

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

6/10/04

Blue Sheet No. 200-008-0

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** 1) Approve submission of Lee County's HUD Fiscal Year 2004 Homeless Continuum of Care and Supportive Housing applications; 2) Authorize Chairman to sign HUD Certifications and HUD Consistency with Consolidated Plan Letters.

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

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

**2. DEPARTMENTAL CATEGORY:**

**3. MEETING DATE:**

**COMMISSION DISTRICT #**  
Countywide CW *C5C*

*06-29-2004*

**4. AGENDA:**

**5. REQUIREMENT/PURPOSE:**  
(Specify)

**6. REQUESTOR OF INFORMATION:**

**CONSENT**  
**ADMINISTRATIVE**  
**APPEALS**

**STATUTE**  
 **ORDINANCE**  
 **ADMIN.**  
 **CODE**

**A. COMMISSIONER** Na  
**B. DEPARTMENT** Human Services  
**C. DIVISION** Na

**PUBLIC**  
 **WALK ON**  
**TIME REQUIRED:**

**OTHER**  
**24 CFR 583**

**BY:** Karen B. Hawes, Dir.

**7. BACKGROUND:**

In order to apply for HUD Homeless Supportive Housing funds, a Homeless Continuum of Care and applications must be submitted to HUD by July 7, 2004. Six projects to benefit homeless with a total value of \$2,226,989 are proposed for the next HUD fiscal year.

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

The Continuum of Care and applications were reviewed and ranked by the Lee County Homeless Coalition Ad Hoc Prioritization Subcommittee on June 15, 2004.

**Attachments:**

- Grant Application Data Form
- Cover Letters (2)
- 2004 Lee County Homeless Continuum of Care (with 6 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>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	OA	OM	Risk	GC	<i>[Signature]</i>
					<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

**10. COMMISSION ACTION:**

**APPROVED**  
 **DENIED**  
 **DEFERRED**  
 **OTHER**

**Rec. by CoAtty**  
 Date: *6/16/04*  
 Time: *10:25 am*  
 Forwarded To: *[Signature]*

RECEIVED BY  
 COUNTY ADMIN: *[Signature]*  
*6/16/04*  
*2:15 pm SUT*  
 COUNTY ADMIN  
 FORWARDED TO: *[Signature]*  
*6/17/04*  
*SUT*

*[Handwritten notes at the bottom of the page]*



BOARD OF COUNTY COMMISSIONERS

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

Bob Janes  
District One

June 29, 2004

Douglas R. St. Cerny  
District Two

Ray Judah  
District Three

HUD Headquarters  
Robert C. Weaver Federal Building  
451 Seventh Street, S.W. Room 7270  
Washington, D.C. 20410  
Attention: Continuum of Care Programs

Andrew W. Coy  
District Four

John E. Albion  
District Five

Donald D. Stilwell  
County Manager

**SUBJECT: Lee County's 2004 Homeless Continuum of Care Strategic Plan  
Supportive Housing Program (SHP) Consolidated Application**

James G. Yaeger  
County Attorney

Dear Sir or Madam:

Diana M. Parker  
County Hearing  
Examiner

Please find enclosed for your review and processing the Lee County *2004 Homeless Continuum of Care Strategic Plan* Supportive Housing Program Consolidated Application. This application consists of one new Permanent Housing project and five renewal SHP projects with Lee County as the Lead Agency and Applicant.

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

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

Sincerely,

John E. Albion, Chairman  
Lee County Board of County Commissioners

Enclosure

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



**LEE COUNTY**  
SOUTHWEST FLORIDA

**BOARD OF COUNTY COMMISSIONERS**

Writer's Direct Dial Number: (239) 652-7930

Bob Janes  
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Douglas R. St. Cyr  
*District Two*

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*District Three*

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*District Four*

John E. Albion  
*District Five*

Donald D. Stilwell  
*County Manager*

James G. Yaeger  
*County Attorney*

Diana M. Parker  
*County Hearing Examiner*

June 29, 2004

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 2004 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 2004 Homeless Continuum of Care Strategic Plan Supportive Housing Program Consolidated Application. This application consists of one new Permanent Housing project and five renewal projects with Lee County as the Lead Agency and Applicant..

I have sent the original package to the Continuum of Care 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 (239) 652-7930 if you have any questions regarding this Consolidated Application for SHP funds.

Sincerely,

John E. Albion, Chairman  
Lee County Board of County Commissioners

Enclosure

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



# LEE COUNTY

## SOUTHWEST FLORIDA

### 2004 HOMELESS

### CONTINUUM OF CARE

### STRATEGIC PLAN

**U.S. Department of Housing and Urban Development  
2004 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

Lee County

***Submitted:* July 1, 2004**

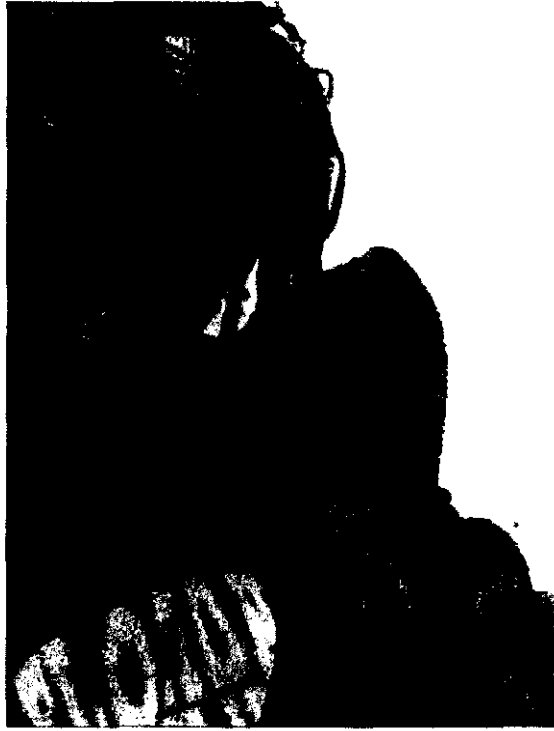
Coalition for the Homeless  
Florida, Inc.

**Citizen's Summary**  
**Lee County 2004 Homeless Continuum of Care**

**The Lee County 2004 Homeless Continuum of Care (CoC)** covers activities to eliminate homelessness in all areas of Lee County Florida including the municipalities of Fort Myers, Cape Coral, Sanibel, Fort Myers Beach, and Bonita Springs. *The Lee County Department of Human Services (DHS)* serves as the lead agency, applicant, and administrator for the annual U.S. Department of Housing and Urban Development, (HUD) competitive Continuum of Care grant. The Florida nonprofit *Lee County Coalition for the Homeless* provides a network of provider agencies and advocates working together to achieve effective and coordinated implementation of homeless assistance programs.

**Planning for Assistance to the homeless.** The annual census of county homelessness, the *Lee County Census Blitz* was conducted in January of 2004 and determined a county homeless population of 2012 persons. At the same time, a complementary Survey of all public, private and nonprofit homeless assistance Providers determined the existing inventory of housing and supportive service resources. This inventory was measured against homeless resident needs identified in the *Census Blitz*. This analysis of the gaps in homeless assistance was the basis for the development of this strategic plan for homeless assistance - *The Lee County 2004 Homeless Continuum of Care*.

**Homelessness in Lee County 2004.** In 2004, substantial Unmet Needs exist for each category of homeless housing (shelter, transitional, and permanent) and all types of treatment and supportive services. A priority local concern is the "Chronically Homelessness" of some residents with repeated periods of homelessness and long histories of treatment for disabilities. The nationwide causes of homelessness - poverty and lack of affordable housing are strong factors in Lee County. The lack of treatment, services, and housing for persons with mental illness exacerbates homelessness locally. No local psychiatric hospital exists and the state regional residential treatment center has been closed.



**“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

# 2004 Application Summary

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

Continuum of Care (CoC) Name: **Lee County 2004 Homeless Continuum of Care**

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

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

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

## Continuum of Care Geography

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

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

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**Special Project Certification**

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**Coordination and Integration of Mainstream Programs**

All applicants must certify for their grant 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 grant application is selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

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

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Position Title

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Date



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## Special Project Certification

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### Discharge Policy

Required of all State and local government applicants. Submit this certification along with 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.

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

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Position Title

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Date

APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 7/1/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Lee County Board of County Commissioners			<b>Organizational Unit:</b> Department: Department of Human Services		
Organizational DUNS: 01-346-1611			Division:		
<b>Address:</b> Street: 83 Pondella Road			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: North Fort Myers			Prefix: Mr.	First Name: Richard	
County: Lee			Middle Name Lloyd		
State: Florida			Last Name Faris		
Zip Code 33903		Suffix:			
Country: USA			Email: farisr@leegov.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ]			Phone Number (give area code) (239) 652-7930		Fax Number (give area code) (239) 652-7960
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) [ ]    [ ] Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing Program			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lee County, Fort Myers, Cape Coral			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lee County Florida Homeless Continuum of Care Supportive Housing Program		
<b>13. PROPOSED PROJECT</b> Start Date: 4/30/05			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14		
Ending Date: 4/30/08			b. Project 14		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	2,226,989	a. Yes. <input type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	1,353,123	DATE:		
c. State	\$	.	b. No. <input checked="" type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	.	<input checked="" type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	.	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	.	<input type="checkbox"/>	Yes If "Yes" attach an explanation.	
g. TOTAL	\$	3,580,112	<input checked="" type="checkbox"/>	No	
<b>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.</b>					
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name John		Middle Name E.	
Last Name Albion			Suffix		
b. Title Chairman, Board of County Commissioners, Lee County Florida			c. Telephone Number (give area code) (239) 335-2225		
d. Signature of Authorized Representative			e. Date Signed		

# Project Priorities

## Project Priorities Chart (Form HUD 40076 CoC-K)

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Lee County Board of County Commissioners (BOCC)	Southwest Florida Addiction Services, Inc Phase 2 of Fresh Start II	1	\$550,043	3 yrs	PH				
Lee County Board of County Commissioners	Southwest Florida Addiction Services, Inc Fresh Start	2	\$90,508	1 yr		TH			
Lee County Board of County Commissioners	The Salvation Army Comprehensive Care Program	5	\$1,064,138	1 yr		SSO			
Lee County Board of County Commissioners	BOCC Homeless Management Information System	4	\$180,509	1 yr		HMIS			
Lee County Board of County Commissioners	BOCC Living Independently for Today	5	\$119,722	1 yr		SSO			
Lee County Board of County Commissioners	The Salvation Army Comprehensive Aftercare Program	6	\$222,069	1 yr		SSO			
<b>**Total Requested Amount:</b>			\$2,226,989						

*SHP new and renewal—Transitional Housing (TH), Permanent Housing for Persons with Disabilities (PH), Supportive Services Only (SSO), Safe Haven/transitional (SH-th), Safe Haven/permanent (SH-ph), Homeless Management Information Systems (HMIS),*

## **Attachment 8: Applicant Certifications**

(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 1), 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.

### **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.

**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.

**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.

**E. For SHP and SRO**

**1. Nonprofit Board of Directors.**

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

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

**1. Lead-Based Paint.**

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

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

**1. PHA Qualification.**

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

**H. Explanation.**

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

<b>Signature of Authorized Certifying Official:</b>	<b>Date:</b>
<b>Title:</b>	
<b>Applicant:</b>	<b>For PHA Applicants Only: (PHA Number)</b>

**PLEASE RUSH**

2004 JUN 16 AM 10:29  
OFFICE OF THE  
ATTORNEY GENERAL

**MEMORANDUM FROM  
THE DEPARTMENT OF  
HUMAN SERVICES  
ADMINISTRATION**

Date: June 15, 2004

To: All Concerned Departments

From: Ann Arnall  
Deputy Director

Re: RUSH Blue Sheet Number: 20040616

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The attached blue sheet number 20040616 needs to be walked through the routing/approval process in order to meet the Public Resources deadline for the June 29, 2004 Board meeting. Certifications and signature documents are attached. The Grant narrative and the individual project applications will be added on 6/22/04. This is necessitated by a shortened application period by HUD and the elimination of July BoCC meeting. The documents submitted herewith contain all the certifications and BoCC signature pages.

Staff are requesting this blue sheet go before the Board on June 29, 2004 because there is no other Board Meeting before the application deadline. The application seeks \$2,226,989 in the annual national competition by HUD.

Thank you for your assistance in expediting this blue sheet.