plus services, to people with dual diagnosis mental illness. About one-third of our residents have dual diagnosis. Additionally, Renaissance Manor operates an independent living units for twelve adults with mental illness off of Clark Road in Sarasota, Florida . The organization, also, has two other units of housing in Sarasota and will have twenty units shortly in DeSoto County, Florida.

Familiarity with US HUD Section 8 Rental Guidelines

Renaissance Manor currently uses the Florida State Housing Initiative Program (SHIP) Rental Certification Form to certify residents in facilities. Staff members have approximately four years of experience certifying residents under US HUD Section 8 rental guidelines in a pervious position.

Environmental Assessment Process

As part of the purchase procedure, the property has been inspected by the Lee County Planning Office. No environmental concerns are indicated at this time.

Housing Quality Standards

A Housing Quality Standards inspection will take place on the units one time per year and will be conducted by an individual independent of Renaissance Manor staff or board. Additionally, the County Health Departments provides an annual physical review of all facilities for violations. Our liability insurance annually inspects all facilities. This same carrier requires the completion of a monthly check sheet on the building including safety equipment to be carried out by staff physically in each unit.

Experience in Supportive Housing Services

Coastal Behavioral Healthcare, Inc. (CBH) is a 501(c)(3) not-for-profit corporation providing mental health, substance abuse, and criminal justice prevention, intervention, and treatment services for the most vulnerable citizens in Sarasota, Manatee, Lee, DeSoto, and Charlotte counties (Florida). More than 350 CBH employees provide a continuum of care for children, adults, seniors, and their families through forty programs in twenty-one locations with an annual budget of approximately \$16 million. Accredited by the Joint Commission on Accreditation of Healthcare Organizations, CBH makes it its mission to provide affordable behavioral healthcare services that exceed the expectations of its customers for quality, availability, and satisfaction. CBH was founded more than twenty years ago. CBH provides all of the assessment services for the Lee County Mental Health Court. CBH also has a FACT team centered in Lee County.

Renaissance Manor has experience in managing and providing case management services and has the skills to provide these services. However, it intends to contract with Coastal Behavioral Healthcare or another mental healthcare provider for these services and focus on its specialty housing management.

b. Experience contracting for and overseeing the rehabilitation or construction of housing.

Assisted Living Facility at 1401 16th Street in Sarasota, Florida.

Phase I: Renaissance Manor refurbished the former historic Carriage House on the property to create housing units. This project took two and a half months and was funded by the Wilson-Wood Foundation, cost: \$30,000, year 1999.

Phase II: While this assisted living facility was full, Renaissance Manor renovated the main wing, upgraded seventeen bathrooms and added three beds. The project was funded by SHIP funds and grant from the Selby Foundation, the Community Foundation of Sarasota, the Wilson-Wood Foundation and private donations. The project took six months to complete, cost: \$235,800, year 2000.

Phase III: During this phase, the organization upgraded and expanded client rooms including the addition of three baths. Renaissance Manor modernized other areas and added a 1,400 square foot wing with a theatre screen. This project was completed on budget in 85 days and was funded by the Selby Foundation and private donations. Cost: \$72,000, year 2001.

Independent Living Facility Jointly with Coastal Behavioral Healthcare, Renaissance Manor purchased this facility with SHIP funds \$266,000 and a donation of \$100,000 from the Selby Foundation in June 2001. Client occupancy during the summer of 2001 and the final apartment reserved for a client took place by September 2001. Renaissance Manor is currently seeking additional local funds to continue upgrades on this project, but to date invested \$15,000 (\$10,000 grant funds) in repairs including contracting out floor covering, door, roof repairs and painting upgrades.

3. MCKINNEY-VENTO GRANTS

NA

Section C. Project Information

Project Name: Renaissance Manor Lee County CoC1	Project Priority No. 1
Project Address (street, city, state, & zip): 1342, 1346 and 1350 San Souci Drive Ft. Myers, Florida 33919	
Project Sponsor's Name: Renaissance Manor, Inc.	Proj. Congressional District(s): FL 14
Sponsor's Address (street, city, state, & zip): 1401 16 th Street Sarasota, FL 34236	Geographic Code: 129071, 120402, 120966
Authorized Representative of Project Sponsor (name, title, phone number, & fax): Mr. Scott Eller, Executive Director 1401 16 th Street, Sarasota, FL 34236 Telephone: 941-928-1814, FAX: 941-955-0520	

Section D. Program Component/Types

- Please check one box: (please see Projects section of Qs & As before responding)
 New Project (You must complete section E)
- Please check the box that best classifies the project for which you are requesting funding. Check only **one** box.
 The components/types are:
 - Transitional Housing
 - Permanent Housing for Persons with Disabilities
 - Supportive Services Only
 - Safe Havens Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 17 of Exhibit 2) and will require participants to execute a lease agreement.
 - Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

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

- Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
 - Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
 - No (Skip to section F.)

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

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms*	0	6	6	
Number of beds*	0	6	6	

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Chart 2: Participants

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

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested (up to 3 yrs.)	Est. No. of Persons Served (point in time)
Service Activity: Case Management Quantity: .35 FTE over three years time for team members of case management, mental health, health care and related services	76,500	6
Service Activity: Life Skills (outside of case management) Quantity: .15 FTE over three years,	9,900	6
Service Activity: Alcohol and Drug Abuse Services Medicines-to provide necessary prescriptions until entitlement are available or for drugs not available a through existing programs Quantity: \$720 per resident/unit per three year period	4,320	6
Service Activity: Mental Health and Counseling Services Quantity:		
Service Activity: HIV/AIDS Services Quantity:		
Service Activity: Health Related and Home Health Services Quantity:		
Service Activity: Education and Instruction Quantity:		
Service Activity: Employment Services Quantity:		
Service Activity: Child Care Quantity:		
Service Activity: Transportation Quantity:		
Service Activity: Transitional Living Services for one time payments associated with establishing tenancy(first, last , security deposits) Quantity: \$2,880 over three years for six units	17,280	6
Other Service Activity:		
Homeless Management Information System (HMIS):		
• Equipment		
• Software		
• HMIS Services		
• Personnel		
• Other		
• Subtotal HMIS Dollars Requested		
Total SHP Dollars Requested*	86,400	
Total Supportive Services Costs***	108,000	

Section G. Operations Budget for New Projects

Operating Costs	SHP Dollars Requested (up to 3 years)
Maintenance, Repair: part-time help hired, as needed, hrly. fee: \$20 x 675 hours.	13,500
Staff (position, salary, % of time, fringe benefits) Housing Administrator/Manager @ \$36,000+20 percent fringe benefits , .17 FTE	22,500
Utilities	11,700
Equipment (lease/buy) to buy refrigerators, stoves, microwaves, etc. \$333.33 per unit over three years.	2,000
Supplies (quantity)-paint supplies (30 gallons), brushes, rollers, household supplies (smoke detectors, fire alarms, toilet paper, hangers, cleaning supplies, shower curtains, rods) plumbing supplies (faucets 12, flappers), light fixtures (25), bulbs, door handles (10), lock sets (15), window supplies (20 panes, locks, fixtures), etc.	8,260
Insurance	4,500
Furnishing (quantity) to provide furnishing for units and replacement of furnishing over three years at \$2,077 per unit i.e., beds (10), dressers (8), sofa (8), chairs (12), electronics (12), tables (10) , etc.	12,465
Relocation (no. of persons)	0
Food (perishable/non-perishable)	0
Other operating costs (please specify**) lawn service at \$150 per month for three units x 36 months	5,400
Other operating costs (please specify**) real estate taxes estimated at \$2,100 per year	6,300
Other operating costs (please specify**)	0
Total SHP Dollars Requested *	64,969
Total Operating Costs Budget***	86,625

Section H,I,J

NA

Section K. Homeless Veterans

- Are veterans among the homeless subpopulations your project will specifically target and intends to serve?
 Yes No
- If your answer to question #1 is yes, are veterans the primary target population of your proposed project?
 Yes No

Section L. Budget

Part I. Indicate grant term. Please circle one: 3 years

Part II. Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition	0	0	0
2. Rehabilitation	0	0	0
3. New Construction	216,250	216,250	432,500
4. Subtotal (lines 1 through 3)	216,250 *	216,250	432,500
5. Real Property Leasing (up to three years)	0	0	0
6. Supportive Services (up to three years)	86,400 **	21,600	108,000
7. Operations (up to three years)	64,969 ***	21,656	86,625
8. SHP Request (subtotal lines 4 through 7)	367,619		
9. Administrative Costs (up to 5% of line 8)	18,381 ****		
10. Total SHP Request (total lines 8 and 9)	386,000 *****		

Structure Budget for Projects with more than One Structure

Structure A	Structure B	
	SHP Request	Total Budget
1. Acquisition	0	0
2. Rehabilitation	0	0
3. New Construction	72,083	144,166
4. Real Property Leasing (up to 3 years)	0	0
5. Supportive Services (up to 3 years)	28,800	36,000
6. Operations (up to 3 years)	21,656	28,875
7. Total	122,539	209,041

	SHP Request	Total Budget
1. Acquisition	0	0
2. Rehabilitation	0	0
3. New Construction	72,083	144,166
4. Real Property Leasing (up to 3 years)	0	0
5. Supportive Services (up to 3 years)	28,800	36,000
6. Operations (up to 3 years)	21,656	28,875
7. Total	122,539	209,041

Structure C	Structure D	
	SHP Request	Total Budget
1. Acquisition	0	0
2. Rehabilitation	0	0
3. New Construction	72,083	144,166
4. Real Property Leasing (up to 3 years)	0	0
5. Supportive Services (up to 3 years)	28,800	36,000
6. Operations (up to 3 years)	21,656	28,875
7. Total	122,539	209,041

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing (up to 3 years)		
5. Supportive Services (up to 3 years)		
6. Operations (up to 3 years)		
7. Total		

Section M. Additional Information

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

1. Which of the following subpopulations will your project serve? (Check all that apply)

- Severely Mentally Ill
 Chronic Substance Abusers
 Dually Diagnosed
 AIDS or Related Diseases
 Victims of Domestic Violence

Youth:

Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes

- No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes

- No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes

- No

If "yes," please provide the name of the military installation: _____

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Renaissance Manor Permanent Housing

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Robert P. Janes

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: 6/11/02

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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Renaissance Manor Permanent Housing

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal
Program to which the
applicant is applying: Supportive Housing Program (SHP)

Name of
Certifying Jurisdiction: City of Cape Coral, Florida

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Project Name: Renaissance Manor Permanent Housing
Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Fort Myers, Florida

Certifying Official of the Jurisdiction Name:

Title:

Signature:

Date:

Special Project Certification

Coordination and Integration of Mainstream Programs

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

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant programs, Workforce Investment Act and the Welfare-to-Work grant program.

Authorized signature of applicant

Robert P. Janes

Chair. Bd. Of County Commissioners
Lee County, Florida

Position Title

Date 6/11/02

Special Project Certification

Discharge Policy

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

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

Authorized signature of applicant

Robert P. Janes

Chair, Bd. of County Commissioners,
Lee County, Florida

Position Title

Date 6/11/02

Exhibit 2
Section A Project Narrative

8

Discharge Policy Status, 2002

Most public institutions in Lee and adjacent counties are administered by Florida State or are regulated under Florida State codes. The Fort Myers staff of the Florida *Department of Children and Families* (DCF) which regulates Health and Youth facilities are active participants in the Lee County Homeless Coalition. The DCF staff network with Continuum providers to acquaint persons discharging with support services and housing programs. Formal Discharge procedure for DCF are contained in *Chapter 65, Florida Administrative Code for Mental Health Treatment and Receiving Facilities*. This code dictates that receiving and treatment facilities have written discharge policies including protocols which cover all aspects of discharge including unbroken continuation of necessary medical and psychiatric services and cooperation and coordination with local providers. During 2002, Lee Continuum providers have had increasing contact with discharge administrators at local and regional public health and youth facilities.

The Fort Myers Police Department and the Lee County Sheriff's Office are also active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing. In addition, in 2002 improvements in the Florida *Department of Corrections* discharge process are advancing through the State Legislature, (*SB 912/HB 1131*), which will formalize discharge processing by funding a dedicated Discharge Officer staff position at each correction facility.

The *Florida Homeless Coalition* (statewide) has succeeded in incorporating Discharge Processing policy into the enabling legislation for the new State Office on Homelessness. (*Florida Statutes 420.626*). The discharge policy requires hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers to ensure that persons leaving their care or custody are not discharged into homelessness. The Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* which will contain standardized procedures for Outreach connection with discharge administrators. In 2003 and with the implementation of the HMIS in 2004, the Lee Continuum will begin to quantify the service to persons being discharged.

In the past year the *awareness* of both the importance of the problem and the statutory requirements to avoid discharge into homelessness has increased locally for both Continuum providers and Health, Youth, and Corrections administrators. The resulting connections have resulted in better prepared persons being discharged, more efficient Outreach connections by Continuum Providers, and fewer persons leaving institutions for life on the streets or camps of Lee County.

**EXHIBIT 2
PROJECT**

**The Salvation Army.
Comprehensive AfterCare Project
Supportive Services
One Year Renewal**

Section A. Project Narrative

1. Project Summary:

a. Applicant and sponsor names:

Department of Human Services, The Salvation Army

b. Program component:

Comprehensive Aftercare Program

The Salvation Army's Comprehensive Aftercare Program (CAP) is designed to provide a safety net of support services for persons who are transitioning from homelessness, while they are learning to be self-sufficient. Many are experiencing independence for the first time. Most participants have recently acquired financial support (employment and/or financial resources) and housing. Program objectives are to maintain or improve their personal financial and housing circumstances. This program has been offered to the community through the Continuum of Care since August of 1999. The Salvation Army is determined in its mission to reduce the barriers that interfere with permanency of housing. These barriers include; substance abuse, domestic violence, and mental health. Services provided include; outreach, case management, vocational training and assessment, day care, life skills and educational classes, i.e. GED, domestic violence and mental health counseling, substance abuse counseling, and medical care.

An interdisciplinary team comprised of case managers, counselors, employment specialists and a psychiatrist, works with each participant in a cooperative effort to address individual needs or concerns. Services are offered through a variety of therapeutic groups, classes and individual meetings. Classes include employment retention and development, relapse prevention, and family unification/reunification. Participants, assisted by their case manager, develop an individualized case plan of goals and objectives for employment, housing, mental health and/or substance abuse.

As participants work toward self-reliance, the After Care Program will provide long-term (up to 2 years) structure and support that are often necessary for continued financial stability and emotional growth.

Program employees include; a Social Worker (FTE), a Job Club facilitator (FTE), a Mental Health Clinician (PTE), a part-time Housing Case Manager (PTE), a Transporter/daycare aide (PTE), a Data Technician (PTE), and 1 FTE and 1 PTE Food Services personnel (Cook, Kitchen Worker). Other services include: Psychiatric clinic, transportation, meals, and other discretionary funds for participant housing and employment assistance.

Participants are directed toward resuming and maintaining healthy familial and work relationships, increasing job skills and educational goals, remaining substance free and demonstrating better financial management of their personal funds. Progress toward goals is monitored through weekly and then monthly contacts with the Aftercare participants.

Through contact with The Salvation Army, participants have further services made available to them including food, clothing, and other basic living needs. Additionally, participants are assisted in accessing other resources made available to through alliances developed by The Salvation Army with agencies in the local community. These contacts might include individual appointments arranged as needed by a case manager or on-site in-services presented for the participants through the weekly meetings. Participants receive continued support and transportation to access mainstream programs to maintain consistent financial and housing stability.

Educational classes, counseling, employment skills and fiscal management training is essential for permanent housing to be maintained. Participants undergo a significant growth in self-esteem and independence that fosters responsibility, accountability and security. Sustained housing requires consistent job commitment, good health and harmonious family relationships to be maintained on a long-term basis.

The CAP is designed to assist the participant in achieving self-determination. The program demonstrates that the modality provides the resources and guidance necessary to empower the situational, episodic and chronic homeless. While the program has undergone some minor modifications to better accommodate participant's needs, the Comprehensive Aftercare Program will continue to be provided as it has been in the past.

Below is a chart representing CAP 2000 – 2001 Service Units. (*Top number is units of service/**bottom number is unduplicated participants)

Child Activity Groups	Recreat. Therapy Contacts	Relapse Prevention	Social Work	Home Visits	Job Club
*96	136	831	401	393	433
**17	15	105	63	62	62

c. Whether it is a new or renewal project:

This is a one-year renewal.

d. Total SHP request:

\$222,069.00

e. Activities for which you are requesting funds:

Services that are provided include: Program case management for linking and coordination of program components and referral to mainstream programs; housing assistance and coordination, vocational assessment and job skills training; life skills for literacy (GED, apprenticeships, certification programs, etc), financial/budget development and monitoring; mental health individual and group counseling; substance abuse individual and group counseling; Psychiatric clinic care; and medical care (physicals, lab work, wound care, medication management, physician services through We Care network).

The following chart outlines service provision and use:

<u>Service Provider:</u>	<u>Functions:</u>	<u>Use/Quantity:</u>
Social Worker	Interviews, counsels, and develops individualized treatment plans with participants	1.00 FTE (40 hrs/wk)
Job Club Facilitator	Assessments & training of participants in job readiness	1.00 FTE (40 hrs/wk)
Housing Case Manager	Assessments, monitoring and linking of participants to housing resources	0.50 PTE (20 hrs/wk)
Transporter/Daycare Aide	Transports participants to obtain mainstream and therapeutic services, and conducts child care activities	0.625 PTE (25 hrs/wk)
Mental Health Clinician	Therapeutic individual and group activities and assists in weekly Psychiatric clinic	0.625 PTE (25 hrs/wk)
Data Technician	Monitors participant's progress in obtaining program goals	0.625 FTE (25 hrs/wk)
Cook II	Prepares meals and conducts classes in food management	0.07 FTE (2.8 hrs/wk)
Kitchen Worker	Prepares/provides food service and conducts classes	

	in food management	1.00 FTE
Addictions Counselor, Sr.- State	Assesses, counsels participants in addictions groups & individual sessions	0.10 FTE (4 hrs/wk Match)
<u>Service Provider:</u> Addictions Counselor - State (2 positions)	<u>Functions:</u> Assesses, counsels participants in addictions groups & individual sessions	<u>Use/Quantity:</u> 0.20 FTE (8 hrs/wk Match)
Case Manager --Family Services	Facilitates & coordinates transition into aftercare	0.05 FTE (2 hrs/wk Match)
Family Services Coordinator	Assures participants are guided through the program and monitors for case plan compliance.	0.05 FTE (2 hrs/wk Match)
Corps Program Operations Director	Provides orientation to CAP participants on agency history and operations	0.08 FTE (3 hrs/wk Match)
Counselor	Conducts groups, monitors and links participants to mainstream services	0.18 FTE (7.3 hrs/wk Match)
Director Medical Services	Ensures participant access to medical services and compliance to case plans	0.03 FTE (1hrs/wk Match)
Director Crossroads	Assists participants to access clothing, furniture, household items & job training	0.05 FTE (2hrs/wk Match)
Intake Worker – Social Services	Assesses and links participant to food, clothing, personal needs	0.13 FTE (5 hrs/wk Match)
Monitor Technician (15 positions)	Ensures security of participants, conducts drug testing & children's activities	0.55 FTE (22 hrs/wk Match)

Monitor Technician - Unit Manager (2 positions)	Ensures security of participants, conducts drug testing & children's activities	0.10 FTE (4 hrs/wk Match)
---	---	---------------------------

<u>Service Provider:</u> Operations Manager CSRC	<u>Functions:</u> Procurement of clothing, furniture and household items for participants	<u>Use/Quantity:</u> 0.03 FTE (1 hrs/wk Match)
--	---	--

Outreach Nurse	Provides health screening, education and referral for medical services	0.3 FTE (1 hrs/wk Match)
----------------	--	--------------------------

Program Manager State	Monitors and updates participant's plan of care & transition to aftercare	0.08 FTE (3.2 hrs/wk Match)
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Warehouse Supervisor	Arranges delivery and assists participants in obtaining household items	0.3 FTE (1 hrs/wk Match)
----------------------	---	--------------------------

Other services include transportation to obtain personal documents and access community mainstream services. Bus passes (daily, monthly) are also provided as well as taxi service (within 5 mile radius) for those activities that occur in the evening.

Participants are helped to access supervised activities for their children. Transportation and supervision are provided, Monday through Friday. Meals are provided on-site (evening meal/snacks). Discretionary funds are used for participant housing or utility assistance and employment assistance (equipment, tools, training) as well as other basic needs (household items, personal needs).

<u>Service:</u> Mental Health	<u>Functions:</u> Psychiatric clinic weekly	<u>Use/Quantity:</u> 9 participant/week
Meals	Meals provided for CAP participants and children	15-30 meals/day
Supplies	Educational / vocational materials for participant use	Purchased as per participant need
Transportation Expenses	Van mileage, staff mileage, bus passes and cab fare for participant transportation	Daily, weekly and monthly

3. Medical Assistance	Labs, dental and participant medical needs/items	Purchased as per participant need
Financial Assistance	Rent & utility deposits, employment tools/clothes, any participant need assisting independent living/work	Purchased as per participant need

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

N/A

g. The population(s) to be served (N/A for new SSO projects requesting only funds for HMIS activities)

All persons considered homeless under the following definition:

A person who is living in the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without assistance.

Persons are considered homeless if residing in one of the following:

Places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings.

Emergency shelters

Transitional or supportive housing for persons who originally came from the streets or emergency shelters.

Persons who were in one of the above but are spending a short time (up to 30 days) in a hospital or other institution

Is being evicted within a week, from a private dwelling and no other residence is available and the person lacks sufficient resources/support to obtain housing

Is being discharged within a week from an institution (mental health or substance abuse treatment facility or a jail/prison) in which the person has been a resident for more than 30 consecutive days and no other residence is available and the person lacks sufficient resources/support to obtain housing

Is fleeing a domestic violence housing situation and no subsequent residence has been identified / is available and the person lacks sufficient resources/support to obtain housing.

h. Grant term of the proposed project

Contract year 2003-2004

2. Homeless Population to be served:

a. Characteristics and needs:

Persons who access services include single men and women and single and two parent family groups. Families may have from one to four children, on average, and the children's needs are addressed in addition to parental needs.

Persons who have been homeless but who have recently acquired financial support (employment and/or other financial resources) and housing and are experiencing independence for the first time.

Persons who have been homeless experience poverty, unemployment, lack of education, histories of substance abuse, mental illness, HIV/AIDS, domestic violence, chronic medical concerns and childhood experiences of homelessness and poverty.

High priority needs include medical and dental care, job training, improved or more permanent housing placement, substance abuse treatment, and life skills training.

The greatest need for persons with families is affordable housing and services specifically designed for children.

Current project sub-populations are as listed below:

Chronic substance abusers

Mentally ill

Persons with HIV/AIDS

Children of the CCP participants

Dually diagnosed

Veterans

Victims of domestic violence

Medical recovery patients

b. Where the program participants will come from:

Program participants will be referred for intake by social workers, case managers, counselors, and other homeless service providers in the local community. These applicants will have recently completed a program of recovery that will have assisted them into housing, if not permanent, transitional housing. They will also be employed or have an on-going source of income. Frequently, the income is insufficient for long-term fiscal stability but with other welfare assistance this income is adequate for a short period of time. Also, program participants may present for services as a result of imminent risk (released from an institution, prison, hospital, or eviction without other resources) or have been living in transitional or temporary shelter placements.

c. The Outreach plan:

Many home or community based activities/visits are planned by staff. This is to enlist and encourage continued participation in the After Care program. Participants are supported in their current circumstances with goals developed for an increase of job skills, financial planning, academic abilities and improved relationships both at home and work.

The program staff works closely with other agencies in the local community. These agencies include; employers, service agencies, educational facilities and advocacy groups in an effort to link participants with the services that will best assist them toward their personal goals.

3. Housing where participants will reside:

N/A

4. Supportive services the participants will receive:

a.

N/A

b.

N/A

c. Mainstream resources access

After meeting admission requirements, admission to the program is obtained. Each participant meets with the After Care Social Worker individually. During this meeting an initial case plan is discussed and agreed upon. Through the efforts of the CCP program, most participants entering CAP have some or many mainstream resources in place. This is maintained and additional assistance is provided, as the participant's needs change. Staff will direct, coordinate, set appointments, accompany and provide transportation to any community agency or mainstream program. This is to obtain additional services, to advance employment opportunities and/or to increase skill acquisition.

Assistance is provided to acquire social security cards, driver's licenses, birth certificates, and immunization records and any other documentation necessary for continued application to housing funds or other mainstream benefits. Daily transportation is provided to mainstream programs. Programs include; Lee County Housing Authority, Fort Myers Housing Authority, Fort Myers Community Redevelopment Agency, Medicaid, Child Support Enforcement, food stamps, AFDC (cash assistance), Women, Infants and Children (WIC) nutritional supplements, TANF (funds for housing), WAGES (welfare to work), Legal Aid Society, Lee County Association for Retarded Citizens, Displaced Homemaker Fresh-Start program, Childcare of Southwest Florida (childcare funds), Lee County School District Early Intervention (on-site evaluation and identification of learning disabilities), Lee County School District Social Services, Lee County GED classes (on-site), Edison Community College, Vocational Rehabilitation Services and Work Force Council, LIFT (housing assistance), Lee County Human Services for long-term Case Management, the One Stop Center that offers, Department Of Children and Family benefits, Unemployment Compensation, and Dress for Success. Also, participants are assisted to access the Veteran's Administration (representative on site visits), Pell Grants at local colleges, Social Security Income / Disability Income, Ryan White Case Management, Housing Opportunity for Persons with AIDS, We Care Specialty Medical Care (Florida Volunteer Healthcare Provider Network), Division of Blind Services (support services, glasses, surgery), Epilepsy Foundation (free health care

and pharmaceuticals), American Cancer Society (mammograms, support groups, education), American Lung Association (smoking cessation training), Indigent Drug Program (free medication) and Sickle Cell Anemia Foundation. Private community agencies provide additional services for adults or children with special needs. These agencies include; Camelot Community Care (mental health services), Ruth Cooper Center (mental health services), Southwest Florida Addiction Services, On-site AA, CA, NA meetings, A.C.T. (domestic violence support groups and ongoing counseling), Family Health Centers, Christian Financial Counseling, United Christian Giving and Uncommon Friends (educational scholarships), Planned Parenthood, University of Florida Extension Services (nutrition education and safe food handling), Business and Industry Counsel, Consumer Credit Counseling, Women's Resource Center (motivational groups, business attire), Sunset Beauty School (free hair-care and training), Dr Ella Piper Center (senior aides). Program case managers ensure that each participant receives all assistance that they are eligible for within each program.

The initial case plan is reviewed and revised as needed with a formal case plan completed within 30 days of admission. Case plan objectives and participant's progress is reviewed by an interdisciplinary team on a monthly basis.

5. Accessing permanent housing:

N/A

6. Self-sufficiency:

N/A

7. Homeless Management Information System:

Not required provided for information only

The Lee County CoC will be implementing a new HMIS system as required by HUD. After a series of meetings, demonstrations of software and planning sessions, the CoC agencies have determined that all are willing to work together on this project. The system that is receiving the most support and will probably be the one selected is Service Point (A Human Services Information Management System). The local Salvation Army plans to acquire the system for HMIS use, pending approval of Divisional and Territorial Boards. At this point the local plan is to include the setup costs in next year's Supportive Services application.

Demonstrate the level of participation in the proposed new or expanded HMIS project below: New HMIS. Demonstrate that at least 50% of the beds (emergency, transitional and McKinney-Vento permanent housing) currently in place in the continuum will be included in the CoC-wide HMIS. At this point all CoC funded agencies will be participating in the HMIS project. The combination of those agencies and their number of beds equates to more than 50% of the Continuum beds.

Name the lead agency designated to oversee the HMIS project. The lead agency will be the Lee County government, Department of Human Services.

Provide a timetable for implementing the new or expanded HMIS. A formal timetable has not been approved or implemented; however, HMIS data will be gathered in 2004

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

Discharge Policy: Discharge Certification and status follow this project.

Section B. Experience Narrative

1. For New Projects Only:

N/A

2 Renewal Projects Experience Narrative

COMPREHENSIVE AFTERCARE PROGRAM (CAP): SHP Supportive Services Funded Program, Annual Budget \$201,423) (Length of time 2.5 years) The CAP Program follows participants upon completion of residential programs and provides them with supportive services for six months to a year. These targeted services include the next levels of housing counseling and placement, employment retention and development groups, continued relapse prevention groups, and family reunification counseling.

The below chart representing CAP 2000 – 2001 Service Units. (*Top number is units of service/**bottom number is unduplicated participants)

Child Activity	Recreat. Therapy	Relapse Prevention Groups	Social Work Contacts	Home Visits	Job Club
* 96	136	757	388	357	381
** 17	15	81	55	45	50

This contract year, changes have occurred as follows:

Position changes – (1) The part-time Recreational Therapist position was changed and replaced with a Mental Health Clinician. This was the result of a need expressed and found to be valid for mental health services in the After Care program. (2) The Housing Case Management position was reduced to a part-time position due to the greater need to provide more funds for housing and utility assistance. A community mainstream program providing funding for housing placement called LIFT, received drastic funding cuts this year. The Salvation Army was forced to search for other sources of housing assistance funds. The money available through the position reduction provided the additional funds. These funds will be used to provide rental and utility deposits and occasional assistance with monthly rental shortages. This will provide support to those participants who have not yet achieved consistency in financial independence.

The Social Worker is able to assist in monitoring participant' case plans and ensures that the Housing Case Manager provides adequate assistance to those persons in need.

Changes in funding categories - Participants are now able to receive necessary employment, education or household items under a more general category that mirrors funding categories provided in the CCP program budget. Financial Assistance to Individuals replaced Clothing for Job Readiness. A more general category identified as Supplies replaced Day Care, Educational and Rehabilitation supplies. Two transportation

categories were blended into one Transportation category. Finally, funds under the Vocational Seminars category were reduced and changed to provide Mental Health and Medical services. These changes are being proposed to allow more resource variety to assist in achievement of case plan goals and objectives.

Changes in program – A Psychiatric Clinic is provided weekly with Mental Health follow up. Those persons requiring medication management are seen in the clinic at least monthly. Ongoing individual counseling provided by a mental health clinician and clinic visits may continue up to two years.

The addition of weekly Psychiatric services will significantly improve the emotional and mental stability of participants. Ongoing medication management and counseling provide the long term support necessary for participants to maintain work relationships, job consistency, financial soundness, and family harmony. These components will assure independence for maintaining stable housing.

COMPREHENSIVE CARE PROGRAM (CCP): (SHP Supportive Services Funded Program, Annual Budget \$1,172,021). Length of time 6 years) The mission of the CCP is to provide a continuum of care to the homeless population, working to develop and assist those in becoming self-sufficient through personal growth, education, skill development, employment opportunities, and freedom from dependency. CCP strives to unite various community organizations in the development and implementation of programs including Outreach, Rehabilitation, Educational Resources and Medical Services. . The program has a single-point-of-entry and participants are managed by an inter-disciplinary team.

Below is a chart representing CCP 2000-2001 Service Units. (*Top number is units of service/**bottom number is unduplicated participants)

Out Reach Therapy	Mental Health Therapy	Domestic Violence Classes	Life Skills	Vocation. Evalua. Counsel.	Job Placement Counsel.	Housing Placement	Addictions Counsel.	Medical Care	TB Testing	HIV Testing	Medical Education
*17,826	4,201	1,836	4,193	2,146	2,057	508	2,892	19,312	443	395	18,053
**8,698	269	165	301	280	266	211	243	319	212	238	311

MEDICAL UNIT: (Salvation Army Interim Care Center (SAICC) and Primary Care Clinic (PCC): (Length of time: 13 years, Paid Staff: 9; Annual Budget \$480,275). This program consists of a 12-bed residential facility and primary care clinic with health care provided to medically needy and indigent individuals at no cost. Services include; in-patient or clinic based nursing care, obtaining necessary lab tests, HIV or TB testing, and physician's care through a community volunteer network. The number of participants served in 2001: 80 patients in the medical respite (residential) unit for a total of 3,562 days and 1,098 patients treated through primary and sub-specialty medical care. 1,109 patients were seen by physicians in Medical Outposts in our Medical Outreach Program.

CORRECTIONAL SERVICES: (Length of time: 24 years; Number of Paid Staff: 22, Annual Budget: **\$1,857,903**). This program provides rehabilitation to criminal offenders through contracts with the Federal Bureau of Prisons (Federal Inmates) and in the State of Florida Department of Corrections (State Inmates). Through a holistic approach, rehabilitation is provided to offenders in a halfway house setting (Federal) and a Non-Secure Drug Treatment Program (State). This is a licensed in-patient treatment program including Level I, Level II and Level III components. The participants must strictly comply with rules and regulations and participate in intensive counseling for an average stay of six months. The number of participants served in 2001: 113 persons for a total of 15,805 days.

THE CROSSROADS CENTER: (Corps Salvage Rehabilitation Center Program: Length of time: 21 years; Paid staff 14; Annual Budget: \$846,803 This residential alcohol and drug rehabilitation program helps men whose lives have become unmanageable due to continued substance abuse. The therapeutic model is a 12-step Christian based program. Through the use of The Salvation Army Thrift Store, as a work-therapy tool, the program provides and intensive 26 week rehabilitative atmosphere for the participants. Other program components include treatment, therapy, job training, and assistance with job placement. The number of participants served in 2001: 117 persons for a total of 11,482 days.

THE FAMILY EMERGENCY SERVICES AND SHELTER/TRANSITIONAL LIVING PROGRAM: (Length of time: 50 years; Paid staff 7 Annual Budget: \$365,203).

The Crisis Management component attempts to meet the temporary/emergent basic needs of participants. This service provides food, clothing, and/or personal goods. Participants are referred from the community by other established social service agencies and providers. The number of participants served in 2001: 9,447.

Additionally, every evening an open dinner feeding is offered to any person who is homeless or impoverished and hungry. The number of participants served in 2001: 10,402.

Family Emergency Shelter:

Individual women and single or two parent families with children who are in need of short-term assistance are provided shelter. Safe shelter includes sleeping quarters, bathing privileges; meals and referrals for any additional needs are referred to Crisis Management. The number of participants served in 2001: 388 persons for a total of 1580 days.

Family Services Unit:

Those women and families who wish to participate in a program for greater assistance meet with the Central Intake Clinician for screening. Benefits of a long-term rehabilitation program include; safe shelter, bathing and laundry privileges, meals, case

management for linking with community services, job skill and life management training, educational assistance, i.e. GED, counseling and other daily interventions to provide greater self-sufficiency. The number of participants served in 2001: 117 persons for a total of 8,475 days.

Transitional Living Program:

A third shelter alternative for those who lose permanent housing and have completed any program in the Continuum of Care is transitional housing. The transitional program includes housing for single men, single women, and families. All persons living in transitional housing may access any of the services offered in the After Care program and are actively working to obtain permanent housing. The number of participants served in 2001: 111 persons for a total of 3,112 days

2b. Extension granted:

One extension for a period of three months was requested and granted.

The first year renewal period was October 1, 2000 to September 30, 2001 and the extension was October 1, 2001 to January 1, 2002. No additional funds were requested.

The extension was requested to allow for program services to be provided into the new contract cycle. This was accomplished through reapportionment of funds within the program. Program integrity was maintained through continued participant support and continuity of services. A renewal request was submitted and approved for contract year 2002 – 2003, effective January 2, 2002.

2c. Renewal Project operating at less than full capacity:

N/A

2d. APR question 11 (Monthly Income at Entry and Exit)

*See Attachment A, CAP APR 10/01/00 – 9/30/01 and
Attachment B, CAP APR 10/01/01 – 12/30/01*

Increased Income: Of the 60 persons who completed the program, at entry, 15 persons had an income of \$500 a month or less. Upon completion of the program 98% of the participants maintained or increased their monthly income. Seven percent (7%) of the participants increased their monthly earnings to over \$1,500 per month.

2d. APR question 16 (Overall Program Goals)

*See Attachment C, CAP APR 10/01/00 – 9/30/01 and
Attachment D, CAP APR 10/01/01 – 12/30/01*

Residential Stability: Sixty people completed the After Care program. During the program, 25 additional persons obtained rental housing (35 total). Seventeen of the 18 persons in emergency shelter moved into more permanent housing as well as the 2 persons who were in non-housing environments. Fifteen of 16 people moved from transitional housing or living with friends/family into a more permanent housing. Sixteen of the 17 persons in substance abuse programs moved into housing. Three of the four persons coming from a hospital or jail moved into more permanent housing. Overall, 44 persons improved their housing situation.

Increased Skills or Income: Upon entry into the CAP program, 39 persons were employed, 7 participants did not have financial resources but 18 others were recipients of funds through a mainstream program. Upon discharge from the program, 5 additional persons became employed (total 44) and 17 persons continued to receive benefits through a mainstream program.

Greater Self-determination: Participants in the CAP program are provided each week with educational and therapeutic groups. Goals are set to maintain sobriety and to develop the support systems necessary to maintain gainful employment and relationships. Group attendance is determined upon intake by the social worker and the participant. The individualized case plan states the number of groups to attend and the outcomes expected.

Fifty-five of the 60 persons who completed the program attended the agreed upon number of groups and maintained sobriety. One hundred percent (100%) of the participants were linked to a community based support counselor or sponsor.

3. For All Applicants:

- a. List *all* HUD McKinney-Vento Act grants received by the applicant. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
1996	C961214	693,400	Expended
1997	C961214	876,851	Expended
1998	C980436	896,800	Expended
1999	FL14B803006	200,445	Expended
1999	FL14B803002	909,798	Expended
2000	FL14B903005	206,556	Expended
2000	FL14B903005	980,974	Expended
2001	FL14B903002	989,336	\$729,488.20
2002	FL14B103003	222,069	In progress

For McKinney-Vento Act experience information for Salvation Army Southern Territory see Attachment G

- b. Please explain any delays in implementing any of the grants listed in (3a) which exceed the SHP timeliness standards described in Section IV (E) of the Notice of Funding Availability (NOFA).

N/A

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

N/A

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

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children	10	-	10	16
Of persons in families with children	10	-	10	16
a. number of disabled	N/A	N/A	N/A	N/A
b. number of other adults	N/A	N/A	N/A	N/A
c. number of children	24	-	24	33
Of single individuals not in families				
a. number of disabled individuals	29	-	29	62
b. number of other individuals	N/A	N/A	N/A	N/A

Chart 3: Supportive Services

N/A

Section G. Operations Budget for New Projects

N/A

Chart: Operating Costs –

N/A

Section H. Supportive Services for Renewal Projects

See Attachment E

Section I. Operations Budget for Renewal Projects

N/A

Operating Costs Chart – Renewal Projects

N/A

Section J. Leasing

N/A

Section K. Homeless Veterans

1. Are veterans among the homeless subpopulations your project will specifically target and intends to serve?

Yes No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

Yes No

Section L. Budget

Part I. Indicate grant term. Please circle one: **1** year

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)			
5. Real Property Leasing (up to three years)			
6. Supportive Services (up to three years)	211,494	52,874	264,368
7. Operations (up to three years)			
8. SHP Request (subtotal lines 4 through 7)	211,494		
9. Administrative Costs (up to 5% of line 8)	10,575		
10. Total SHP Request (total lines 8 and 9)	222,069		

Structure Budget for Projects With More Than One Structure

N/A

Section M. Additional Information

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

1. Which of the following subpopulations will your project serve? (Check all that apply)

Yes Severely Mentally Ill

Yes Chronic Substance Abusers

Yes Dually Diagnosed

Yes AIDS or Related Diseases

Yes Victims of Domestic Violence

Yes Youth

Yes Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes

No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes

No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes

No

If "yes," please provide the name of the military installation: _____

ATTACHMENT A

Complete questions 11 - 15 for all participants who left during the operating year (from 2c, columns 1 and 2) The term participant means single persons and adults in families. It does not include children or caregivers.

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

A. Monthly Income at Entry		
a.	No Income	7
b.	\$1-150	1
c.	\$151 - \$250	1
d.	\$251- \$500	2
e.	\$501 - \$1,000	10
f.	\$1001- \$1500	18
g.	\$1501- \$2000	7
h.	\$2001 +	1

C. Income Sources at Entry		
a.	Supplemental Security Income (SSI)	1
b.	Social Security Disability Income (SSDI)	2
c.	Social Security	0
d.	General Public Assistance	0
e.	Temporary Aid to Needy Families (TANF)	4
f.	Child Support	0
g.	Veterans Benefits	0
h.	Employment Income	31
i.	Unemployment Benefits	0
j.	Medicare	0
k.	Medicaid	1
l.	Food Stamps	2
m.	Other (please specify)	0
n.	No Financial Resources	6

B. Monthly Income at Exit		
a.	No Income	5
b.	\$1-150	0
c.	\$151- \$250	1
d.	\$251- \$500	1
e.	\$501- \$1000	11
f.	\$1001- \$1500	18
g.	\$1501- \$2000	10
h.	\$ 2001 +	1

D. Income Sources at Exit		
a.	Supplemental Security Income (SSI)	3
b.	Social Security Disability Income (SSDI)	3
c.	Social Security	0
d.	General Public Assistance	0
e.	Temporary Aid to Needy Families (TANF)	0
f.	Child Support	0
g.	Veterans Benefits	0
h.	Employment Income	35
i.	Unemployment Benefits	0
j.	Medicare	0
k.	Medicaid	0
l.	Food Stamps	1
m.	Other (please specify)	0
n.	No Financial Resources	5

ATTACHMENT B

Complete questions 11 - 15 for all participants who left during the operating year (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

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

A. Monthly Income at Entry		
a.	No Income	2
b.	\$1-150	1
c.	\$151 - \$250	1
d.	\$251 - \$500	0
e.	\$501 - \$1,000	6
f.	\$1001 - \$1500	1
g.	\$1501 - \$2000	2
h.	\$2001 +	0

C. Income Sources at Entry		
a.	Supplemental Security Income (SSI)	0
b.	Social Security Disability Income (SSDI)	0
c.	Social Security	0
d.	General Public Assistance	2
e.	Temporary Aid to Needy Families (TANF)	1
f.	Child Support	1
g.	Veterans Benefits	0
h.	Employment Income	8
i.	Unemployment Benefits	0
j.	Medicare	0
k.	Medicaid	1
l.	Food Stamps	3
m.	Other (please specify)	0
n.	No Financial Resources	1

B. Monthly Income at Exit		
a.	No Income	2
b.	\$1-150	1
c.	\$151 - \$250	0
d.	\$251 - \$500	1
e.	\$501 - \$1000	6
f.	\$1001 - \$1500	1
g.	\$1501 - \$2000	2
h.	\$ 2001 +	0

D. Income Sources at Exit		
a.	Supplemental Security Income (SSI)	0
b.	Social Security Disability Income (SSDI)	0
c.	Social Security	0
d.	General Public Assistance	1
e.	Temporary Aid to Needy Families (TANF)	1
f.	Child Support	0
g.	Veterans Benefits	0
h.	Employment Income	9
i.	Unemployment Benefits	1
j.	Medicare	0
k.	Medicaid	1
l.	Food Stamps	3
m.	Other (please specify)	3
n.	No Financial Resources	1

ATTACHMENT C

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

a. Residential Stability

Objectives:

1. 50% of participants will remain in a stable or permanent-housing situation for six months. Participants will meet with the Housing Case Manager one time and complete a case plan addressing future housing and employment goals.

2. Participants will meet at least once with the Housing Case Manager to assess current housing needs.

3. Participants will co-create a written case plan to address future permanent housing needs or life management objectives.

Progress:

1. During the past contract year, 98 persons entered the Aftercare program. Of these 98 participants, 44 remained in the program at least six months. The goal of 50% (22 clients) was exceeded. Of the 44 participants who completed the program, 39 met the goal of permanency of housing (177.27% goal achieved).

- 2 & 3. Upon admission to the program, all clients are provided with an individual interview and a case plan is completed at that time. Of the 98 participants admitted to the program during the contract year, all 98 persons completed a case plan during a meeting with a case manager (100%).

Next Operating Year's Objectives:

1. 50% of aftercare participants will remain in a stable or permanent housing situation for six months.

2. Participants will meet at least once with the Housing Case Manager to assess current housing needs.

3. Participants will co-create a written case plan to address future permanent housing needs or life management objectives.

b. Increased Skills or Income

Objectives:

1. 50% of Aftercare participants will remain employed or with a stable income situation for six months after entering aftercare.

2. Participants in the Job Club Program will attend 50% of the groups according to their vocational enhancement plan.

Progress:

1. During this contract year, 44 participants entered and remained in the aftercare program for a period of six months or longer. Of those persons, 36 participants achieved a stable income. This goal was achieved at 163.64%. This is significantly greater than the established goal of 50% (18 clients). Additionally, seven more participants are within one month of meeting this goal as they have not yet met the 6 month participation requirement.

2. Seventy-eight (78) persons were referred into Job Club vocational groups. Forty-two (42) participants met their vocational enhancement goals as outlined in their individual plans. This goal is achieved at 131.25%. This is again, greater than the goal established of 50% (39 clients).

Next Operating Year's Objectives:

1. 50% of Aftercare participants will remain employed or retain ongoing income for six months.

2. Participants in the Job Club Program will attend 50% of the groups according to their vocational enhancement plan.

c. Greater Self-determination

- Objectives**
1. 50% of participants will remain free of substance abuse for the six-month aftercare period.
 2. Participants in Relapse Prevention will attend 50% of the groups scheduled according to their treatment plan.
 3. Participants will establish an outside support network, which may include a sponsor, mentor, family member or supportive organization.

- Progress:**
1. Clients are expected to remain free of substance abuse throughout their participation in the programs provided at The Salvation Army. Of the 44 persons who completed six months of participation, 35 remained clean and sober. This is a goal achievement of 159.09% (50% of clients is 22 persons).
 2. Of the 98 persons in the CAP program, 90 were referred into relapse prevention groups. Of the 90 persons referred, 40 were in the program six months or longer and attained the goal for group attendance. Another 15 clients also met the goal of group attendance although they had not yet completed a six-month participation period. Therefore, 55 clients or 137.5% of participants met the goal for group attendance during this contract year.
 3. This goal was achieved at 100%. Every participant in the CAP program was helped to establish an outside support contact.
 4. This goal was achieved at 100%. Ninety-eight (98) participants entered the CAP program and all met with the Social Worker, to address any areas of concern and to receive individual counseling.

Next Operating Year's Objectives:

1. 50% of participants will remain free of substance abuse as per their treatment plan for six months.
2. Participants in Relapse Prevention will attend 50% of the groups scheduled according to their treatment plan.
3. Participants will establish an outside support network, which may include a sponsor, mentor, family member or supportive organization.
4. Participants in Relapse Prevention will meet individually with the Social Worker to address additional concerns.

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. (SHP-SSO projects do not complete this question.)

- a. SHP. How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	N/A	N/A	_____

- b. S+C. How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and caregivers.)

Number of Beds: _____
 Number of Dwelling Units: _____

ATTACHMENT D

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

a. Residential Stability

- Objectives:**
1. 50% of participants will remain in a stable or permanent-housing situation for six months. Participants will meet with the Housing Case Manager one time and complete a case plan addressing future housing and employment goals.
 2. Participants will meet at least once with the Housing Case Manager to assess current housing needs.
 3. Participants will co-create a written case plan to address future permanent housing needs or life management objectives.

Progress:

1. Thirty persons were identified as having achieved a 6-month housing permanent status of which 79% met this goal.

Upon admission to the program, all clients (100%), without exception, are provided with an individual interview and a case plan.

Next Operating Year's Objectives:

1. 25% of the program participants will maintain stable housing during participation in the program.
2. 50% of the participants will co-create a written case plan within 30 days of entrance into the program.

b. Increased Skills or Income

- Objectives:**
1. 50% of Aftercare participants will remain employed or with a stable income situation for six months after entering aftercare.
 2. Participants in the Job Club Program will attend 50% of the groups according to their vocational enhancement plan.

Progress:

1. Twenty-five of 38 (66%) participants achieved the goal of six months of employment or stable income.
2. Twenty-eight of 38 (74%) persons met their vocational enhancement goals as outlined in their individual plans.

Next Operating Year's Objectives:

1. 25% of the participants will maintain employment or ongoing income during participation in the program.
 2. 25% of the participants will increase their skills as determined by their case plan, during participation in the program.
-

c. Greater Self-determination

- Objectives
1. 50% of participants will remain free of substance abuse for the six-month aftercare period.
 3. Participants in Relapse Prevention will attend 50% of the groups scheduled according to their treatment plan.
 4. Participants will establish an outside support network, which may include a sponsor, mentor, family member or supportive organization.
 5. Participants in Relapse Prevention will meet individually with the Social Worker to address additional concerns.

- Progress:
1. Twenty-nine of 38 (76%) participants who completed the six-month requirement remained free of substance abuse throughout their tenure in the program.
 2. Thirty persons of 38 (79%) were referred and attended 50% or more of assigned groups.
 3. Thirty-eight (100%) participants in the CAP program established an outside support contact.
 4. One hundred percent of participants met with the Social Worker to address any areas of concern and to receive individual counseling.

Next Operating Year's Objectives:

25% of the participants will achieve one goal on their individual case plan, during participation in the program.

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. (SHP-SSO projects do not complete this question.)

- a. SHP. How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	<u>N/A</u>	<u>N/A</u>	<u> </u>

- b. S+C. How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and caregivers.)

Number of Beds:
Number of Dwelling Units:

- c. SRO. How many dwelling units were being assisted at end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units:

ATTACHMENT E

The Salvation Army
Lee County Command
Fort Myers, FL

Comprehensive Aftercare Program
Supportive Housing Application
Contract Year 1/2/03 – 1/1/04

ATTACHMENT E
Supportive Services Chart

Support Service Expense			Year 2003-2004
Service Activity: Quantity:	Social Worker 1.00 FTE	1	34,780.00
Service Activity: Quantity:	Job Club Facilitator 1.00 FTE	2	31,593.00
Service Activity: Quantity:	Housing Case Manager - PT .50 FTE 20 hrs/wk	3	14,320.00
Service Activity: Quantity:	Transporter/Daycare Aide - PT 0.625 FTE 25 hrs/wk	4	13,180.00
Service Activity: Quantity:	Mental Health Clinician - PT 0.625 FTE 25 hrs/wk	5	23,732.00
Service Activity: Quantity:	Kitchen Worker 1.00 FTE	6	21,588.00
Service Activity: Quantity:	Data Technician 0.625 FTE 25 hrs/wk	7	13,864.00
Service Activity: Quantity:	Cook II 0.070 FTE 2.8 hrs/wk	8	1,936.00
Service Activity: Quantity:	Addictions Counselor Sr.-State .10 FTE Match 4 hrs/week	9	3,734.00
Service Activity: Quantity:	Addictions Counselor-State (2) positions .20 FTE Match 8 hrs/week	10	6,710.00
Service Activity: Quantity:	Case Manager-Family Services .05 FTE Match 2 hrs/week	11	1,830.00
Service Activity: Quantity:	Coordinator-Family Services .05 FTE Match	12	2,240.00

The Salvation Army
Lee County Command
Fort Myers, FL

Comprehensive Aftercare Program
Supportive Housing Application
Contract Year 1/2/03 – 1/1/04

ATTACHMENT E
Supportive Services Chart

	2 hrs/week		
Service Activity:	Corps Prog Operations Director	13	3,276.00
Quantity:	.08 FTE Match 3 hrs/week		
Service Activity:	Counselor	14	5,239.00
Quantity:	.18 FTE Match 7.3 hrs/week		
Service Activity:	Director-CSRC	15	2,767.00
Quantity:	.05 FTE Match needs. 2 hrs/week		
Service Activity:	Director-Medical Services	16	1,506.00
Quantity:	.03 FTE Match 1 hrs/week		
Service Activity:	Intake Worker-Social Services	17	2,936.00
Quantity:	.13 FTE Match 5 hrs/week		
Service Activity:	Monitor Tech	18	12,648.00
Quantity:	(15) positions .55 FTE match 22 hrs/week		
Service Activity:	Monitor Tech -Unit Manager	19	3,228.00
Quantity:	(2) positions .10 FTE match 4 hrs/week		
Service Activity:	Operations Manager - CSRC	20	1,089.00
Quantity:	.03 FTE Match 1 hrs/week		
Service Activity:	Outreach Nurse	21	1,076.00
Quantity:	.03 FTE Match 1 hrs/week		
Service Activity:	Program Manager-State	22	3,726.00
Quantity:	.08 FTE Match 3.2 hrs/week		
Service Activity:	Warehouse Supervisor	23	869.00
Quantity:	.03 FTE Match 1 hrs/week		
Service Activity:	Supplies		7,035.00
Quantity:	\$586/month		
Service Activity:	Transportation (includes but is not limited to bus passes, mileage		5,085.00

The Salvation Army
 Lee County Command
 Fort Myers, FL

Comprehensive Aftercare Program
 Supportive Housing Application
 Contract Year 1/2/03 – 1/1/04

ATTACHMENT E
Supportive Services Chart

Quantity:	for \$424/month transportation of clients and mileage reimbursement for direct to client services provided by staff)		
Service Activity: Quantity:	Meals 15 meals/day @ \$1.91 per meal		10,395.00
Service Activity: Quantity:	Mental Health/Medical Services \$1417/month		17,000.00
Service Activity: Quantity:	Financial Assistance to Individuals \$1416/month		16,986.00
	Total Supportive Services Budget		264,368.00
	Total Supportive Services Request		211,494.00
	Selectee's Match		52,874.00

ATTACHMENT F

Attachment F – Supportive Services Job Descriptions

1. Social Worker: Provides supportive services to program participants. Conducts client interviews to assess adjustment to living situations. Provides counseling and referrals as needed, acts as client advocate, assists clients with problem solving and challenges of day to day living, conducts group sessions with program participants. *40 hours*
2. Job Club Facilitator: Works with both program participants and employers to maintain continued employment. Acts as job coach, provides on the job training as needed, monitors clients attendance, work experience and performance. *40 hours*
3. Housing Case Manager: assists client with housing issues, conducts home visits, assesses home environment, monitors housing budget and assists client in all housing related challenges. *20 hours*
4. Transporter / Daycare Aide – PT: Transports program participants and their children to program activities. Conducts children activities. *25 hours*
5. Mental Health Clinician - PT: Assists psychiatrist with mental health clinic, secures labs and pertinent data as requested by psychiatrist, prescreens clients for clinic, monitors clients response to psychiatric medications, acts as liaison for client to mental health provider. *25 hours*
6. Kitchen Worker: Prepares and provides meals for program participants and their children. *40 hours*
7. Data Technician: Monitors clients' progress in attaining program objectives, data entry, performs analysis of data entry. *25 hours*
8. Cook II: prepares and provides meals for program participants and their children. *2.8 hours*
9. Addictions Counselor Sr. State: Conducts groups with program participants to ensure compliance with program goals. Monitors clients adherence to case plans and links with mainstream services. *4 hours*
10. Addiction Counselor- State: Conducts groups with program participants to ensure compliance with program goals. Monitors clients adherence to case plans and links with mainstream services. *8 hours*
11. Case Manager- Family Services: Facilitates clients' transition from Comprehensive care into aftercare program. Orients potential clients to program and links to supportive aftercare services. *2 hours*

12. Coordinator- Family Services: Facilitates even transition of Comprehensive Care clients into Aftercare Program. Orients potential clients to program and links to supportive Aftercare services. *2 hours*
13. Corps Program Operations Director: Provides orientation to all CAP participants on the agency operations and history. *3 hours*
14. Counselor: Provides group classes for CAP participants on relapse prevention. *7.3 hours*
15. Director-CSRC: Assists program participants to secure clothing, furniture and household items, provides on the job training. *2 hours*
16. Director-Medical Services: Links aftercare program participants to medical services and provides health related education, assists clients to access prescription medications and monitors clients for untoward side effects and response to prescribed medications. *1 hour*
17. Intake Worker-Social Services: Assesses client need and links clients with groceries and hygiene products as needed. *5 hours*
18. Monitor Technician: Provides classes for children of program participants. Performs drug testing, monitors attendance and maintains secure environment. *22 hours*
19. Monitor Technician- Unit Manager: Provides classes for children of program participants. Performs drug testing, monitors client attendance and maintains secure environment. Oversees security operations, assures adequate staffing to provide 24 hour coverage, manages security staff. *4 hours*
20. Operation Manager-CSRC: Procurement of clothing, furniture and household goods for program participants use. *1 hour*
21. Outreach Nurse: Provides health educations and screening for program participants, refers clients into primary care clinic as needed and triages client's physical complaints. *1 hour*
22. Program Manager-State: Provides orientation of potential state program participants and links to aftercare supportive services to assure even program transition. *3.2 hours*
23. Warehouse Supervisor: Arranges delivery and logistics of furniture and large household items to program participants, assists client to access household goods, provides on the job training. *1 hour*

ATTACHMENT G

The Salvation Army, a Georgia Corporation, is the legal entity under which the proposed supportive Housing Program operates. The Georgia Corporation of The Salvation Army controls and administers all services of the organization within the following states:

Alabama	Arkansas	Florida	Georgia
Kentucky	Louisiana	Maryland	Mississippi
North Carolina	Oklahoma	South Carolina	Texas
Virginia	West Virginia	District of Columbia	

The Salvation Army - Southern Territory - (a Georgia Corporation) receives numerous HUD-funded grants and sub-grants each year representing millions of dollars in community development block grants, emergency shelter grants, innovative homeless initiative demonstration projects, and public housing drug elimination program funding.

	EMERGENCY SHELTER GRANTS The Salvation Army Southern Territory	
FISCAL YEAR	NUMBER OF LOCATIONS	TOTAL AWARD AMOUNT
FY98	113	\$3,833,515.00
FY99	113	\$3,754,223.00
FY00	113	\$5,224,848.00

Additionally, since 1990 The Salvation Army, a Georgia Corporation, has received the following grants under HUD Supportive Housing Demonstration Program, Supportive Housing Program, and continuum of Care competitions.

	SHP, SHDP GRANTS The Salvation Army - Southern Territory	
YEAR/ROUND	LOCATION	GRANT - AMOUNT
2000	Birmingham, AL	\$158,019.00
	Sarasota, FL	\$147,220.00
	Fort Myers, FL	\$1,013,465.00
	Louisville, KY	\$359,999.00

2000 (Cont'd)	Charlotte, NC	\$453,292.00
	Winston-Salem, NC	\$66,862.00
	Memphis, TN	\$435,209.00
	Nashville, TN	\$741,163.00
	Austin, TX	\$776,928.00
	Corpus Christi, TX	\$545,535.00
	San Antonio, TX	\$491,700.00
1999	Birmingham, AL	\$128,960.00
	Mobile, AL	\$284,269.00
	Tulsa, OK	\$669,124.00
	Miami, FL	\$720,000.00
	Ft. Myers, FL	\$983,945.00
	Ft. Myers, FL	\$211,493.00
	Naples, FL	\$216,354.00
	Knoxville, TN	\$415,296.00
	Charlotte, NC	\$262,500.00
	Houston, TX	\$994,178.00
	San Antonio, TX	\$768,177.00
	San Antonio, TX	\$434,992.00
	1998	TAMPA, FL
West Palm Beach FL		\$1,192,000.00
Ft. Myers, FL		\$200,445.00
Ft. Myers, FL		\$965,550.00
Lakeland, FL		\$358,455.00
High Point, FL		\$90,380.00
Winston Salem, NC		\$135,843.00
Ft. Worth, TX		\$952,168.00

	Austin, TX	\$820,000.00
	Austin, TX	\$8,350,000.00
1997	Ocala, FL	\$99,723.00
	Louisville, KY	\$90,487.00
1996	Mobile, AL	\$260,811.00
	Baton Rouge, LA	\$336,000.00
	Lakeland, FL	\$143,226.00
	Sarasota, FL	\$457,621.00
	Tallahassee, FL	\$182,576.00
	Tampa, FL	\$294,784.00
	Nashville, TN	\$488,108.00
	San Antonio, TX	\$1,568,865.00
1995	Lakeland, FL	\$82,917.00
	Fort Myers, FL	\$2,361,864
	Miami, FL	\$1,588,625.00
	Tampa, FL	\$748,439.00
	Knoxville, TN	\$663,900.00
	Nashville, TN	\$48,000.00
	Winston-Salem, NC	\$190,358.00
	Austin, TX	\$2,290,700.00
	Ft. Worth, TX	\$75,000.00
	San Antonio, TX	\$719,180.00
1994	Ft. Lauderdale, FL	\$641,523.00
	Tulsa, OK	\$1,174,352.00
	San Antonio, TX	\$400,000.00
1993	Ft. Lauderdale, FL	\$1,358,581.00
	Washington, DC	\$2,974,983.00
	San Antonio, TX	\$674,361.00
1992	Birmingham, AL	\$686,100.00
	Louisville, KY	\$818,815.00
	Charlotte, NC	\$1,101,015.00

1991	Abilene, TX	\$186,974.00
	Lakeland, FL	\$358,635.00
	Naples, FL	\$1,165,523.00
	Ocala, FL	\$626,257.00
	Nashville, TN	\$1,511,682.00
1990	Lakeland, FL	\$239,014.00
	Tampa, FL	\$1,073,815.00



THE SALVATION ARMY POLICY STATEMENT ON RELATIONSHIPS WITH OTHER GROUPS AND ORGANIZATIONS

The Salvation Army in the United States works cooperatively with many groups - governmental, social service, civic, religious, business, humanitarian, educational, health, character building, and other groups - in the pursuit of its mission to preach the Christian Gospel and meet human need.

Any agency, governmental or private, which enters into a contractual or cooperative relationship with The Salvation Army should be advised that:

1. The Salvation Army is an international religious and charitable movement, organized and operated on a quasi-military pattern, and is a branch of the Christian church.
2. All programs of The Salvation Army are administered by Salvation Army Officers, who are ministers of the Gospel.
3. The motivation of the organization is love of God and a practical concern for the needs of humanity.
4. The Salvation Army's provision of food, shelter, health services, counseling, and other physical, social, emotional, psychological and spiritual aid, is given on the basis of need, available resources and established program policies.

Organizations contracting and/or cooperating with The Salvation Army may be assured that because The Salvation Army is rooted in Christian compassion and is governed by Judeo-Christian ethics, The Salvation Army will strictly observe all provisions of its contracts and agreements.

Commissioners Conference:
May 1996

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 3/31/2003)

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):

THE SALVATION ARMY 10291 McGregor Boulevard, Fort Myers, FL 33919
(941) 278-1551

2. Social Security Number or
Employer ID Number:

580-66-0607

3. HUD Program Name

COMPREHENSIVE AFTERCARE PROGRAM

4. Amount of HUD Assistance
Requested/Received

\$222,069.00

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

2400 Edison Avenue, Fort Myers, FL 33901

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

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

Yes No

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

X 

04/30/2002

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**NON-GOVERNMENT
FUNDING SOURCE LISTING
REQUIRED BY HUD (FORM
2880)**

Supportive Housing Budget Year(s) Location: Ft. Myers Florida - Comp. Aftercare
Fy 03.

Total Supportive Services
 SHP FUNDING *
 *Administrative Cost not Included
 Non- Government Funding
 (PROVIDED OUTLINE OF
 INCOME SOURCES)

\$264,368.00
 \$211,494.00
\$52,874.00

Total OPERATING BUDGET
 SHP FUNDING *
 *Administrative Cost not Included
 Non- Government Funding
 (PROVIDED OUTLINE OF
 INCOME SOURCES)

\$0.00

Local Donations \$52,874.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00

\$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00
 \$0.00

TOTAL (MUST EQUAL
 NON-GOVERNMENT
 FUNDING LISTED ABOVE)

TOTAL (MUST EQUAL
 NON-GOVERNMENT
 FUNDING LISTED ABOVE)

\$52,874.00

\$0.00

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
Salvation Army Aftercare Program – Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Robert P. Janes

Title: Chairman, Lee County Board of County Commissioners

Signature:

Date: 6/11/02

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Salvation Army Aftercare Program – Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Cape Coral

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Project Name: Salvation Army Aftercare Program – Renewal
Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Fort Myers

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

Special Project Certification

Coordination and Integration of Mainstream Programs

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

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

Authorized signature of applicant
(*required for all applicants*)

Position Title

Date

Special Project Certification

Discharge Policy

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

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

Authorized signature of applicant
*(required only for applicants that are States or
units of general local government)*

Position Title

Date

Exhibit 2
Section A Project Narrative

8

Discharge Policy Status, 2002

Most public institutions in Lee and adjacent counties are administered by Florida State or are regulated under Florida State codes. The Fort Myers staff of the Florida *Department of Children and Families* (DCF) which regulates Health and Youth facilities are active participants in the Lee County Homeless Coalition. The DCF staff network with Continuum providers to acquaint persons discharging with support services and housing programs. Formal Discharge procedure for DCF are contained in *Chapter 65, Florida Administrative Code for Mental Health Treatment and Receiving Facilities*. This code dictates that receiving and treatment facilities have written discharge policies including protocols which cover all aspects of discharge including unbroken continuation of necessary medical and psychiatric services and cooperation and coordination with local providers. During 2002, Lee Continuum providers have had increasing contact with discharge administrators at local and regional public health and youth facilities.

The Fort Myers Police Department and the Lee County Sheriff's Office are also active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing. In addition, in 2002 improvements in the Florida *Department of Corrections* discharge process are advancing through the State Legislature, (*SB 912/HB 1131*), which will formalize discharge processing by funding a dedicated Discharge Officer staff position at each correction facility.

The *Florida Homeless Coalition* (statewide) has succeeded in incorporating Discharge Processing policy into the enabling legislation for the new State Office on Homelessness. (*Florida Statutes 420.626*). The discharge policy requires hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers to ensure that persons leaving their care or custody are not discharged into homelessness. The Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* which will contain standardized procedures for Outreach connection with discharge administrators. In 2003 and with the implementation of the HMIS in 2004, the Lee Continuum will begin to quantify the service to persons being discharged.

In the past year the *awareness* of both the importance of the problem and the statutory requirements to avoid discharge into homelessness has increased locally for both Continuum providers and Health, Youth, and Corrections administrators. The resulting connections have resulted in better prepared persons being discharged, more efficient Outreach connections by Continuum Providers, and fewer persons leaving institutions for life on the streets or camps of Lee County.

EXHIBIT 2

PROJECT	Southwest Florida Addiction Services, Inc. Project Fresh Start. Transitional Housing, Supportive Services Operational Expense – One Year Renewal
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Section A. Project Narrative

1. Project Summary.

- a. Applicant: Lee County, Florida, 2002 Homeless Continuum of Care, Lee County Department of Human Services
- b. Sponsor: Southwest Florida Addiction Services, Inc.; Project Fresh Start
- c. This is a renewal project.
- d. The total SHP request is \$100,091
- e. We are requesting funds for Supportive Services (Counselors and Case Manager) and Operational Expense (Program Manager and HMIS updating and expansion).
- f. The housing is transitional, a 12 bed residential treatment program, a nine bed woman's halfway house and a 12 bed man's halfway house. All provide supportive services for substance abuse and mental health treatment, life skills, vocational education, leisure and recreational activities.
- g. The populations to be served are adult male or female substance abuse and/or mental health patients, at least 50% of whom must be homeless at the time of admission.
- h. This request is for one fiscal year.

2. Homeless Population to be Served

- a. The population served is chronically substance dependent with more than one-third dually diagnosed with a co-occurring mental illness. At the time of admission they have no place to live nor to receive treatment and are in need of treatment, life skills, vocational education and residential stability. On an average 67 percent are men, 33 percent women and 10% military veterans.

- b. The population is found on the streets and in homeless camps, in emergency shelters and in transitional housing for the homeless that do not offer necessary substance abuse and/or mental health services. Specifically, of those moving into the Transitional Living Center, 12 were living on the streets or in homeless camps, 21 were temporarily living with friends, 7 were evictees, 4 were from emergency shelters, 1 came from a long term transitional program for homeless and one was released from prison with no home to go to.
- c. SWFAS is a recipient of a Projects for Assistance in Transition from Homelessness (PATH) grant through which we hired a full time outreach worker to identify and refer the homeless mentally ill and chemically dependent. SWFAS also operates a public detoxification unit which also identifies homeless substance abusers and the mentally ill. We also work with other area not for profit agencies that conduct homeless outreach and make referrals to our facility.

3. Housing Where Participants will Reside.
NOT REQUIRED OF SHP RENEWALS.

4. Supportive Services the Participants will Receive.

a & b. Not required.

- d. All Program Patients and Residents are assigned Primary Counselors, Case Managers and an Occupational Therapist. Staff works with all patients and residents to ensure that they apply for all benefits to which they may be entitled. For example, TANF and Medicaid are often funding sources for the patients' treatment. Veterans Health Care is always utilized as a preferred health care provider (local Veterans' Clinic) as well as the Family Health Center Homeless Clinic. SSI, SSDI and Food Stamps are frequently utilized. All three responsible clinicians work diligently at determining eligibility and applying and obtaining mainstream program benefits for each patient or resident. (Mainstream Certification from Lead Agency attached)

5 & 6.
NOT REQUIRED

- 7. Homeless Management Information System.** Although this statement is not required, we wish to address it since we are requesting funds to upgrade and expand the SWFAS portion of the system.
- a. The major providers and Lee County Human Services as the Continuum Lead agency have been investigating potential HMIS hardware and software for the past year. We have collectively determined that the HUD validated Service Point system would best provide for the varying needs of the providers from raw data collection to clinical systems in at least one instance. We believe this system will best allow for the collection and exchange of data to avoid duplication of services and to provide a more economical and efficient clinical system.
 - b. For our first year of operation (October 2000-2001)we served 276 patients in residential treatment and halfway houses. 71% of those admitted into Transitional Living (the halfway houses)were homeless at admission and 53% of all patients were homeless as of admission. The SWFAS PATH program, which will also extensively utilize HMIS, saw more than 230 homeless persons last fiscal year, 72 of which were referred to providers. The SWFAS detoxification unit also sees a substantial majority of homeless patients and it will utilize HMIS, as will all SWFAS programs. SWFAS will be working in conjunction with the county and the other major area homeless providers in this project.
 - c. Lee County Human Services will be the lead agency in HMIS.
 - d. Funds have been granted for the county servers and the hardware and software requirements of one major homeless provider. SWFAS has had preliminary discussions on the work necessary to convert our existing data and clinical systems to provide data to Service Point, provide it to the County and to exchange it with other providers. The County will provide more detailed information but we believe we are, conservatively, within a year of data collection and two years of clinical exchange.
 - e. To our knowledge there has never been any state or local funds available for this type of data collection or exchange. The County will provide more information on our HMIS status.
- 8. Discharge Policy:** The County in their capacity as lead agency will furnish this data.

Section B. Experience Narrative

1. *Not Applicable*

2. **For Renewal Projects Only:**

- a. There have been no significant changes in the project since the last funding approval for this grant. We have added the enhancement of an Occupational Therapy Program in conjunction with Florida Gulf Coast University under a start-up grant from The Able Trust.
- b. We have been granted no extensions for the program.
- c. We are operating at nearly full capacity, allowing for normal turnover, which means beds rarely go unfilled for more than a few days.
- d. APR answers to questions 11 and 16 are attached.

3. **List of *all* HUD McKinney-Vento Act grants received by the Applicant:**

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
1998	FL14B803004	\$345, 208	\$173,447.88
2001	FL14B103001	\$613, 279	0

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

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

A. Monthly Income at Entry		
a.	No income	32
b.	\$1-150	2
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	1
f.	\$1001- \$1500	
g.	\$1501- \$2000	
h.	\$2001 +	

C. Income Sources at Entry		
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	1
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	2
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	32

B. Monthly Income at Exit		
a.	No income	18
b.	\$1-150	
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	5
f.	\$1001- \$1500	9
g.	\$1501- \$2000	2
h.	\$2001 +	1

D. Income Sources at Exit		
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	2
c.	Social Security	
d.	General Public Assistance	1
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	12
i.	Unemployment Benefits	
j.	Medicare	1
k.	Medicaid	1
l.	Food Stamps	
m.	Other (please specify)	

n.	No Financial Resources	18
----	------------------------	----

12. **Length of Stay in Program.** Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time?

a.	Less than 1 month	16
b.	1 to 2 months	9
c.	3 - 6 months	9
d.	7 months - 12 months	1
e.	13 months - 24 months	
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	

13. **Reasons for Leaving.** Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, **include only the primary reason.**

a.	Left for a housing opportunity before completing program	
b.	Completed program	10
c.	Non-payment of rent/occupancy charge	1
d.	Non-compliance with project	9
e.	Criminal activity / destruction of property / violence	
f.	Reached maximum time allowed in project	
g.	Needs could not be met by project	
h.	Disagreement with rules/persons	5
i.	Death	
j.	Other (please specify)	2 Relapse

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

a. Residential Stability

Objectives: 1) 30% retention in program 3-9 months. 2)60% successful in finding affordable perm. housing after leaving program.

Progress: 1) 41% retention 3-9 months to date. 2)41% of total to date with an additional 40% still in program

Next Operating Year's Objectives: 1) Increase 3-9 month retention to 50%. 2) Successful affordable permanent housing to remain at present level pending data on those still in program post completion.

b. Increased Skills or Income

Objectives: 1) 85% success in obtaining employment. 2) 70% retaining employment after 6 months. 2) 90% success in completing job readiness training within 6 months.

Progress: 1) 100% employed at completion. 90% of current residents employed. 1) Insufficient data available due to time frames (i.e., very few residents have 6 months post completion).

Next Operating Year's Objectives: 90% of residents to successfully complete SWFAS/FGCU Occupational Therapy Program which will commence on or before 1/1/02.

c. Greater Self-determination

Objectives: 1) 70% successful completion of substance abuse treatment within 6 months. 2) 51% to attend continuing care for 7-9 months post completion. 3) 80% of residents will have no arrests one year after completion. 4) 90% of residents will have improved inter-personal relationships one year after completion.

Progress: 1) 100% of transitional living residents successfully completed substance abuse treatment. 2) Current programming calls for continuing care during the transitional living center admission only, with further continuing care optional, so this goal was not consistent with programming. 100% of transitional living center residents met continuing care requirements during their admissions. 3&4) There has been insufficient time for enough residents to complete to attain this data. However, to date no completing residents has been arrested and 100% of "graduates" report improved relationships.

Next Operating Year's Objectives: To complete data on 3&4, and to measure employment stability with a target of 90% of all residents completing program to have retained or improved employment.

17. **Beds.** SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. **(SHP-SSO projects do not complete this question)**

a. **SHP.** How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	<u>4</u>	<u>10</u>	<u>14</u>

Section C. Project Information

Project Name: Project Fresh Start	Project Priority No. 3
Project Address (street, city, state, & zip): 2516 Grand Ave. Fort Myers, FL 33901	
Project Sponsor's Name: Southwest Florida Addiction Services, Inc.	Proj. Congressional District(s): FL 14
Sponsor's Address (street, city, state, & zip): 2101 McGregor Blvd. Fort Myers, FL 33901	Geographic Code: 129071, 120402, 120966
Authorized Representative of Project Sponsor (name, title, phone number, & fax): H. Randall Bixler, Director, SWFAS Transitional Living Center (941) 338-2977 FAX: (941) 338-2988 e-mail: r_bixler@swfas.org	

Section D. Program Component/Types

1. Please check one box: (please see Projects section of Qs & As before responding)

New Project (You must complete section E)

Renewal Project *[Note: You must be the identified grantee in the current grant agreement with HUD*

to

be eligible to request renewal funding for the project.]

Enter the HUD project number of the grant being renewed: FL14B803004

Enter other HUD grant numbers previously assigned to this project: _____ None _____

_____ Grantee Name: _____

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

Transitional Housing

Permanent Housing for Persons with Disabilities

Supportive Services Only

Safe Havens Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 17 of Exhibit 2) and will require participants to execute a lease agreement.

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

Section E. Existing Facilities and/or Activities Serving Homeless

Persons *(To be completed for new projects only; renewal projects skip to section F.)*

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
 - Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
 - No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:
 - Increase the number of homeless persons served.
 - Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
 - Bring existing facilities up to a level that meets State and local government health and safety standards.
 - Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

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

 - a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
 - b. Why it is nonrenewable.
 - c. When it will cease.
 - d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

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

Section F is composed of three charts:

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

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

Chart 3 is for recording the supportive services proposed for your homeless clients including any Homeless Management Information System costs.

Complete Chart 1 and Chart 2 based on the following instructions.

1. In the *first column*, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked "Yes" in section E or you are proposing a renewal project. If you checked "No" in section E enter "N/A" in this column.
2. In the *second column*, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter "N/A" in this column.
3. In the *third column*, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the *fourth column*, enter the number of persons to be served over the grant term.

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms*	16	N/A	16	
Number of beds*	33	N/A	33	

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals	33	N/A	33	99
b. number of other individuals				

Chart 3: Supportive Services [FOR NEW PROJECTS ONLY].

- N/A

Section G. Operations Budget for New Projects

Section H. Supportive Services for Renewal Projects

Supportive Services Chart – Renewal Projects

Supportive Service Expense	Year 1 /Total (a, d)	Year 2,3 (b,c)
1. Service Category: Quantity: Substance Abuse Counselor @ .71 FTE	\$27,872	N.A.
2. Service Category: Quantity: Mental Health Counselor @ .53 FTE	\$28,600	
3. Service Category: Quantity: Case Manager @.57 FTE	\$27,726	
4. Service Category: Quantity:		
5. Service Category: Quantity:		
6. Service Category: Quantity:		
7. Total Supportive Services Budget**	\$84,198	
8. SHP REQUEST*	\$51,057	
9. Selectee's Match (Line 7 minus Line 8)	\$33,141	

Section I. Operations Budget for Renewal Projects

Operating Costs Chart – Renewal Projects

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits) Program Manager @ .42FTE	\$46,184			
3. Utilities				
4. Equipment (lease/buy) Purchase HMIS Equipment	\$33,465			
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Relocation (no. of persons)				
9. Food (perishable/non-perishable, quantity)				
10. Other Operating Costs* (amounts/ quantities)				
11. Total Operating Budget **	\$79,649			
12. SHP REQUEST***	\$44,268			
13. Selectee's Match (Line 11 minus line 12)	\$35,381			

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

***The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section L.*

****The SHP request for Years 1, 2, and 3 cannot be more than 75% of the total operating budget for those years.*

Job Descriptions

Attach to this section narrative statement(s) indicating the job title for each position of your renewal project to be funded using SHP supportive service funds. Briefly describe the job responsibilities as they relate to the SHP project for each position.

Supportive Services – Renewal Projects Job Descriptions

1. **Substance Abuse Counselor.** This position requires a Florida Certified Addictions Professional to perform individual and group counseling and educational modules in a chemical dependency and co-occurring disorder treatment facility and to act as a primary counselor for up to five patients working with a treatment team of a mental health counselor, psychiatrist and case manager to conduct treatment planning, progress notes and behavior modification work with patients many of whom were homeless at the point of admission.
2. **Mental Health Counselor.** This position requires a Florida Licensed Mental Health Professional to perform individual and group counseling and educational modules in a chemical dependency and co-occurring disorder treatment facility, to act as the primary mental health professional in liaison with substance abuse primary counselors and the agency psychiatrist in a team approach to assessment, treatment planning, treatment progress, behavior modification and discharge planning for up to 10 patients at a time, many of whom were homeless at the point of admission
3. **Case Manager.** This position requires a case manager experienced working with substance abuse and co-occurring disorder patients in a halfway house setting enforcing house rules, coordinating treatment and occupational therapy activities (life skills, voc/ed and leisure and recreational activities) with work and family involvement in a healthy recovery oriented atmosphere.

Section J. Leasing [For new and renewal projects] – N/A

Section K. Homeless Veterans

1. Are veterans among the homeless subpopulations your project will specifically target and intends to serve?
X Yes No
2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?
Yes X No

Section L. Budget

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

Part II. Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)	*		
5. Real Property Leasing (up to three years)			
6. Supportive Services (up to three years)	\$51,057 **	\$33,141	
7. Operations (up to three years)	44,268 ***	35,381	
8. SHP Request (subtotal lines 4 through 7)	95,325		
9. Administrative Costs (up to 5% of line 8)	4,766 ****		
10. Total SHP Request (total lines 8 and 9)	\$100,091 ***		

*Structure Budget for Projects With More Than One Structure- N/A
If your project is a renewal, do not fill out the structure budget(s).*

Section M. Additional Information

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

1. Which of the following subpopulations will your project serve? (Check all that apply)

- X Severely Mentally Ill
 X Chronic Substance Abusers
 X Dually Diagnosed
 X AIDS or Related Diseases
 X Victims of Domestic Violence
Youth
Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes

- X No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes

- X No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes

- X No

If "yes," please provide the name of the military installation: _____

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
SWFAS Fresh Start RENEWAL

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Robert P. Janes

Title: _____

Signature: _____

Date: 6/11/02

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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
SWFAS Fresh Start RENEWAL

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Cape Coral

Certifying Official of the Jurisdiction Name:

Title:

Signature:

Date:

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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida

Department of Human Services

SWFAS Fresh Start RENEWAL

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

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

Supportive Housing Program (SHP)

Name of
Certifying Jurisdiction:

City of Fort Myers

Certifying Official
of the Jurisdiction
Name:

Title:

Signature:

Date:

Special Project Certification

Coordination and Integration of Mainstream Programs

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

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

Authorized signature of applicant
(*required for all applicants*)

Position Title

Date

Special Project Certification

Discharge Policy

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

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

Authorized signature of applicant
*(required only for applicants that are States or
units of general local government)*

Position Title

Date

Exhibit 2
Section A Project Narrative

8

Discharge Policy Status, 2002

Most public institutions in Lee and adjacent counties are administered by Florida State or are regulated under Florida State codes. The Fort Myers staff of the Florida *Department of Children and Families* (DCF) which regulates Health and Youth facilities are active participants in the Lee County Homeless Coalition. The DCF staff network with Continuum providers to acquaint persons discharging with support services and housing programs. Formal Discharge procedure for DCF are contained in *Chapter 65, Florida Administrative Code for Mental Health Treatment and Receiving Facilities*. This code dictates that receiving and treatment facilities have written discharge policies including protocols which cover all aspects of discharge including unbroken continuation of necessary medical and psychiatric services and cooperation and coordination with local providers. During 2002, Lee Continuum providers have had increasing contact with discharge administrators at local and regional public health and youth facilities.

The Fort Myers Police Department and the Lee County Sheriff's Office are also active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing. In addition, in 2002 improvements in the Florida *Department of Corrections* discharge process are advancing through the State Legislature, (*SB 912/HB 1131*), which will formalize discharge processing by funding a dedicated Discharge Officer staff position at each correction facility.

The *Florida Homeless Coalition* (statewide) has succeeded in incorporating Discharge Processing policy into the enabling legislation for the new State Office on Homelessness. (*Florida Statutes 420.626*). The discharge policy requires hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers to ensure that persons leaving their care or custody are not discharged into homelessness. The Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* which will contain standardized procedures for Outreach connection with discharge administrators. In 2003 and with the implementation of the HMIS in 2004, the Lee Continuum will begin to quantify the service to persons being discharged.

In the past year the *awareness* of both the importance of the problem and the statutory requirements to avoid discharge into homelessness has increased locally for both Continuum providers and Health, Youth, and Corrections administrators. The resulting connections have resulted in better prepared persons being discharged, more efficient Outreach connections by Continuum Providers, and fewer persons leaving institutions for life on the streets or camps of Lee County.

**EXHIBIT 2
PROJECT**

**Department of Human Services
Project: LIFT (Living Independently for Today)
Supportive Services
One Year Renewal**

Section A. Project Narrative

1. Project Summary

- a. *Applicant* – Lee County Board of County Commissioners, Department of Human Services
- b. *Program Component* – Supportive Housing Program (Living Independently for Today – LIFT)
- c. *New/renewal project* – This is a renewal request.
- d. *Total SHP Request* – \$119,722 (including administration)
- e. *Activities to be funded* – case management, housing costs based on Fair Market Value (i.e. first month's rent, security deposit, last month's rent, if required), utility deposits, professional inspections of rental property and bus passes for transportation to employment and housing searches.
- f. *Type of housing* – Not Applicable
- g. *Population(s) to be served* – homeless individuals and families (see # 2 for further information)
- h. *Grant term of the project* – One year

2. Homeless Population To Be Served

- a. *Characteristics:* Seasonal jobs and relocated workers lead to poverty in Lee County. Lee County's homeless population are burdened by substance abuse, domestic violence, crisis-oriented lifestyle, mental health issues, unemployment, lack of transportation, child care and education, health problems, lack of budgeting skills and an inability to plan. The majority need supportive services to stabilize themselves, become employable.

- b. *Clients will come from:* Priority will be given to homeless individuals/families who are already involved in Lee County's Homeless Continuum of Care and have received supportive services addressing the reasons they are homeless. These are families or individuals who may lack a fixed residence and either live on the street, in automobiles, in motels, or temporarily with friends or relatives in an inadequate situation as well as those moving from emergency shelters, transitional or supportive residence to long-term housing.

- c. *Outreach:* Supportive housing programs administered by the Salvation Army and Ruth Cooper Center will seek and identify homeless families and individuals. These organizations, along with Lifeline, Abuse, Counseling and Treatment Center and other programs, assist homeless families to acquire the necessary life skills to function in society. When the homeless family is ready to live in a community setting, the LIFT program will provide the necessary financial assistance to secure permanent housing. The LIFT caseworker maintains close contact with all organizations

providing assistance to the homeless, including the Homeless Coalition and the Emergency Assistance Providers Coalition.

3. - NA.

4. Supportive services the participants will receive

- c. All participants are given an in-depth needs assessment to assess strengths, weaknesses and to set short and long-range goals. As stated previously, the majority of the applicants to the programs are referrals from other Continuum of Care organizations. Case workers for these organizations have, during their clients' stabilization process, made the clients aware of and helped them access mainstream health and social services programs, such as Food Stamps, SSI, Medicaid, TANF, Workforce Council, child care, etc. As we are near the end of the homeless continuum of care, most participants have received services they needed. If the needs assessment for the LIFT program indicates this was not done or applicants have progressed to need another or higher level mainstream service, appropriate referrals will be made and the LIFT case manager will accompany the client to apply for services if necessary.

In most situations, transportation will be provided by the case manager in a Department of Human Services vehicle to the One Stop Career Center where clients can access the Department of Children and Families, Agency for Workforce Innovation, Workforce Council and Child Care of Southwest Florida. If a mainstream service cannot be accessed at the One Stop Center, such as SSI, arrangements will be made by the LIFT case manager to ensure the participant has transportation to the Social Security Administration as well as any additional agencies the participant may need to access.

The LIFT case manager will also assist the participant in completing any paperwork or forms if her assistance would be beneficial.

5. - NA.

6. - NA.

7. - NA.

8. - NA.

Section B. Experience Narrative

1. NA.

2. Renewal Project Experience Narrative

a. Significant changes – There have been no significant changes in the project since the last funding approval for this grant.

b Extensions –

- Four extensions have been granted to the project by HUD.
- Extension # 1 was granted for a one-year period due to slow start up and availability of funding.
(Granted on April 27, 1999 with an ending date of August 31, 2001)
- Extension # 2 was granted for a nine-month period to enable the project to apply as a renewal in the 2002 SuperNOFA competition.
(Granted on March 28, 2001, with an ending date of May 31, 2002)
- Extension # 3 was granted for a four-month period to enable the project to seek alternate funding as it was not renewed in the 2002 competition.
(Granted on December 20, 2001 with an ending date of September 30, 2002)
- Extension # 4 was granted on April 18, 2002 for a six month period to enable the project to compete as a renewal in the 2003 SuperNOFA application process.
(Granted on April 18, 2002, with an ending date of April 30, 2003)

c. Capacity –

The project is operating at capacity.

d. Annual Performance Report (APR)

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

A. Monthly Income at Entry		
a.	No income	0
b.	\$1-150	0
c.	\$151 - \$250	2
d.	\$251- \$500	0
e.	\$501 - \$1,000	1
f.	\$1001- \$1500	30
g.	\$1501- \$2000	22
h.	\$2001 +	13

B. Monthly Income at Exit		
a.	No income	2
b.	\$1-150	0
c.	\$151- \$250	0
d.	\$251- \$500	0
e.	\$501- \$1000	2
f.	\$1001- \$1500	22
g.	\$1501- \$2000	23
h.	\$ 2001 +	19

C. Income Sources at Entry		
a.	Supplemental Security Income (SSI)	0
b.	Social Security Disability Income (SSDI)	2
c.	Social Security	1
d.	General Public Assistance	0
e.	Temporary Aid to Needy Families (TANF)	2
f.	Child Support	4
g.	Veterans Benefits	4
h.	Employment Income	66
i.	Unemployment Benefits	0
j.	Medicare	2
k.	Medicaid	19
l.	Food Stamps	19
m.	Other (please specify)	0
n.	No Financial Resources	0

D. Income Sources at Exit		
a.	Supplemental Security Income (SSI)	3
b.	Social Security Disability Income (SSDI)	3
c.	Social Security	0
d.	General Public Assistance	0
e.	Temporary Aid to Needy Families (TANF)	0
f.	Child Support	5
g.	Veterans Benefits	3
h.	Employment Income	66
i.	Unemployment Benefits	0
j.	Medicare	2
k.	Medicaid	13
l.	Food Stamps	11
m.	Other (please specify)	0
n.	No Financial Resources	2

As can be seen by the sources of income at entry and at exit, a percentage of LIFT participants are accessing Medicaid, Food Stamps, Social Security and/or Supplemental Security Income. While the overall goal is **self sufficiency**, barriers homeless households face must be broken down for the long term well being of the household. Utilizing all the available mainstream services a household needs to accomplish this is a major component of case management.

(Question 16)

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

a. Residential Stability

Objectives: Stabilizing the housing situation for seventy-five percent of the families enrolled in LIFT.

Progress: Of the 68 singles and adults who left during the program year, 66% left the program maintaining stable housing.

Next Operating Year's Objectives: The goal will be to stabilize the housing situation for sixty-five percent of the singles and adults (participants) enrolled in the LIFT Program.

b. Increased Skills or Income

Objectives: For seventy percent of LIFT families to maintain or increase their income.

Progress: Of the 68 participants who left during the operating year, 95% left with the same, or higher, income.

Next Operating Year's Objectives: The goal will remain for seventy percent of LIFT participants to maintain or increase their income.

c. Greater Self-determination

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

Progress: 66% of the participants increased their self-determination by participating in self-help groups, individual counseling, community activities and church.

Next Operating Year's Objectives: The goal will be 65%.

Given the challenges involved in moving homeless individuals and families into permanent housing and having them maintain, Department of Human Services staff are proud of these statistics and accomplishments. Even the households who "failed" to meet their objectives learned/gained something during their involvement with the LIFT program which may make their next attempt at self sufficiency a step closer.

3. Grants Received

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
1996	FL 14B960101	\$400,000	\$ 345,303

b. Not applicable

c. There are no unresolved HUD findings or outstanding audit findings related to this grant.

Section C. Project Information (please type or print)

Project Name: Living Independently for Today (LIFT)	Project Priority No. 4
Project Address (street, city, state, & zip): 83 Pondella Road, Suite 1 North Fort Myers, Florida 33903	
Project Sponsor's Name: Lee County Board of County Commissioners Department of Human Services	Proj. Congressional District(s): FL 14
Sponsor's Address (street, city, state, & zip): 83 Pondella Road, Suite 1 North Fort Myers, FL 33903	Geographic Code: 129071, 120402, 120966
Authorized Representative of Project Sponsor (name, title, phone number, & fax): Karen Hawes, Director, (941) 652-7900 (phone) (941) 652-7960 (fax)	

Section D. Program Component/Types

1. Please check one box: (please see Projects section of Qs & As before responding)

- New Project (You must complete section E)
- Renewal Project *[Note: You must be the identified grantee in the current grant agreement with HUD to be eligible to request renewal funding for the project.]*

Enter the HUD grant number of your most recent award: FL14B960101

Enter other HUD grant numbers previously assigned to this project: FL96B116200-001

Grantee Name: Lee County Board of County Commissioners, Department of Human Services

2. Please check the box that best classifies the project for which you are requesting funding. Check only one box.

The components/types are:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only
- Safe Havens
- Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

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

Not applicable

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

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms*	N/A	N/A	N/A	N/A
Number of beds*	N/A	N/A	N/A	

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children	20	N/A	20	20
Of persons in families with children	2	N/A	2	2
a. number of disabled	7	N/A	7	7
b. number of other adults	50	N/A	50	50
c. number of children	25	N/A	25	25
Of single individuals not in families	3	N/A	3	3
a. number of disabled individuals	22	N/A	22	22
b. number of other individuals				

Chart 3: Supportive Services (New Projects Only)

N.A.

Section G. Operating Budget for New Projects

N.A.

Section H. Supportive Services for Renewal Projects

Supportive Services Chart – Renewal Projects

Supportive Services Expense	Year 1 (a)	Year 2,3 (b,c)	Total (d)
1. Service category: Case Management Quantity: Supportive Services Case Manager – 1 FTE Salary/Fringe @ \$45,326	\$ 45,326	N.A.	\$ 45,326
2. Service category: Transportation Quantity: Bus passes for clients 130 monthly bus passes @ \$30 = \$3,900	\$ 3,900		\$ 3,900
3. Service Category: Permanent housing start up costs @ FMV Quantity: 45 move-in costs (1 st months rent, last months' rent, security deposit) @ average of \$1,740 = \$78,300 35 Utility Deposits (water, electricity) @ average of \$300 = \$10,500	\$ 88,800		\$ 88,800
4. Service Category: SMQ Housing Inspections Quantity: 45 Inspections @ \$100 = \$4,500	\$ 4,500		\$ 4,500
5. Total Supportive Services Budget**	\$ 142,526		\$ 142,526
6. SHP REQUEST*	\$ 114,021		\$ 114,021
7. Selectee's Match (Line 7 minus Line 8)	\$ 28,505		\$ 28,505

Job Description

Supportive Housing Program Case Manager – full time position for forty hours per week. Employee will be responsible for interviewing/assessing potential participants in the LIFT program. The employee will develop case plans for those accepted into the program, including short and long term goals. The employee will assist the participant in becoming housing ready and in securing housing. The employee will network with other supportive housing programs, with landlords, with probation and court officers and with Department of Children and Family staff. The employee will provide intensive case management and follow up for one year with the participant, referring to mainstream programs and helping the participant overcome barriers to self sufficiency.

Section I. Operations Budget for Renewal Projects

N.A.

Section J. Leasing (For new and renewal projects)

N.A.

Section K. Homeless Veterans

- Are veterans among the homeless subpopulations your project will specifically target and intends to serve?
 Yes No
- If you answer to question #1 is yes, are veterans the primary target population of your proposed project?
 Yes No

Section L. Budget

Part I. Indicate grant term (circle one) 1 year

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition	0		
2. Rehabilitation	0		
3. New Construction	0		
4. Subtotal (lines 1 through 3)	0 *		
5. Real Property Leasing (up to three years)	0		
6. Supportive Services (up to three years)	\$ 114,021**	\$ 28,505	\$ 142,526
7. Operations (up to three years)	0 ***		
8. SHP Request (subtotal lines 4 through 7)	\$ 114,021		
9. Administrative Costs (up to 5% of line 8)	\$ 5,701 ****		
10. Total SHP Request (total lines 8 and 9)	\$ 119,722*****		

*Structure Budget for Projects With More Than One Structure
N.A.*

Section M. Additional Information

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

1. Which of the following subpopulations will your project serve? (Check all that apply)

- Severely Mentally Ill
- Chronic Substance Abusers
- Dually Diagnosed
- AIDS or Related Diseases
- Victims of Domestic Violence
- Youth
- Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside the urbanized areas within a Metropolitan Area.)

- Yes
- No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This

characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for

purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

- Yes
- No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

- Yes
- No

If "yes." please provide the name of the military installation: _____

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 3/31/2003)

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Department of Human Services, Lee County Bd of County Commissioners 83 Pondella Road, North Fort Myers, Florida, 33903 (239) 652-7930	2. Social Security Number or Employer ID Number: 596-00-702
3. HUD Program Name 2002, Continuum of Care, Supportive Housing Program	4. Amount of HUD Assistance Requested/Received \$119,722.00
5. State the name and location (street address, City and State) of the project or activity: 83 Pondella Road, North Fort Myers, Florida, 33903	

Part I Threshold Determinations

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

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 5/29/2002
--	---------------------------------

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
Department of Human Services LIFT Program -- Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Robert P. Janes

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: 6/11/02

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Project Name: Department of Human Services LIFT Program – Renewal
Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Cape Coral

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services

Project Name: Department of Human Services LIFT Program – Renewal
Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: City of Fort Myers

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

Special Project Certification

Coordination and Integration of Mainstream Programs

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

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

Authorized signature of applicant
(*required for all applicants*)

Position Title

Date

Special Project Certification

Discharge Policy

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

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

Authorized signature of applicant
*(required only for applicants that are States or
units of general local government)*

Position Title

Date

Exhibit 2
Section A Project Narrative

8

Discharge Policy Status, 2002

Most public institutions in Lee and adjacent counties are administered by Florida State or are regulated under Florida State codes. The Fort Myers staff of the Florida *Department of Children and Families* (DCF) which regulates Health and Youth facilities are active participants in the Lee County Homeless Coalition. The DCF staff network with Continuum providers to acquaint persons discharging with support services and housing programs. Formal Discharge procedure for DCF are contained in *Chapter 65, Florida Administrative Code for Mental Health Treatment and Receiving Facilities*. This code dictates that receiving and treatment facilities have written discharge policies including protocols which cover all aspects of discharge including unbroken continuation of necessary medical and psychiatric services and cooperation and coordination with local providers. During 2002, Lee Continuum providers have had increasing contact with discharge administrators at local and regional public health and youth facilities.

The Fort Myers Police Department and the Lee County Sheriff's Office are also active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing. In addition, in 2002 improvements in the Florida *Department of Corrections* discharge process are advancing through the State Legislature, (*SB 912/HB 1131*), which will formalize discharge processing by funding a dedicated Discharge Officer staff position at each correction facility.

The *Florida Homeless Coalition* (statewide) has succeeded in incorporating Discharge Processing policy into the enabling legislation for the new State Office on Homelessness. (*Florida Statutes 420.626*). The discharge policy requires hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers to ensure that persons leaving their care or custody are not discharged into homelessness. The Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* which will contain standardized procedures for Outreach connection with discharge administrators. In 2003 and with the implementation of the HMIS in 2004, the Lee Continuum will begin to quantify the service to persons being discharged.

In the past year the *awareness* of both the importance of the problem and the statutory requirements to avoid discharge into homelessness has increased locally for both Continuum providers and Health, Youth, and Corrections administrators. The resulting connections have resulted in better prepared persons being discharged, more efficient Outreach connections by Continuum Providers, and fewer persons leaving institutions for life on the streets or camps of Lee County.

EXHIBIT 2

PROJECT	The Salvation Army. Comprehensive Care Project Supportive Services One Year Renewal
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Section A. Project Narrative

1. Project Summary:

a. Applicant and sponsor names:

The Salvation Army

b. Program component:

Comprehensive Care Program

The Salvation Army's Comprehensive Care Program (CCP) is designed to assist persons who have been homeless in obtaining housing and financial security through stable employment. This program has been offered to the community through the Continuum of Care since April of 1996. The purpose of this renewal request is to obtain the funding necessary to continue these services. The Salvation Army is determined in its mission to reduce the barriers that interfere with permanency of housing. These barriers include; substance abuse, domestic violence, and mental health. Services provided include; outreach, case management, vocational training and assessment, day care, life skills and educational classes, i.e. GED, domestic violence and mental health counseling, substance abuse counseling, and medical care.

Program employees include; outreach case managers, family/individual case managers, employment, housing, and mental health counselors, a life skills instructor, a domestic violence therapist, addictions specialists, nurses, a transporter, supervisory and clerical staff, data technicians, food services personnel, and monitor technicians. Six supported employment positions (HELP) are available through CCP for appropriate program graduates. Other services include; Psychiatric care, day care for children, meals, and other discretionary funds for participant housing and employment assistance.

An interdisciplinary team comprised of case managers, counselors, employment specialists and a psychiatrist, works with each participant to develop an individualized case plan. Goals and objectives are developed to address individual needs for employment and housing, and concerns such as mental health and/or substance abuse problems. Goals may include: enrollment in the GED classes to graduate or take classes for personal financial and budget management resulting in the ability to manage personal finances. Another goal may include attendance of substance abuse classes and therapy resulting in a substance-free lifestyle. Individual goals can be achieved through a variety

of groups, classes and individual meetings. Classes include financial management and budgeting, health, nutrition, literacy, therapy groups, and employability training. Parenting skills and familial relationship issues are also addressed in the group or classroom setting.

Educational classes, counseling, employment skills and fiscal management training is essential for permanent housing to be maintained. Participants undergo a significant growth in self-esteem and independence that fosters responsibility, accountability and security. Sustained housing requires consistent job commitment, good health and harmonious family relationships to be maintained on a long-term basis.

As participants work toward self-reliance the Comprehensive Care Program provides long-term (up to 6 months) structure and support that are often necessary for continued stability.

Participants are directed toward resuming and maintaining healthy familial and work relationships, increasing job skills and educational goals, remaining substance free and demonstrating better financial management of their personal funds. Progress toward goals is monitored through weekly meetings with the primary care case manager.

The Salvation Army provides on-going services to participants who have completed the program. Services include food, clothing, healthcare and other basic living needs. Additionally, participants are assisted in accessing other resources made available to them through alliances developed by The Salvation Army with agencies in the local community. These contacts might include individual appointments arranged as needed by a case manager or on-site linking provided for the participants through weekly meetings. Renewal of this funding request will guarantee that The Salvation Army will continue to provide education, training, healthcare and housing placement to persons who are homeless.

c. Whether it is a new or renewal project:

This is a one-year renewal.

d. Total SHP request:

\$1,064,138.00

e. Activities for which you are requesting funds:

Services that are provided include: outreach for community-based provision of basic needs (food, clothing) and referral to community resources; program case management for linking and coordination of program components; housing placement/assistance and coordination, vocational assessment and job skills training; life skills classes for self care, literacy (GED, apprenticeships, certification programs, etc), nutrition, and finances; domestic violence individual and group therapy; mental health individual and group counseling; substance abuse individual and group counseling; Psychiatric clinic care; and medical care (physicals, lab work, wound care, medication management, physician services through We Care network).

The following chart outlines service provision and use:

<u>Service Provider:</u>	<u>Functions:</u>	<u>Use/Quantity:</u>
Director of Social Services	Assures program activities meet participants needs	0.76 FTE (30.4 hrs/wk)
Clinical Staff Coordinator	Ensures clinical integrity of program components	1.00 FTE (40 hrs/wk)
<u>Service Provider:</u> Central Intake Clinician	<u>Functions:</u> Interviews, screens, verifies homelessness of participants	<u>Use/Quantity:</u> 0.64 FTE (10 hrs/wk)
Domestic Violence Therapist	Assesses, counsels participants in individual/group session for domestic violence issues	1.00 FTE
Family Counselor	Assesses, counsels participants in group & individual sessions	1.00 FTE
Case Manager – Family Services	Participant advocacy, linking, & coordination of services	0.94 FTE (6 hrs/wk + 31.6 Match)
Family Services Coordinator	Assures participants are guided through services & participant progress	0.34 FTE (4 hrs/wk + 9.6 Match)
Soc. Services Crisis Man. Admin. Coordinator	Assures provision of basic needs & personal items for participants	0.05 FTE (2 hrs/wk)
Mental Health Technician	Assessments / assistance for Psychiatric Clinic	0.625 FTE (25 hrs/wk)
Vocational Assessor	Assessments & training of participants in job readiness	1.00 FTE
Life Skills Instructor	Conducts assessments & classes for literacy, health, finances, & interpersonal skills	1.00 FTE

Case Manager/Outreach	Participant advocacy, linking, & coordination of services	1.00 FTE
Housing Case Manager	Assessments and linking of participants to housing resources	1.00 FTE
<u>Service Provider:</u> Outreach Worker	<u>Functions:</u> Community-based provision of basic needs and referral to services	<u>Use/Quantity:</u> 1.0 FTE
Data Technician	Records, monitors and analyzes participants progress	1.0 FTE
Director Medical Services	Ensures client's access to medical services	0.975 FTE (36 hrs/wk + 3 hours Match)
PCC Coordinator	Assists & coordinates clinic services with volunteer physicians	1.00 FTE
Clinic Coordinator	Medication distribution / education, and nursing care of participants	1.00 FTE
Outreach Nurse	Community-based health screening, education and referral for medical services	0.935 FTE (30.4 hrs/wk + 6 hrs Match)
Case Manager SAICC	Participant advocacy, linking, & coordination of medical services	1.00 FTE
Medical Assistant	Transports participants, pick-up for medication and performs basic care tasks	1.00
LPN	Weekend coverage all nursing responsibilities	0.35 PTE (12 hrs/wk + 2 hrs. Match)
LPN	Weekend coverage all nursing responsibilities	0.40 PTE (12 hrs/wk + 4 hrs. Match)

General Manager	Ensures appropriateness of program components & participant access	0.16 FTE (6.4 hrs/wk)
Security Unit Manager	Ensures security of participants, conducts drug testing & children's activities	0.05 FTE (2 hrs/wk)
<u>Service Provider:</u>	<u>Functions:</u>	<u>Use/Quantity:</u>
Monitor Technician Intake	Ensures security of participants, conducts drug testing & children's activities	0.625 PTE (25 hrs/wk)
Monitor Technician Intake	Ensures security of participants, conducts drug testing & children's activities	0.625 PTE (25 hrs/wk)
Monitor Technician Intake	Ensures security of participants, conducts drug testing & children's activities	0.625 PTE (25 hrs/wk)
Social Services Intake Worker	Assessment and provision of food, clothing, & items to prevent homelessness	0.10 FTE (4 hrs/wk)
Cook II	Prepares meals & oversees all kitchen operations	0.93 FTE (37.2 hrs/wk)
Participant Transporter	Transports participants to obtain mainstream services, child care, employment or housing assistance	0.75 FTE (30 hrs/wk)
HELP Medical Custodian	Supported employment, transports participants for medical care & custodial duties	1.00 FTE
HELP Maintenance Engineer	Supported employment, maintains physical environment	1.00 FTE

HELP Food Service Worker	Supported employment, food service/kitchen work	1.00 FTE
HELP Food Service Worker	Supported employment, food service/kitchen work	1.00 FTE
<u>Service Provider:</u> HELP Intake Worker	<u>Functions:</u> Supported employment, provision of food, clothing, personal needs to prevent homelessness	<u>Use/Quantity:</u> 1.00 FTE
HELP Distribution Clerk	Dispenses, food, clothing, and personal needs to prevent homelessness	1.00 FTE
Administrative Assistant	Computes medical service units, participant's transportation and case management status.	0.625 PTE (25 hrs/wk Match)
Addictions Counselor, Sr.	Assesses, counsels participants in addictions groups & individual sessions	0.70 FTE (28 hrs/wk Match)
Addictions Counselor	Assesses, counsels participants in addictions groups & individual sessions	0.70 FTE (28 hrs/wk Match)
Addictions Counselor	Assesses, counsels participants in addictions groups & individual sessions	0.70 FTE (28 hrs/wk Match)
Counselor	Conducts groups, monitors and links participants to mainstream services	1.00 FTE Match
Counselor	Conducts groups, monitors and links participants to	

	mainstream services	1.00 FTE Match
Counselor	Conducts groups, monitors and links participants to mainstream services	1.00 FTE Match
Monitor Technician Unit Manager	Drug testing, participants passes, off-site progress and security of environment	0.25 FTE (7.25 hrs/wk Match)
<u>Service Provider:</u> Program Manager State	<u>Functions:</u> Monitors and updates participant's plan of care	<u>Use/Quantity:</u> 0.25 FTE (10 hrs/wk Match)

Other services include transportation to obtain personal documents and access community mainstream services. Bus passes (daily, monthly) are also provided as well as taxi service (within 5 mile radius) for those activities that occur in the evening. Participants are helped to access day care for their children. This is paid for and transportation is provided, Monday through Friday. Meals are provided on-site (three each day plus children's evening snacks) and bag lunches are available for those persons who are working. Discretionary funds are used for participant housing deposits and employment assistance (equipment, tools, training) as well as other basic needs.

<u>Service:</u> Mental Health	<u>Functions:</u> Psychiatric clinic weekly	<u>Use/Quantity:</u> 9 participant/week
Day Care	Community-based day care for residential children of participants	3 children/week
Meals	Three meals each day for residents and children	90 meals/day
Educational Building Lease	Used for classroom educational activities and career center	9am to 9pm Mon-Fri
Supplies	Educational / vocational materials for participant use	Purchased as per participant need
Transportation Expenses	Van mileage, staff mileage, bus passes and cab fare for participant transportation	Daily, weekly and monthly

Medical Assistance	Labs, dental and participant medical needs/items	Purchased as per participant need
Financial Assistance	Rent & utility deposits, employment tools/clothes, any participant need that assists in independent living/work	Purchased as per participant need

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

N/A

g. The population(s) to be served

(N/A for new SSO projects requesting only funds for HMIS activities)

All persons considered homeless under the following definition:

A person who is living in the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without assistance. Persons are considered homeless if residing in one of the following:

Places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings.

Emergency shelters

Transitional or supportive housing for persons who originally came from the streets or emergency shelters.

Persons who were in one of the above but are spending a short time (up to 30 days) in a hospital or other institution

Is being evicted within a week, from a private dwelling and no other residence is available and the person lacks sufficient resources/support to obtain housing

Is being discharged within a week from an institution (mental health or substance abuse treatment facility or a jail/prison) in which the person has been a resident for more than 30 consecutive days and no other residence is available and the person lacks sufficient resources/support to obtain housing

Is fleeing a domestic violence housing situation and no subsequent residence has been identified / is available and the person lacks sufficient resources/support to obtain housing

h. Grant term of the proposed project

Contract year 2003-2004

2. Homeless Population to be served:

a. Characteristics and needs:

Persons who access services include single men and women and single and two parent family groups. Families may have from one to four children, on average, and the children's needs are addressed in addition to parental needs.

Persons who are homeless experience poverty, unemployment, lack of education, histories of substance abuse, mental illness, HIV/AIDS, domestic violence, chronic medical concerns and childhood experiences of homelessness and poverty.

High priority needs include medical and dental care, job training, housing placement, substance abuse treatment, and life skills training.

The greatest need for persons with families is affordable housing and services specifically designed for children.

Current project sub-populations are as listed below:

Chronic substance abusers

Mentally ill

Persons with HIV/AIDS

Children of the CCP participants

Dually diagnosed

Veterans

Victims of domestic violence

Medical recovery patients

b. Where the program participants will come from:

Program participants present to the Red Shield Lodge as the result of a Salvation Army outreach. Others are referred for services by social workers, case managers, counselors, and other homeless service providers in the local community. Many individuals are found in the community living in the streets (abandoned buildings, under bridges, in parks, wooded areas and in cars). Frequently, program participants present for services as a result of imminent risk (released from an institution, prison, hospital, or eviction without other resources) or have been living in transitional or temporary shelter placements.

The Salvation Army continues to review outcomes and modifies or maintains program components to meet the current needs of the homeless population in Lee County.

c. The Outreach plan:

Many community based activities and outreach events are planned to encourage homeless persons to participate in and access program services. Outreach staff travel into the local community each week to provide medical services, food and clothing or other basic personal needs to the homeless.

Outreach sites include places that are frequented by persons who are homeless, such as, parks, soup kitchens, shelters, and community events where services can be accessed.

The Salvation Army works closely with other agencies in the local community. These agencies include; churches, service agencies, educational facilities and advocacy groups in an effort to share information, combine efforts and reduce duplication to provide comprehensive outreach and service provision throughout the county.

3. Housing where participants will reside:

N/A

4. Supportive services the participants will receive:

a.

b.

N/A

c. Mainstream resource access.

Upon verification of homelessness, admission to the program is granted. Each participant is assigned a case manager. The program Case Manager individually meets with the participant to provide orientation to their program. During the initial meeting a checklist is completed to determine need and qualify the participant for mainstream resources. At this time official documents are obtained that are necessary to access gainful employment, housing, and child care. These documents include but are not limited to social security cards, photo identification, driver's licenses, birth certificates and immunization records. During this process unresolved legal issues are often discovered. This requires intensive intervention and collaboration with Legal Aid or the local court systems. This is done during the initial phase of all programs to eliminate barriers and ensure smooth transition through the program and to obtain housing, employment, mainstream services, and public healthcare insurance. All case managers make appointments, arrange transportation and often accompany the participants into the community to obtain the necessary documents.

An initial case plan is then developed with individualized goals and objectives specific to the participant's personal needs. Program participants develop the goals with case managers to ensure appropriateness and feasibility of goals. Objectives can include and often focus on the following aspects of rehabilitation: education / literacy, employability skills, housing needs, financial management, medical care, familial relationships, health and hygiene, parenting skills, and access to family planning services. The initial case plan is reviewed and revised as needed with a formal case plan completed within 30 days of admission. Case plan objectives and participant's progress are reviewed by an interdisciplinary team, on a monthly basis

Daily transportation is provided to mainstream programs. Programs include; Lee County Housing Authority, Fort Myers Housing Authority, Fort Myers Community Redevelopment Agency, Medicaid, Child Support Enforcement, food stamps, AFDC (cash assistance), Women, Infants and Children (WIC) nutritional supplements, TANF (funds for housing), WAGES (welfare to work), Legal Aid Society, Lee County Association for Retarded Citizens, Displaced Homemaker Fresh-Start program, Childcare of Southwest Florida (childcare funds), Lee County School District Early Intervention (on-site evaluation and identification of learning disabilities), Lee County School District Social Services, Lee County GED classes (on-site), Edison Community College, Vocational Rehabilitation Services and Work Force Council, LIFT (housing assistance),

Lee County Human Services for long-term Case Management, the One Stop Center that offers, Department Of Children and Family benefits, Unemployment Compensation, and Dress for Success. Also, participants are assisted to access the Veteran's Administration (representative on site visits), Pell Grants at local colleges, Social Security Income / Disability Income, Ryan White Case Management, Housing Opportunity for Persons with AIDS, We Care Specialty Medical Care (Florida Volunteer Healthcare Provider Network), Division of Blind Services (support services, glasses, surgery), Epilepsy Foundation (free health care and pharmaceuticals), American Cancer Society (mammograms, support groups, education), American Lung Association (smoking cessation training), Indigent Drug Program (free medication) and Sickle Cell Anemia Foundation. Private community agencies provide additional services for adults or children with special needs. These agencies include; Camelot Community Care (mental health services), Ruth Cooper Center (mental health services), Southwest Florida Addiction Services, On-site AA, CA, NA meetings, A.C.T. (domestic violence support groups and ongoing counseling), Family Health Centers, Christian Financial Counseling, United Christian Giving and Uncommon Friends (educational scholarships), Planned Parenthood, University of Florida Extension Services (nutrition education and safe food handling), Business and Industry Counsel, Consumer Credit Counseling, Women's Resource Center (motivational groups, business attire), Sunset Beauty School (free hair-care and training), Dr Ella Piper Center (senior aides). Program case managers ensure that each participant receives all assistance that they are eligible for within each program.

To ensure that clients maintain contacts with these agencies and continue to be successful in the community, The Salvation Army provides aftercare/supportive services for up to two years. An aftercare social worker meets with each participant prior to discharge to cultivate a continuing relationship with The Salvation Army. The CCP is designed to assist the participant in achieving self-determination. The program has proved that the modality with its multiple tracks provides the resources and guidance necessary to empower the situational, episodic and chronic homeless.

5. Accessing permanent housing:

N/A

6. Self-sufficiency:

N/A

7. Homeless Management Information System:

Not required, provided for information only

The Lee County CoC will be implementing a new HMIS system as required by HUD. After a series of meetings, demonstrations of software and planning sessions, the CoC agencies have determined that all are willing to work together on this project. The system that is receiving the most support is Service Point (A Human Services Information Management System). The local Salvation Army plans to acquire the system for HMIS use, pending approval of Divisional and Territorial Boards. At this point the local plan is to include the setup costs in next year's Supportive Services application.

Demonstrate the level of participation in the proposed new or expanded HMIS project below: New HMIS. Demonstrate that at least 50% of the beds (emergency, transitional and McKinney-Vento permanent housing) currently in place in the continuum will be included in the CoC-wide HMIS. At this point all CoC funded agencies will be participating in the HMIS project. The combination of those agencies and their number of beds equates to more than 50% of the Continuum beds.

Name the lead agency designated to oversee the HMIS project. The lead agency will be the Lee County government, Department of Human Services.

Provide a timetable for implementing the new or expanded HMIS. A formal timetable has not been approved or implemented; however, the system will be implemented to gather data within 2004.

Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project. Not applicable at this time.

Discharge Policy: See discharge policy status at the end of this project.

Section B. Experience Narrative

1. For New Projects Only:

N/A

2. Renewal Projects Experience Narrative

a. Please describe any significant changes in the project:

The Salvation Army has been assisting people in Lee County with basic needs for 51 years.

COMPREHENSIVE CARE PROGRAM (CCP): (SHP Supportive Services Funded Program, Annual Budget \$1,172,021). Length of time 6 years) The mission of the CCP is to provide a continuum of care to the homeless population, working to develop and assist those in becoming self-sufficient through personal growth, education, skill development, employment opportunities, and freedom from dependency. CCP strives to unite various community organizations in the development and implementation of programs including Outreach, Rehabilitation, Educational Resources and Medical Services. The program has a single-point-of-entry and participants are managed by an inter-disciplinary team.

Project Changes:

This contract year, changes have occurred as follows:

Position changes – (1) The Educational Resource Coordinator management position was eliminated and the responsibilities were redistributed under the previously existing Clinical Staff Coordinator, Family Services Coordinator and new Social Services Administrative Coordinator. (2) A Part-time Mental Health technician was added to ensure clinical integrity through chart audits and assist in the Psychiatric weekly clinic.

Changes in funding categories – With the reduction in staff salaries, funds were increased in the category of Day Care, participant meals and Financial Assistance to Individuals. Participants are better able to receive necessary employment, education or household funding assistance under the general category of Financial Assistance to Individuals. The two transportation categories were blended as one providing greater agency flexibility in providing for participant mobility needs. Also, a community mainstream program called LIFT, received drastic funding cuts this year. The Salvation Army was forced to search for other sources of housing assistance and placement funds. The money available through the position reductions provided the additional funds to increase direct care services to participants.

Changes in program components -- The Family Services Unit program will. Be changed from a 3-month to a 6-month stay. This is due to the complexity of needs that exist for single women and women with children. Some additional considerations that face women and mothers include; providing for the nutritional needs of children, child care expenses while working, disruption of education due to pregnancy, dealing with emotional problems related to domestic violence, poor work history and criminal activities. Also,

the time needed to access legal documents can be extensive (greater than 3 months). This impedes placement on the waiting list for low-income housing and participants cannot be placed on the list until all legal issues are resolved.

By providing additional time and support, Family Unit participants are able to attend training (GED, technical school), acquire necessary documents for self and children, gain parenting skills, prepare for and gain adequate employment, gain control over emotional problems through counseling, and obtain appropriate and safe housing.

It is our belief that these program modifications will have a positive impact on the participant's ability to achieve better self-determination, increased skill and income and residential stability. With the extension of length of stay, available beds are used by the same participants for twice the current length of time. A significant concern exists in that reduced numbers of participants can access the program throughout the service year. The benefit of time allowed for individuals to meet their goals exceeds the concern of fewer participants being served. Our intent is that the long-term result of this change will be reduced recidivism.

Below is a chart representing CCP 2000-2001 Service Units. (*Top number is units of service/**bottom number is unduplicated participants)

Out Reach Therapy	Mental Health Therapy	Domestic Violence Classes	Life Skills	Vocation. Evalua. Counsel.	Job Placement Counsel.	Housing Placement	Addictions Counsel.	Medical Care	TB Testing	HIV Testing	Medical Education
*17,826	4,201	1,836	4,193	2,146	2,057	508	2,892	19,312	443	395	18,053
**8,698	269	165	301	280	266	211	243	319	212	238	311

MEDICAL UNIT: (Salvation Army Interim Care Center (SAICC) and Primary Care Clinic (PCC): (Length of time: 13 years, Paid Staff: 9; Annual Budget \$480,275). This program consists of a 12-bed residential facility and primary care clinic with health care provided to medically needy and indigent individuals at no cost. Services include; in-patient or clinic based nursing care, obtaining necessary lab tests, HIV or TB testing, and physician's care through a community volunteer network. The number of participants served in 2001: 80 patients in the medical respite (residential) unit for a total of 3,562 days and 1,098 patients treated through primary and sub-specialty medical care. 1,109 patients were seen by physicians in Medical Outposts in our Medical Outreach Program.

COMPREHENSIVE AFTERCARE PROGRAM (CAP): (SHP Supportive Services Funded Program, Annual Budget \$201,423) (Length of time 2.5 years) The CAP Program follows participants upon completion of residential programs and provides them with supportive services for six months to a year. These targeted services include the next levels of housing counseling and placement, employment retention and development groups, continued relapse prevention groups, and family reunification counseling.

The below chart representing CAP 2000 – 2001 Service Units. (*Top number represents units of service/**bottom number represents unduplicated participants)

Child Activity	Recreat. Therapy	Relapse Prevention Groups	Social Work Contacts	Home Visits	Job Club
* 96	136	757	388	357	381
** 17	15	81	55	45	50

CORRECTIONAL SERVICES: (Length of time: 24 years; Number of Paid Staff: 22, Annual Budget: **\$1,857,903**). This program provides rehabilitation to criminal offenders through contracts with the Federal Bureau of Prisons (Federal Inmates) and in the State of Florida Department of Corrections (State Inmates). Through a holistic approach, rehabilitation is provided to offenders in a halfway house setting (Federal) and a Non-Secure Drug Treatment Program (State). This is a licensed in-patient treatment program including Level I, Level II and Level III components. The participants must strictly comply with rules and regulations and participate in intensive counseling for an average stay of six months. The number of participants served in 2001: 113 persons for a total of 15,805 days.

THE CROSSROADS CENTER: (Corps Salvage Rehabilitation Center Program: Length of time: 21 years; Paid staff 14; Annual Budget: \$846,803 This residential alcohol and drug rehabilitation program helps men whose lives have become unmanageable due to continued substance abuse. The therapeutic model is a 12-step Christian based program. Through the use of The Salvation Army Thrift Store, as a work-therapy tool, the program provides and intensive 26 week rehabilitative atmosphere for the participants. Other program components include treatment, therapy, job training, and assistance with job placement. The number of participants served in 2001: 117 persons for a total of 11,482 days.

THE FAMILY EMERGENCY SERVICES AND SHELTER/TRANSITIONAL LIVING PROGRAM: (Length of time: 50 years; Paid staff 7 Annual Budget: \$365,203). This program has four components.

The Crisis Management Unit:

The Crisis Management component attempts to meet the temporary/emergent basic needs of participants. This service provides food, clothing, and/or personal goods. Participants are referred from the community by other established social service agencies and providers. The number of participants served in 2001: 9,447.

Additionally, every evening an open dinner feeding is offered to any person who is homeless or impoverished and hungry. The number of participants served in 2001: 10,402.

Family Emergency Shelter:

Individual women and single or two parent families with children who are in need of short-term assistance are provided shelter. Safe shelter includes sleeping quarters, bathing privileges; meals and referrals for any additional needs are referred to Crisis Management. The number of participants served in 2001: 388 persons for a total of 1580 days.

Family Services Unit:

Those women and families who wish to participate in a program for greater assistance meet with the Central Intake Clinician for screening. Benefits of a long-term rehabilitation program include; safe shelter, bathing and laundry privileges, meals, case management for linking with community services, job skill and life management training, educational assistance, i.e. GED, counseling and other daily interventions to provide greater self-sufficiency. The number of participants served in 2001: 117 persons for a total of 8,475 days.

Transitional Living Program:

A third shelter alternative for those who lose permanent housing and have completed any program in the Continuum of Care is transitional housing. The transitional program includes housing for single men, single women, and families. All persons living in transitional housing may access any of the services offered in the After Care program and are actively working to obtain permanent housing. The number of participants served in 2001: 111 persons for a total of 3,112 days

2b.

N/A

2c.

N/A

2d. APR question 11 (Monthly Income at Entry and Exit) See Attachment A

Upon entry into the CCP residential programs, 256 persons did not have financial resources or were recipients of funds through a mainstream program. During their program participation, 117 persons became employed and additionally 17 persons were linked to and received benefits through a mainstream program.

2d. APR question 16 (Overall Program Goals) See Attachment B

The Comprehensive Care Program provided services to a 394 participants. Of the 144 persons who completed the program 128 (89%) went on to meet the goal of obtaining permanent or stable housing. Two hundred and sixteen persons (55%) acquired employment or a steady source of income while in the program or within 60 days of leaving the program.

An additional eight participants did not complete the program but were considered successful discharges as they also obtained permanent housing. A remaining 83 persons are continuing in the program toward their goals.

On average, residential Comprehensive Care Program participants attended more than 10 life skill classes. Other needs were addressed through addictions counseling, domestic violence counseling, and mental health counseling and education.

A licensed mental health clinician conducted 139 mental health assessments during the contract year. Of those 139 participants, 75 were referred and received psychiatric evaluations. Those participants who were prescribed medication were seen as per doctor's orders for follow up.

The H.E.L.P. Program has been very successful during this contract year. Of the 10 participants in the H.E.L.P. program, nine (90%) obtained permanent housing and employment. All ten successfully obtained housing. Four of the participants are carried over into the new contract year.

The Salvation Army, Outreach program was able to provide 6,185 (103%) homeless or potentially homeless individuals with information regarding the Comprehensive Care Program as well as other available community resources. The Outreach staff provides food, medical care, hygiene kits, blankets and other basic living needs to the homeless in the many enclaves within Lee County.

Eighty five percent of participants served this past year received medical screening with 335 admission physical exams performed by a licensed physician. Our goal was met by 170%.

Four "foot screenings" were conducted. A local podiatrist volunteered to provide follow up care as needed. Foot screenings provide assessments of existing and potential foot ailments at the earliest stages of development. This prevents costly hospitalization and provides opportunity for prompt medical intervention.

3. For All Applicants:

- a. List *all* HUD McKinney-Vento Act grants received by the applicant. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 1999	CA16B900-060	\$500,000	\$375,412
1996	C961214	\$693,400	Expended
1997	C961214	\$876,851	Expended
1998	C980436	\$896,800	Expended
1999	FL14B803006	\$200,445	Expended
1999	FL14B803002	\$909,798	Expended
2000	FL14B903005	\$206,556	Expended
2000	FL14B903005	\$980,974	Expended
2001	FL14B903002	\$989,336	\$729,488.20
2002	FL14B103003	\$222,069	In progress

For McKinney-Vento Act experience information for Salvation Army Southern Territory see Attachment E

- b. Please explain any delays in implementing any of the grants listed in (3a) which exceed the SHP timeliness standards described in Section IV (E) of the Notice of Funding Availability (NOFA).

N/A

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

N/A

Section C. Project Information (please type or print)

Project Name: Comprehensive Care Program	Project Priority No. 5
Project Address (street, city, state, & zip): 2400 Edison Avenue, Fort Myers, FL 33901	
Project Sponsor's Name: THE SALVATION ARMY	Proj. Congressional District(s): FL 14
Sponsor's Address (street, city, state, & zip): 10291 McGregor Boulevard, Fort Myers, FL 33919	Geographic Code: 129071, 120402, 120966
Authorized Representative of Project Sponsor (name, title, phone number, & fax): Meg M. Geltner, General Manager, office 941.278-1551, fax 931.278-9028	

Section D. Program Component/Types

1. Please check one box: (please see Projects section of Qs & As before responding)

New Project (You must complete section E)

Renewal Project *[Note: You must be the identified grantee in the current grant agreement with HUD to be eligible to request renewal funding for the project.]*

Enter the HUD project number of the grant being renewed: FL14B103002

Enter other HUD grant numbers previously assigned to this project: FL14B803002, FL14B903002,

FL14B003002, C961214, C980436 Grantee Name: The Salvation Army, a Georgia Corporation

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

Transitional Housing

Permanent Housing for Persons with Disabilities

Supportive Services Only

Safe Havens Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 17 of Exhibit 2) and will require participants to execute a lease agreement.

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

Section E. Existing Facilities and/or Activities Serving Homeless Persons *(To be completed for new projects only; renewal projects skip to section F.)*

N/A

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

Section F is composed of three charts:

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

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

Chart 3 is for recording the supportive services proposed for your homeless clients including any Homeless Management Information System costs. N/A

Chart 1: Beds N/A

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children	10	-	10	30
Of persons in families with children	12	-	12	30
a. number of disabled	N/A	N/A	N/A	N/A
b. number of other adults	N/A	N/A	N/A	N/A
c. number of children	23	-	23	76
Of single individuals not in families				
a. number of disabled individuals	108	-	108	270
b. number of other individuals	N/A	N/A	N/A	N/A

Chart 3: Supportive Services [FOR NEW PROJECTS ONLY].

N/A

Section G. Operations Budget for New Projects

N/A

Section H. Supportive Services for Renewal Projects

See Attachment C

Job Descriptions

See Attachment D

Section I. Operations Budget for Renewal Projects

N/A

Section J. Leasing

N/A

Section K. Homeless Veterans

1. Are veterans among the homeless subpopulations your project will specifically target and intends to serve?

Yes No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

Yes No

Section L. Budget

Part I. Indicate grant term. Please circle one: 1 year

Part II. Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)	*		
5. Real Property Leasing (up to three years)			
6. Supportive Services (up to three years)	\$1,013,465.00	\$253,367.00	\$1,266,832.00
7. Operations (up to three years)	***		
8. SHP Request (subtotal lines 4 through 7)	\$1,013,465.00		
9. Administrative Costs (up to 5% of line 8)	\$50,673.00		
10. Total SHP Request (total lines 8 and 9)	\$1,064,138.00		

Structure Budget for Projects With More Than One Structure

N/A

Section M. Additional Information

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

1. Which of the following subpopulations will your project serve? (Check all that apply)

Yes Severely Mentally Ill
 Yes Chronic Substance Abusers
 Yes Dually Diagnosed
 Yes AIDS or Related Diseases
 Yes Victims of Domestic Violence
 Yes Youth
 Yes Women with Children

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes
 No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes
 No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes
 No

If "yes," please provide the name of the military installation: _____

ATTACHMENT A

Section B: Experience Narrative
 2d. APR question 11
 Attachment A

Complete questions 11 - 15 for all participants who left during the operating year (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

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

A. Monthly Income at Entry		
a.	No Income	256
b.	\$1-150	6
c.	\$151-\$250	8
d.	\$251-\$500	10
e.	\$501-\$1,000	26
f.	\$1001-\$1500	3
g.	\$1501-\$2000	1
h.	\$2001+	1

C. Income Sources at Entry		
a.	Supplemental Security Income (SSI)	12
b.	Social Security Disability Income (SSDI)	3
c.	Social Security	3
d.	General Public Assistance	NA
e.	Temporary Aid to Needy Families (TANF)	2
f.	Child Support	3
g.	Veterans Benefits	6
h.	Employment Income	23
i.	Unemployment Benefits	0
j.	Medicare	1
k.	Medicaid	0
l.	Food Stamps	1
m.	Other (please specify) Widows Benefits	1
n.	No Financial Resources	256

B. Monthly Income at Exit		
a.	No Income	139
b.	\$1-150	4
c.	\$151-\$250	8
d.	\$251-\$500	26
e.	\$501-\$1,000	63
f.	\$1001-\$1500	56
g.	\$1501-\$2000	11
h.	\$2001+	4

D. Income Sources at Exit		
a.	Supplemental Security Income (SSI)	7
b.	Social Security Disability Income (SSDI)	5
c.	Social Security	4
d.	General Public Assistance	NA
e.	Temporary Aid to Needy Families (TANF)	6
f.	Child Support	0
g.	Veterans Benefits	5
h.	Employment Income	140
i.	Unemployment Benefits	2
j.	Medicare	0
k.	Medicaid	2
l.	Food Stamps	2
m.	Other (please specify) Savings, Unknown, Indian Trust Fund	6
n.	No Financial Resources	132

ATTACHMENT B

Section B: Experience Narrative
2d. APR Question 16
Attachment B

16. Overall Program Goals. Under Objectives, list your measurable objectives for this operating year (from your application, Technical

Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

a. Residential Stability

Objectives:

1. Fifty percent of all residential participants will obtain housing or residential stability upon successful completion of the program.
2. Forty percent of the H.E.L.P. employees will complete the first quarter of a work adjustment program and secure outside employment and permanent housing within eighteen months.

Progress:

Response to 1:

The Comprehensive Care Program provided services to a 394 participants. Of the 144 persons who completed the program 128 (89%) went on to meet the goal of obtaining permanent or stable housing. An additional eight participants did not complete the program but were considered successful discharges as they also obtained permanent housing. A remaining 83 persons are continuing in the program toward their goals.

The high percentage of successful obtainment of housing is due to the comprehensive nature of our program. Participants are trained in job seeking and interviewing skills, work ethics, budgeting with credit evaluation and management, household management, time management and short and long term planning for financial stability. It is expected that participants will remain in stable housing due to the continued support that is provided through our Comprehensive After Care Program.

There also exist future opportunities to assist individuals who did not meet their goals or who had left the program prematurely. Those persons often go into transitional living arrangements. Housing may be upgraded to a permanent status, during participation in the Comprehensive After Care Program.

Additionally, clients are referred into the L.I.F.T. program offered through Lee County Social Services. This is a successful and cooperative partnership provided through the Continuum of Care. Both agencies work together to follow the progress of the clients.

Response to 2:

The H.E.L.P. Program has been very successful during this contract year. Of the 10 participants in the H.E.L.P. program, nine (90%) obtained permanent housing and employment. All ten successfully obtained housing.

It is believed that this success is due to the increased coordination between the on-site supervisors and the vocational specialist. Upon completion of the pre-job training by the vocational specialist, the site supervisors provide on-going support and training during the work day. As a result of this lengthy and multi-disciplinary approach, clients have better preparation and experience enabling them to successfully explore and acquire permanent employment in the local community.

Four of the participants are carried over into the new contract year.

Next Operating Year's Objectives:

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

2. Fifty percent of Project H.E.L.P. participants will complete the first quarter of a work adjustment program and secure outside employment and permanent housing within eighteen months.

b. Increased Skills or Income

Objectives:

1. Fifty percent of Comprehensive Care Program participants will obtain employment in the community or acquire a steady source of ongoing income within 60 days of leaving the program.
2. Fifty percent of Comprehensive Care Program participants will attend five (5) Life Management Life Skills classes.

Progress:

Response to 1:

The Comprehensive Care Program provided services to 394 participants over the contract year. Of those participants 216 (55%) acquired employment or a steady source of income while in the program or within 60 days of leaving the program.

The Vocational Evaluator works with all programs within the Comprehensive Care Program to facilitate employment. Clients are assisted with development of resumes, provided lists of potential employment opportunities, assisted with transportation to, dress for and rehearsal for interviews. Clients are also provided with training in skill areas that are weak. But before advancing into job search, all participants are required to understand, address and resolve the concerns that surrounded their condition of homelessness.

Response to 2:

Of the 394 Comprehensive Care Program participants, 324 participants (82%) met this goal. On average, residential Comprehensive Care Program participants attended more than 10 life skill classes.

Classes and groups are offered from 9:00 am until 9:00 pm. The schedule is designed to provide flexibility to clients so that they may participate in employment or housing searches, as well as, attend other scheduled activities.

Participants are assisted to work through their initial crisis caused by homelessness, using educational classes, counseling groups, and other program services. When this process is completed then they are advanced to housing and job search activities.

Life Management classes cover the following range of topics: time management and organization skills, budgeting, planning, personal and financial goal development, role playing for interviews and other vocational planning. Basic Life Skill classes include, health, nutrition, home management, parenting etc. The Life Management / Life Skill training program also provides classes for G.E. D. and Literacy.

Next Operating Year's Objectives:

1. Fifty percent of residential Comprehensive Care Program participants advanced to job search will obtain employment in the community or acquire a steady ongoing source of income within 60 days of exiting the program.
2. Fifty percent of residential Comprehensive Care Program participants will attend five life management/ life skills classes.

c. Greater Self-determination

Objectives:

1. Fifty percent of residential Comprehensive Care Program participants referred into the rehabilitative services will attend five rehabilitative classes during their shelter stay.
 2. Outreach will provide information and referral to 500 homeless and potentially homeless individuals in the community per month.
-

Progress:

Response to 1:

The Comprehensive Care Program had 387 program participants with rehabilitative needs. These needs were addressed through addictions counseling, domestic violence counseling, and mental health counseling and education. Within the Comprehensive Care Program, 310 individuals (80%) met the goal of attending at least five classes.

Mental health services were provided to 233 clients. The mental health groups are conducted two times each week. The Psychiatric Clinic provides a psychiatrist who is available by appointment to provide evaluation, necessary treatment and medication management. A licensed mental health clinician conducted 139 mental health assessments during the contract year. Of those 139 clients, 75 were referred and received psychiatric evaluations. Those clients who were prescribed medication were seen as per doctor's orders for follow up.

There is a concern that psychiatric needs are becoming more intense due to the complexity of treating clients with dual diagnosis and personality disorders. To compound this problem there exists limited availability of psychotropic medications in the local community.

Response to 2:

In this contract year The Salvation Army was able to provide 6,185 (103%) homeless or potentially homeless individuals with information regarding the Comprehensive Care Program as well as other available community resources.

It is estimated that Lee County has approximately 2000 homeless individuals on any given night. Outreach efforts are designed to provide information, conduct cursory screenings, and make referrals to safe shelters and other community resources. Blitzes and other service events are frequently conducted in the woods, at food pantries, at soup kitchens, migrant camps and in other homeless shelters. Outreach workers collaborate with other agencies partnering within the Continuum of Care to assure comprehensive services.

Not all those who are homeless choose to enter emergency shelters. Therefore, Outreach staff provides food, medical care, hygiene kits, blankets and other basic living needs to the homeless in the many enclaves within Lee County. It is hoped that these individuals will eventually be persuaded to enter into the CCP services available to them and to eventually acquire permanent housing.

Next Operating Year's Objectives:

1. Fifty percent of residential CCP participants referred into the rehabilitative services will attend five rehabilitative classes during their shelter stay.
2. Outreach will provide information and referral to 500 homeless and potentially homeless individuals in the community per month.

d. Medical Services

Objectives:

1. Fifty percent of residential CCP clients will receive a complete medical screening and/or physical examination.
2. Standardize the care homeless diabetics receive in our clinic. Perform quarterly diabetic screenings.
3. Add foot clinics. Perform two "foot screenings" for homeless individuals over the next year.

Progress:

Response to 1:

Eighty five percent of clients served this past year received medical screening with 335 admission physical exams performed by a licensed physician. Our goal was met by 170%. Clients are screened for HIV, tuberculosis, hepatitis and syphilis. Clients may also access the Primary Care Clinics that are scheduled twice weekly and staffed by a volunteer physician.

Response to 2:

A Diabetic Standard of Care for our homeless population was formulated with the help of our volunteer physician and local endocrinologists. This standard was molded into a flow sheet that is utilized by physicians during patient visits to clinic. Quarterly diabetic screenings were held.

Response to 3:

Four "foot screenings" were conducted in conjunction with the above diabetic screenings. These are necessary as the homeless population spends much of the day on their feet in ill-fitting shoes with marginal hygiene and often sleep in their shoes. When foot ulcers occur they rapidly progress to the point where hospitalization is required to treat and prevent amputation. A local podiatrist volunteered to provide follow up care as needed.

Over the past year, the number and frequency of medical outposts has increased. These are staffed by a licensed physician and outreach nurse who see patients in the field. As this has been a pilot project, we are still working on ways to take credit for these outreach clinics while maximizing the time the medical personnel can spend with each individual.

Next Operating Year's Objectives:

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

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. (SHP-SSO projects do not complete this question)

a. SHP. How many beds were included in the application approved for this project under 'Current Level' and under 'New Effort'?

How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	N/A		

b. S+C. How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

ATTACHMENT C

The Salvation Army
Lee County Command
Fort Myers, FL

Comprehensive Care Program
Supportive Housing Application
Contract Year 6/16/03 – 6/15/04

ATTACHMENT C

Supportive Services Chart			Year 2003-2004
Support Service Expense			
Service Activity: Quantity:	Director-Social Services <i>0.76 FTE</i> <i>30.4 hrs/wk</i>	1	43,655.00
Service Activity: Quantity:	Clinical Staff Coordinator <i>1.00 FTE</i>	2	43,926.00
Service Activity: Quantity:	Central Intake Clinician <i>0.64 FTE</i> <i>10 hrs/week paid by HUD</i> <i>15.6 hrs/wk Match</i>	3	23,374.00
Service Activity: Quantity:	Domestic Violence Therapist <i>1.00 FTE</i>	4	34,316.00
Service Activity: Quantity:	Family Counselor <i>1.00 FTE</i>	5	35,811.00
Service Activity: Quantity:	Case Manager-Family Services <i>0.94 FTE</i> <i>6 hrs/wk paid by HUD</i> <i>31.6 hrs/wk Match</i>	6	34,618.00
Service Activity: Quantity:	Family Services Coordinator <i>.34 FTE</i> <i>4 hrs/wk paid by HUD</i> <i>9.6 hrs/wk Match</i>	7	15,116.00
Service Activity: Quantity:	Social Services/Crisis Management Administrative Coordinator <i>.05 FTE</i> <i>2 hrs/wk</i>	8	2,059.00
Service Activity: Quantity:	Mental Health Technician <i>.625 FTE</i> <i>25 hrs/wk</i>	9	12,656.00
Service Activity: Quantity:	Vocational Assessor <i>1.00 FTE</i>	10	32,805.00
Service Activity: Quantity:	Life Skills Instructor <i>1.00 FTE</i>	11	36,308.00
Service Activity: Quantity:	Case Manager/Outreach Counselor <i>1.00 FTE</i>	12	34,285.00
Service Activity:	Housing Case manager	13	34,886.00

The Salvation Army
Lee County Command
Fort Myers, FL

Comprehensive Care Program
Supportive Housing Application
Contract Year 6/16/03 – 6/15/04

ATTACHMENT C

Quantity:	1.00 FTE		
Service Activity:	Outreach Worker	14	34,700.00
Quantity:	1.00 FTE		
Service Activity:	CCP Data Technician	15	29,723.00
Quantity:	1.00 FTE		
Service Activity:	Director-Medical Services	16	55,966.00
Quantity:	0.975 FTE 36 hrs/wk paid by HUD 3 hrs/wk MATCH		
Service Activity:	PCC Coordinator	17	30,909.00
Quantity:	1.00 FTE		
Service Activity:	Clinic Coordinator	18	44,618.00
Quantity:	1.00 FTE		
Service Activity:	Outreach Nurse	19	41,101.00
Quantity:	.935 FTE 30.4 hrs/wk paid by HUD 6 hrs/wk Match		
Service Activity:	Case Manager-SAICC	20	37,982.00
Quantity:	1.00 FTE		
Service Activity:	Medical Assistant	21	26,889.00
Quantity:	1.00 FTE		
Service Activity:	LPN - PT	22A	7,174.00
Quantity:	0.35 FTE 12 hrs/week paid by HUD 2 hrs/week Match		
Service Activity:	LPN - PT	22B	8,840.00
Quantity:	0.40 FTE 12 hrs/week paid by HUD 4hrs/week Match		
Service Activity:	General Manager	23	12,364.00
Quantity:	0.16 FTE 6.4 hrs/wk		
Service Activity:	Security Unit Manager	24	1,738.00
Quantity:	0.05 FTE 2 hrs/wk		
Service Activity:	Monitor Tech Intake-PT	25A	14,841.00
Quantity:	0.625 FTE 25 hrs/wk		
Service Activity:	Monitor Tech Intake-PT	25B	12,695.00
Quantity:	0.625 FTE 25 hrs/wk		

The Salvation Army
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Fort Myers, FL

Comprehensive Care Program
Supportive Housing Application
Contract Year 6/16/03 – 6/15/04

ATTACHMENT C

Service Activity:	Monitor Tech Intake-PT	25C	13,310.00
Quantity:	<i>0.625 FTE 25 hrs/wk</i>		
Service Activity:	Social Services -Intake Worker	26	2,290.00
Quantity:	<i>0.10 FTE 4 hrs/wk</i>		
Service Activity:	Cook II	27	26,368.00
Quantity:	<i>0.93 FTE 37.2 hrs/wk</i>		
Service Activity:	Client Transporter	28	17,439.00
Quantity:	<i>.75 FTE 30 hrs/wk</i>		
Service Activity:	Medical Custodian-HELP	29	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Maintenance Engineer-HELP	30	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Food Service Worker-HELP	31A	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Food Service Worker-HELP	31B	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Intake Worker-HELP	32	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Distribution Clerk-HELP	33	17,439.00
Quantity:	<i>1.00 FTE 40 hrs/wk</i>		
Service Activity:	Administrative Assistant P/T	34	15,462.00
Quantity:	<i>.625 FTE MATCH 25 hrs/wk Match</i>		
Service Activity:	Addictions Counselor-Sr	35	26,136.00
Quantity:	<i>.70 FTE MATCH 28 hrs/wk Match</i>		
Service Activity:	Addictions Counselors	36	25,071.00
Quantity:	<i>.70 FTE MATCH 28 hrs/wk Match</i>		
Service Activity:	Addictions Counselors	37	21,896.00
Quantity:	<i>.70 FTE MATCH 28 hrs/wk Match</i>		
Service Activity:	Counselor	38	35,783.00
Quantity:	<i>1.00 FTE MATCH</i>		

The Salvation Army
Lee County Command
Fort Myers, FL

Comprehensive Care Program
Supportive Housing Application
Contract Year 6/16/03 – 6/15/04

ATTACHMENT C

	<i>40 hrs/wk Match</i>		
Service Activity:	Counselor	39	40,479.00
Quantity:	<i>1.00 FTE MATCH 40 hrs/wk Match</i>		
Service Activity:	Counselor	40	5,239.00
Quantity:	<i>.25 FTE MATCH 7.25 hrs/wk Match</i>		
Service Activity:	Monitor Tech - Unit Manager	41	7,557.00
Quantity:	<i>.25 FTE MATCH 10 hrs/week Match</i>		
Service Activity:	Program Manager - State	42	2,525.00
Quantity:	<i>.053 FTE MATCH 2.1 hrs/week Match</i>		
Service Activity:	Mental health		34,000.00
Quantity:	<i>9 clients/week @ \$72/client</i>		
Service Activity:	Daycare		18,709.00
Quantity:	<i>3 children/week @ \$105/week</i>		
Service Activity:	Meals		62,528.00
Quantity:	<i>90/day @ \$1.91</i>		
Service Activity:	Educational Modular Lease		7,553.00
Quantity:	<i>\$630 per month</i>		
Service Activity:	Supplies		4,975.00
Quantity:	<i>\$415 per month</i>		
Service Activity:	Transportation		13,141.00
Quantity:	<i>\$1095 per month</i>		
Service Activity:	Medical assistance to individuals		11,031.00
Quantity:	<i>6,303 units @ \$1.75</i>		
Service Activity:	Financial assistance to individuals		27,351.00
Quantity:	<i>\$2,279 per month</i>		
	Total Supportive Services Budget		1,266,832.00
	SHP request		1,013,465.00
	Selectee's MATCH		253,367.00

ATTACHMENT D

Attachment D – Supportive Services Job Descriptions

1. Director of Social Services: assures program participants are provided support services required to stabilize life and secure housing. Job duties include participation in interdisciplinary staffings, client interviews, crisis intervention, reviews potential HELP employees appropriateness for program, oversees all social service activities to program participants. *30.4 hour*
2. Clinical Staff Coordinator: Assures program participants are afforded services to stabilize their life by clinical staff. Interviews clients, participates in interdisciplinary staffings, review clinician's documentation and case plans. *40 hours*
3. Central Intake Clinician: Interviews all potential program participants and refers to alternate program as needed. Formulates the initial plan of care with client, reviews program requirements, performs initial mental health assessment, orients clients to program, verifies homeless and client appropriateness. *10 hours/HUD and 15.6/Match*
4. Domestic Violence Therapist: Assesses program participants for domestic violence issues. Conducts education classes and group to clients with DV issues, documents client's response to education and group intervention. *40 hours*
5. Family Counselor: Provides ongoing client counseling in individual and group settings. Duties include conducting client interviews upon admission to program, conducting classes regarding addictions and family issues, meets with clients weekly to monitor progress and evaluate recovery process. *40 hours*
6. Case Manager- Family Services: Acts as client advocate to assess mainstream services and provide day-to-day guidance to program participants. Conducts daily group meetings to assess clients adjustment to dormitory living , reviews and updates case plan, conducts interdisciplinary staffings, arranges child care services daycare and links program participants and their children to other supportive services as needed. *6 hours/HUD and 9.6/Match*
7. Family Services Coordinator: Assures clients are guided through the program to maximize their self-sufficiency. Provides management of Family Unit staff, confers with staff and clients to assess client's progress in program. Participates in interdisciplinary staffings, assesses clients response to program interventions and monitors effectiveness of program in meeting client needs. Monitors program participants parenting skills and links children to therapy and mainstream services within the community. *4 hours/HUD and 9.6/Match*
8. Social Services/ Crisis Management Administrative Coordinator: Assures potential clients are linked to the most appropriate services and provided assistance with basic household needs. Interviews potential clients and reviews case files to assure clients screened are appropriate for services. Monitors program participants' progress to achieve program objective. *2 hours*

9. Mental Health Technician: Provides ongoing mental health assessments and assists psychiatrist with mental health clinic. Duties include securing lab and other pertinent data requested by the psychiatrist, monitoring clients' response to and effectiveness of prescribed psychiatric medications and prescreens clients for psych clinic. *25 hours*
10. Vocational Assessor: Assists clients to identify most appropriate employment and provide guidance to secure employment. Interviews clients and assists with development of resumes and preparing for job interviews. Acts as liaison for HELP employees and conducts ongoing HELP groups to both maintain employment and advance to better paying jobs. *40 hours*
11. Life Skills Instructor: Prepares and presents life skills classes to empower clients to successfully transition back into mainstream society and permanent housing. Prepares curriculum to enhance clients self-sufficiency, documents class attendance and evaluates participants response to education. *40 hours*
12. Case Manger / Outreach Counselor: Acts as client advocate to access mainstream services and provide day to day guidance to single women on the family unit, assists clients not suited for our program to access alternate services. Job duties include conducting unit meetings with clients, accessing child care, provide daily guidance to program participants, arrange transportation, participates in interdisciplinary staffs, updates client's case plan. *40 hours*
13. Housing Case Manager: Assists clients to access housing assistance and secure affordable housing. Job duties include assisting client to complete applications for public housing assistance, locating affordable housing and assessing clients readiness to move into independent living. *40 hours*
14. Outreach Worker: Builds relationships and provides education regarding services available to potential clients to successfully engage them into the comprehensive care program. Duties include visiting all known sites frequented by homeless persons and assisting clients to access appropriate services. Community education regarding services available, participates in all outreach activities. *40 hours*
15. CCP Data Technician: Monitors program participant's progress in attaining program objectives. Performs analysis of data entry to identify programmatic barriers, enters client data. *40 hours*
16. Director Medical Services: Assures all clients are provided access to medical care and health screenings. Coordinates clinic coverage with volunteer physician base, provides health education, obtains clients physical histories, draws blood samples, reviews lab results with clients under direction of physician, provides HIV pre and post counseling. *36 hours/HUD and 3/Match*

17. PCC Coordinator: Assists volunteer physicians and health care providers with clinic services, schedules all specialty care and diagnostic testing, arranges transportation, takes vital signs prior to clinic, applies PPDs, administers vaccinations under guidance of director, draws blood samples. *40 hours*
18. Clinic Coordinator: Provides education regarding medication indications and potential untoward side effects of medications, distributes medications to clients on a daily basis while ensuring compliance with medication regime and assessing for potential side effects, monitors patients response to medications, assists clients to access medications, draws blood samples, triages clients physical complaints. *40 hours*
19. Outreach Nurse: Provides health screening / education and builds relationships with potential clients. Triage physicals complaints and assists potential clients to access medical services to end cycle of homelessness. Assists physician with off-site clinics to provide medical services to non-resident homeless clients to achieve self-sufficiency. *30.4 hours/HUD and 6/Match*
20. Case Manager- SAICC: acts as client advocate, assists clients to access mainstream services, schedules transportation and guides them through the program to assure successful program outcomes. Duties include conducting unit meetings, monitoring clients' progress toward goal obtainment, conducts interdisciplinary staffs. *40 hours*
21. Medical Assistant: Assists clients to access medical care and medications. Provides transportation to pharmacy to pick up client prescriptions, takes vital signs, prepares charts for clinic, performs simple dressing changes under the direction of director and monitors documentation. *40 hours*
22. A) LPN – PT: provides weekend coverage, distributes medications and triages client's physical complaints and provides health education. Monitors clients response to medical treatment and medications, oversees Medical Respite unit program participants on the weekend. *12 hours/HUD and 2 hours/Match*
22. B) LPN – PT: provides weekend coverage, distributes medications and triages client's physical complaints and provides health education. Monitors clients response to medical treatment and medications, oversees Medical Respite unit program participants on the weekend. *12 hours/HUD and 4 hours/Match*
23. General Manager: Assures clients receive appropriate services, participates in interdisciplinary staffings, crisis intervention and oversees all programs. *6.4 hours*
24. Security Unit Manager: Ensures the security of program participants by maintaining a safe environment. Provides classes for children of CCP participants. Performs drug testing of clients. *2 hours*

25. Monitor Tech Intake- PT: Provides classes for children of CCP participants. Performs drug testing of clients, monitors attendance and maintains secure environment. *25 hours*
26. Social Services-Intake Worker: Assesses potential clients to access food, clothing and things required to prevent homelessness. Provides education regarding community resources and assists to access mainstream services. *4 hours*
27. Cook II: Prepares meals for program participants, conducts classes in food management for program participants, oversees kitchen operations to assure compliance with all health and start regulations, teaches clients kitchen and food safety. *37.2 hours*
28. Client Transporter: Transport program participants to access mainstream services, apply for employment, locate housing, transportation of mothers and children to daycare, maintains van logs and documents mileage. *30 hours*
29. HELP Medical Custodian: Transports program participants to medical appointments and assists with custodial duties while learning job skills to obtain employment in hospital, skilled care facility or transportation. *40 hours*
30. HELP Maintenance Engineer: Assists with maintaining a safe and environment while learning job skills to secure further employment. *40 hours*
31. A) HELP Food Service Worker: Assists in kitchen while learning job skills to secure employment in the food service industry. *40 hours*
31. B) HELP Food Service Worker: Assists in kitchen while learning job skills to secure employment in the food service industry. *40 hours*
32. HELP Intake Worker: Assists clients to access food, clothing and vouchers while learning job skills to secure employment in office setting. *40 hours*
33. HELP Distribution Clerk: Dispenses food, clothing and vouchers to clients while learning job skills to secure employment in office work or retail industry. *40 hours*
34. Administrative Assistant PT: Computes medical service units of care for program participants, data entry, clinic reports, tracks in kind donations, medical van mileage *25 hours/Match*
35. Addictions Counselor- Sr: conducts classes and groups regarding issues related to addictions and relapse prevention. Monitors program participants response to rehabilitation interventions. *28 hours/Match*
36. Addictions Counselor: Conducts classes and groups regarding issues related to addictions and relapse prevention. Monitors program participant's response to rehabilitation interventions. *28 hours/Match*

37. Addictions Counselor: Conducts classes and groups regarding issues related to addictions and relapse prevention. Monitors program participant's response to rehabilitation interventions. *28 hours/Match*
38. Counselor: Conducts groups with program participants to ensure compliance with program goals. Monitors clients adherence to case plans and links with mainstream services. *40 hours/Match*
39. Counselor: Conducts groups with program participants to ensure compliance with program goals. Monitors clients adherence to case plans and links with mainstream services. *40 hours/Match*
40. Counselor: Conducts groups with program participants to ensure compliance with program goals. Monitors clients adherence to case plans and links with mainstream services. *7.25 hours/Match*
41. Monitor Tech- Unit Manager: performs drug testing and maintains secure environment for program participants. *10 hours/Match*
42. Program Manager State: Participates interdisciplinary staffings, reviews and updates client's plan of care. *2.1 hours/Match*

ATTACHMENT E

Attachment E

The Salvation Army, a Georgia Corporation, is the legal entity under which the proposed supportive Housing Program operates. The Georgia Corporation of The Salvation Army controls and administers all services of the organization within the following states:

Alabama	Arkansas	Florida	Georgia
Kentucky	Louisiana	Maryland	Mississippi
North Carolina	Oklahoma	South Carolina	Texas
Virginia	West Virginia	District of Columbia	

The Salvation Army - Southern Territory - (a Georgia Corporation) receives numerous HUD-funded grants and sub-grants each year representing millions of dollars in community development block grants, emergency shelter grants, innovative homeless initiative demonstration projects, and public housing drug elimination program funding.

	EMERGENCY SHELTER GRANTS The Salvation Army Southern Territory	
FISCAL YEAR	NUMBER OF LOCATIONS	TOTAL AWARD AMOUNT
FY98	113	\$3,833,515.00
FY99	113	\$3,754,223.00
FY00	113	\$5,224,848.00

Additionally, since 1990 The Salvation Army, a Georgia Corporation, has received the following grants under HUD Supportive Housing Demonstration Program, Supportive Housing Program, and continuum of Care competitions.

	SHP, SHDP GRANTS The Salvation Army - Southern Territory	
YEAR/ROUND	LOCATION	GRANT - AMOUNT
2000	Birmingham, AL	\$158,019.00
	Sarasota, FL	\$147,220.00
	Fort Myers, FL	\$1,013,465.00
	Louisville, KY	\$359,999.00

2000 (Cont'd)	Charlotte, NC	\$453,292.00
	Winston-Salem, NC	\$66,862.00
	Memphis, TN	\$435,209.00
	Nashville, TN	\$741,163.00
	Austin, TX	\$776,928.00
	Corpus Christi, TX	\$545,535.00
	San Antonio, TX	\$491,700.00
1999	Birmingham, AL	\$128,960.00
	Mobile, AL	\$284,269.00
	Tulsa, OK	\$669,124.00
	Miami, FL	\$720,000.00
	Ft. Myers, FL	\$983,945.00
	Ft. Myers, FL	\$211,493.00
	Naples, FL	\$216,354.00
	Knoxville, TN	\$415,296.00
	Charlotte, NC	\$262,500.00
	Houston, TX	\$994,178.00
	San Antonio, TX	\$768,177.00
	San Antonio, TX	\$434,992.00
1998	TAMPA, FL	\$724,393.00
	West Palm Beach FL	\$1,192,000.00
	Ft. Myers, FL	\$200,445.00
	Ft. Myers, FL	\$965,550.00
	Lakeland, FL	\$358,455.00
	High Point, FL	\$90,380.00
	Winston Salem, NC	\$135,843.00
	Ft. Worth, TX	\$952,168.00

	Austin, TX	\$820,000.00
	Austin, TX	\$8,350,000.00
1997	Ocala, FL	\$99,723.00
	Louisville, KY	\$90,487.00
1996	Mobile, AL	\$260,811.00
	Baton Rouge, LA	\$336,000.00
	Lakeland, FL	\$143,226.00
	Sarasota, FL	\$457,621.00
	Tallahassee, FL	\$182,576.00
	Tampa, FL	\$294,784.00
	Nashville, TN	\$488,108.00
	San Antonio, TX	\$1,568,865.00
1995	Lakeland, FL	\$82,917.00
	Fort Myers, FL	\$2,361,864
	Miami, FL	\$1,588,625.00
	Tampa, FL	\$748,439.00
	Knoxville, TN	\$663,900.00
	Nashville, TN	\$48,000.00
	Winston-Salem, NC	\$190,358.00
	Austin, TX	\$2,290,700.00
	Ft. Worth, TX	\$75,000.00
	San Antonio, TX	\$719,180.00
1994	Ft. Lauderdale, FL	\$641,523.00
	Tulsa, OK	\$1,174,352.00
	San Antonio, TX	\$400,000.00
1993	Ft. Lauderdale, FL	\$1,358,581.00
	Washington, DC	\$2,974,983.00
	San Antonio, TX	\$674,361.00
1992	Birmingham, AL	\$686,100.00
	Louisville, KY	\$818,815.00
	Charlotte, NC	\$1,101,015.00

1991	Abilene, TX	\$186,974.00
	Lakeland, FL	\$358,635.00
	Naples, FL	\$1,165,523.00
	Ocala, FL	\$626,257.00
	Nashville, TN	\$1,511,682.00
1990	Lakeland, FL	\$239,014.00
	Tampa, FL	\$1,073,815.00



THE SALVATION ARMY POLICY STATEMENT ON RELATIONSHIPS WITH OTHER GROUPS AND ORGANIZATIONS

The Salvation Army in the United States works cooperatively with many groups - governmental, social service, civic, religious, business, humanitarian, educational, health, character building, and other groups - in the pursuit of its mission to preach the Christian Gospel and meet human need.

Any agency, governmental or private, which enters into a contractual or cooperative relationship with The Salvation Army should be advised that:

1. The Salvation Army is an international religious and charitable movement, organized and operated on a quasi-military pattern, and is a branch of the Christian church.
2. All programs of The Salvation Army are administered by Salvation Army Officers, who are ministers of the Gospel.
3. The motivation of the organization is love of God and a practical concern for the needs of humanity.
4. The Salvation Army's provision of food, shelter, health services, counseling, and other physical, social, emotional, psychological and spiritual aid, is given on the basis of need, available resources and established program policies.

Organizations contracting and/or cooperating with The Salvation Army may be assured that because The Salvation Army is rooted in Christian compassion and is governed by Judeo-Christian ethics, The Salvation Army will strictly observe all provisions of its contracts and agreements.

Commissioners Conference:
May 1996

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 3/31/2003)

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

Applicant/Recipient Information Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): THE SALVATION ARMY 10291 McGregor Boulevard, Fort Myers, FL 33919 (941) 278-1551		2. Social Security Number or Employer ID Number: 580-66-0607	
3. HUD Program Name COMPREHENSIVE CARE PROGRAM		4. Amount of HUD Assistance Requested/Received \$1,064,138.00	
5. State the name and location (street address, City and State) of the project or activity: 2400 Edison Avenue, Fort Myers, FL 33901			

Part I Threshold Determinations

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

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

Signature: X X <i>H. Al Ward</i> THE SALVATION ARMY, A GEORGIA CORPORATION	H. AL WARD TREASURER	Date: (mm/dd/yyyy) MAY 21 2002
--	-------------------------	---------------------------------------

**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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
Salvation Army Comprehensive Care Program – Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal Program to which the applicant is applying: Supportive Housing Program (SHP)

Name of Certifying Jurisdiction: Lee County, Florida

Certifying Official of the Jurisdiction Name: Robert P. Janes

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: 6/11/02

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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida

Department of Human Services

Salvation Army Comprehensive Care Program – Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

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

Supportive Housing Program (SHP)

Name of
Certifying Jurisdiction:

City of Cape Coral, Florida

Certifying Official
of the Jurisdiction
Name:

Title:

Signature:

Date:

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. Additionally, if the applicant is a State or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Lee County, Florida
Department of Human Services
Salvation Army Comprehensive Care Program – Renewal

Project Name: Lee County 2002 Homeless Continuum of Care Strategic Plan

Location of the Project: Lee County, Florida

Name of the Federal
Program to which the
applicant is applying: Supportive Housing Program (SHP)

Name of
Certifying Jurisdiction: City of Fort Myers, Florida

Certifying Official
of the Jurisdiction
Name:

Title:

Signature:

Date:

Special Project Certification

Coordination and Integration of Mainstream Programs

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

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

Authorized signature of applicant
(required for all applicants)

Position Title

Date

Special Project Certification

Discharge Policy

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

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

Authorized signature of applicant
*(required only for applicants that are States or
units of general local government)*

Position Title

Date

Exhibit 2

Section A Project Narrative

8

Discharge Policy Status, 2002

Most public institutions in Lee and adjacent counties are administered by Florida State or are regulated under Florida State codes. The Fort Myers staff of the Florida *Department of Children and Families* (DCF) which regulates Health and Youth facilities are active participants in the Lee County Homeless Coalition. The DCF staff network with Continuum providers to acquaint persons discharging with support services and housing programs. Formal Discharge procedure for DCF are contained in *Chapter 65, Florida Administrative Code for Mental Health Treatment and Receiving Facilities*. This code dictates that receiving and treatment facilities have written discharge policies including protocols which cover all aspects of discharge including unbroken continuation of necessary medical and psychiatric services and cooperation and coordination with local providers. During 2002, Lee Continuum providers have had increasing contact with discharge administrators at local and regional public health and youth facilities.

The Fort Myers Police Department and the Lee County Sheriff's Office are also active participants in the Lee County Homeless Coalition. These local officers coordinate with Continuum provider outreach staff to advise persons in advance of discharge of local services and housing. In addition, in 2002 improvements in the Florida *Department of Corrections* discharge process are advancing through the State Legislature, (*SB 912/HB 1131*), which will formalize discharge processing by funding a dedicated Discharge Officer staff position at each correction facility.

The *Florida Homeless Coalition* (statewide) has succeeded in incorporating Discharge Processing policy into the enabling legislation for the new State Office on Homelessness. (*Florida Statutes 420.626*). The discharge policy requires hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers to ensure that persons leaving their care or custody are not discharged into homelessness. The Lee County Homeless Continuum is developing its *Chronic Homelessness Protocol* which will contain standardized procedures for Outreach connection with discharge administrators. In 2003 and with the implementation of the HMIS in 2004, the Lee Continuum will begin to quantify the service to persons being discharged.

In the past year the *awareness* of both the importance of the problem and the statutory requirements to avoid discharge into homelessness has increased locally for both Continuum providers and Health, Youth, and Corrections administrators. The resulting connections have resulted in better prepared persons being discharged, more efficient Outreach connections by Continuum Providers, and fewer persons leaving institutions for life on the streets or camps of Lee County.

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

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

RICHARD LLOYD FARIS
DEPARTMENT OF HUMAN SERVICES
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
83 PONDELLA ROAD,
NORTH FORT MYERS, FLORIDA 33903

(fold line)

Type or clearly print the following information:

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

SUPPORTIVE HOUSING PROGRAM, HUD 2002 COC

To Be Completed by HUD

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

Processor's Name _____

Date of Receipt _____

**Client Comments and
Suggestions**

U.S. Department of Housing
and Urban Development

**You are our Client!
Your comments and suggestions, please!**

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Grants Management and Compliance
Room 2182
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) HOMELESS CONTINUUM OF CARE

is: (please check one)

- (a) is clear and easily understandable
(b) better than before, but still needs improvement (please specify)

FOR THE COC MOST OF THE INFO IS IN THE APPLICATION - READING
THE WHOLE GENERAL AND PROGRAM NOFA IS TIME CONSUMING

- (c) other (please specify)

The application form (insert title) COC - SHP, SPC ETC

is: (please check one)

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
(b) is simpler and more user-friendly than before, but still needs work (please specify).

INCLUDE ALL NEEDED FORMS IN THE ELECTRONIC APPLICATION
DOWNLOAD - ONE APPLICATION, ONE EDITABLE DOWNLOAD FILE

- (c) other comments (please specify)

FORGET "FILLABLE-ONLY" FORMS, JUST USE EDITABLE DOWNLOAD
FILES

Name & Organization (Optional):

FARIS, LEE CO, FL

Are additional pages attached? Yes No