

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

Blue Sheet No. 20050709

5/14/05

1. ACTION REQUESTED/PURPOSE: 1) Approve submission of Lee County's HUD Fiscal Year 2005 (Lee County FY 2006) Homeless Continuum of Care and Supportive Housing applications; 2) Authorize Chairman to sign HUD Certifications, Forms, and HUD Consistency with Consolidated Plan Letters.

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

3. MANAGEMENT RECOMMENDATION:

Staff recommends approval.

4. Departmental Category: <u>CSB</u>		5. Meeting Date: <u>05-31-2005</u>	
6. Agenda:	7. Requirement/Purpose: (specify)	8. Request Initiated:	
<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Statute	Commissioner _____	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Ordinance	Department <u>Human Services</u>	
<input type="checkbox"/> Appeals	<input type="checkbox"/> Admin. Code	Division <u>na</u>	
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Other	By: <u>Karen B. Hawes, Dir.</u>	
<input type="checkbox"/> Walk-On	<input type="checkbox"/> 24 CFR 583/582		

9. Background:

In order to apply for HUD Homeless Supportive Housing Program and Shelter Plus Care Program funds, a Homeless Continuum of Care and applications must be submitted to HUD by June 3, 2005. Six projects to benefit homeless with a total value of \$1,888,540 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 May 6, 2005

Attachments:

Cover Letters (2)

2005 Lee County Homeless Continuum of Care Document with 6 Project Applications

(Note: Continuum of Care Exhibit 1 Narrative added to review package on 5/19/05)

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>[Signature]</i>	<u>N/A</u>	<u>N/A</u>		<i>[Signature]</i>	<u>RKs/11</u>	<u>or 5/18/05</u>	<u>5/18/05</u>	<u>5/18/05</u>	<u>5-19-05</u>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

Rec. by CoAtty
Date: <u>5/18/05</u>
Time: <u>5:00</u>
Forwarded To: <u>Admin 5/18/05</u>

RECEIVED BY COUNTY ADMIN: <u>[Signature]</u>
<u>5-18-05</u> <u>mf</u>
<u>8:50 am</u>
COUNTY ADMIN FORWARDED TO: <u>[Signature]</u>
<u>[Signature]</u>

GRANT APPLICATION DATA FORM

SUBMITTING DEPARTMENT/DIVISION: Department of Human Services

Contact Person: Richard Faris

Telephone #: 533-7958

Were the services of the County's grant development consultant utilized for this application?
(For ex. Full proposal preparation, consultation, research, phone inquiry, etc.) YES NO

If you answered YES, please briefly explain:

NAME OF GRANT: Continuum of Care

GRANTOR AGENCY: HUD

Is this grant a "Pass-Through" of Federal Funds to State?
 Yes No Unknown

DEADLINE FOR SUBMITTAL: 6/3/2005

GRANT AMOUNT: \$1,888,540

MATCHING REQUIREMENTS (include how the matching will be met):
\$492,593 - match from Provider Agency (nonprofit) funds

PURPOSE OF GRANT: Homeless Assostance services and housing

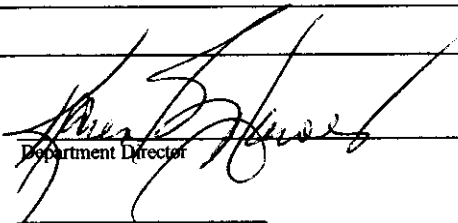
IMPACT STATEMENTS

Please describe the benefit of this grant to the community. Provides housing, and supportive services to homeless persons in Lee County

Please describe the operational impact to Lee County Governme 2 of 6 programs have part tme involvement of Lee County Staff. Other programs utilize non-profit staff

Department Grant Administrator/designee

Date



Department Director

Date

Bob Janes
District One

May 31, 2005

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Tammy Hall
District Four

John E. Albion
District Five

Donald D. Stilwell
County Manager

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 2005 Homeless Continuum of Care Strategic Plan Supportive Housing Program (SHP) and Shelter Plus Care (SPC) Consolidated Application

Dear Virginia:

Please find enclosed for your review and processing two (2) copies of the Lee County 2005 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 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 call Richard Faris, Senior Planner, of the Lee County Department of Human Services at (239) 533-7930 if you have any questions regarding this Consolidated Application for funds.

Sincerely,

Douglas R. St. Cerny, Chairman
Lee County Board of County Commissioners

Enclosure: 2 Copies 2005 Lee County Homeless Continuum of Care

C: Donald D. Stilwell, County Manager
Holly Schwartz, Assistant County Manager
Karen B. Hawes, Director, Department of Human Services
S:\NB\Planning\Homeless\Lead\CoCare\CoC2005\COC05.DOC\COC05.vich.lett.rf.51505.doc



LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (239) 533-7930

Bob Janes
District One

May 31, 2005

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

James G. Yaeger
County Attorney

Diana M. Parker
*County Hearing
Examiner*

**SUBJECT: Lee County's 2005 Homeless Continuum of Care Strategic Plan
Supportive Housing Program (SHP) and Shelter Plus Care (SPC)
Consolidated Application**

Dear Sir or Madam:

Please find enclosed for your review and processing the Lee County 2005 Homeless Continuum of Care Strategic Plan Supportive Housing Program and Shelter Plus Care Program Consolidated Application. This application consists of one new Permanent Housing project and four renewal SHP projects and one renewal Shelter Plus Care Project 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) 533-7930 if you have any questions regarding this consolidated application for funds.

Sincerely,

Douglas R. St. Cerny, Chairman
Lee County Board of County Commissioners

Enclosure: 1 Copy Full Set 2005 Lee County Homeless Continuum of Care, 1 Copy Exhibit 1 only

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



LEE COUNTY

SOUTHWEST FLORIDA

2005 HOMELESS

CONTINUUM OF CARE

STRATEGIC PLAN

**U.S. Department of Housing and Urban Development
2005 Supportive Housing Program
2005 Shelter Plus Care Program
Consolidated Application**

Prepared in Conjunction with:

Lee County Homeless Coalition for the
Southwest Florida Homeless Coalition
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 3, 2005
vers: narrative addition*

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Additional Forms for Exhibit 1

- Questionnaire on HUD's Initiative on Removal of Regulatory Barriers** (HUD 27300)
- Acknowledgement of Application Receipt** (HUD-2993)
- Client Comments and Suggestions** (HUD-2994)

Applicant Documentation

- Application for Federal Assistance** (DUNS No.) (SF-424) (Priority Project List)
- Documentation of Applicant Eligibility** (for New project)
- Disclosure of Lobbying Activities** (SF-LLL) –not applicable
- Applicant Code of Conduct**
- Applicant Certifications** (HUD 40076-CoC)

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Project Documentation

Exhibit 2: Supportive Housing Program (SHP) 2005 Project Exhibits

<p>Priority #1 Renaissance Manor Permanent Housing – New SHP Project Project Narrative Experience Narrative Project Information Forms/Project Budget/ (3)(a) Documentation of Sponsor Eligibility. (Only sponsors for new projects) (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan (3)(e) HUD-424-SUPP, Survey on Ensuring Equal Opportunity for Applicants Priority #2: SWFAS Fresh Start Transitional Housing - Renewal SHP Project Project Narrative / Experience Narrative / Project Information Forms / Project Budget (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan Priority #3: DHS Living Independently for Today – Renewal SHP Project Project Narrative / Experience Narrative / Project Information Forms / Project Budget (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan Priority #4: Salvation Army Comprehensive Care Program - Renewal SHP Project Project Narrative / Experience Narrative / Project Information Forms / Project Budget (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan Priority #5: DHS Homeless Management Information System - Renewal SHP Project Project Narrative / Experience Narrative / Project Information Forms / Project Budget (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan</p>

Project Documentation

Exhibit 3: Shelter Plus Care Program (SPC) 2005 Project Exhibits

<p>Priority #6: Ruth Cooper Center SPC Program - Renewal SPC Project Project Narrative / Experience Narrative / Project Information Forms / Project Budget (3)(b) HUD-96010 Logic Model (3)(c) HUD-2880, Applicant/Recipient Disclosure/Update Report (3)(d) HUD-2991, Certification of Consistency with the Consolidated Plan</p>	
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Exhibit 1: Continuum of Care

(Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narratives)

2005 Application Summary

Continuum of Care (CoC) Name: **Lee County 2005 Homeless Continuum of Care**

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

Address: **2440 Thompson Street
Fort Myers, Florida 33901**

Phone Number: **(239) 533-7930** E-mail Address: **farisrl@leegov.com**

Continuum of Care Geography

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

Form HUD-40076 COC-A

Exhibit 1

Continuum of Care Narrative

1. The Lee County Planning Process

for developing the Homeless Continuum of Care Strategy.

1.a. The Lead Entity

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

Since 1997, DHS has partnered with the network of members and agencies, which operates as the *Lee County Homeless Coalition (Coalition)* in the planning and implementation of homeless assistance. The Coalition brings the first hand experience of its provider, advocate, homeless, and formerly homeless members to the planning process. DHS and the Coalition work to maintain and expand an inclusive planning process. Coalition members include former and current homeless individuals, veterans, persons with HIV/AIDS, residents of the community, private business and community foundation representatives, non-profit organizations, advocates, and treatment providers. Important activities are the Homeless Census, the Candlelight Vigil, and the Veteran's Stand down.

Planning Process

1.b. The Lee Continuum Planning Process and Organizational Structure

The Lee County Homeless Continuum planning process has been in place since 1995. In 1998, HUD nominated the Lee County Continuum for a Best Practice Award. The local team of public, nonprofit, and private supporters has had many years of continual networking Continuum Strategy planning. DHS and the Coalition Prevention, Community Awareness, and Mainstream Benefit, Demographics, and Chronic Homelessness subcommittees meet continuously throughout the year. Annually conducted surveys of homeless residents and of provider agencies provide the needs assessment context for planning.

Coordination with Federal, State, and Local Programs. The Lead Agency, DHS, is the County administrator for CDBG, HOME and ESG entitlements and the CSBG Program of the Department of Health and Human Services and integrates the *Consolidated Plan (HUD)* and *Community Action Plan (HHS)* with the homeless strategies of the *Continuum of Care*. DHS has a seat on the Workforce Development Board, which administers Federal workforce funds. Lee Coalition members and officers obtain and administer numerous federally funded programs. The Homeless Outreach coordinator for the *Veteran's Administration* is an officer of the Coalition.

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

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

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

Planning Process -Continued

1c. The Continuum has a year-long cycle of Main-body/Subcommittee meetings

Dates	Forum		Topics			
7/9/004	Main Body (Plenary)		Disaster Preparedness for Homeless – Standards			
8/3/2004	Main Body		State Homelessness Demographics Report			
9/3/2004	Main Body, Bd of Dir.		Coalition Objectives, Progress Review			
10/3/2004	Main Body		State Homeless Conference (@ Orlando), CoC05 Plan'g			
10/28/2004	Main Body		Statewide Homeless Census Form, Licata Village PH			
11/6/2004	Main Body		Homeless Veterans Stand Down			
11/18/2004	Main Body		Online Human Services Directory			
12/7/2005	Main Body		Discharge Planning Workshop			
12/19/2005	Main Body		Candlelight Vigil			
1/20/2005	Main Body		Low-Demand Facility (TSA), CoC05 Planning			
2/17/2005	Main Body		Homeless Legal, 2005 Homeless Count Report, CoC05			
3/17/2005	Main Body		Estab: Chronic, Mainstream, Educ, Prevent, Demog. Subs			
4/21/2005	Main Body		Long Term Disaster Recovery, Church Alliance			
1/20/05	Subcommittee Meetings co-located with Main Body meeting					
7/9/2004	LRPC Sub	St. Grant	Svcs Sub	Prim Care	Hsg. Sub	Hsg 1 st
8/3/2004	LRPC Sub	CoC Obj	Svcs Sub	Mainstream	Hsg. Sub	TLC TH
10/28/2004	LRPC Sub	CoCNeeds	Svcs Sub	Mainstream	Hsg. Sub	Licata PH
11/18/2004	LRPC Sub	HMIS	Svcs Sub	Discharge	Hsg. Sub	Supp Housing
12/7/2005	LRPC Sub	HMIS	Svcs Sub	Count	Hsg. Sub	Prevent Aff Hsg
1/20/2005	LRPC Sub	CoC05	Svcs Sub	Count	Hsg. Sub	2005 Hsg Proj
2/17/2005	Subcommittees reconstituted to 5 new Subcommittees, co-located with Main Body					
3/17/2005	Community Awareness (EdCom)			State Budget Session		
3/17/2005	Homeless Prevention (PrevCom)			State/HUD Afford Housing		
3/17/2005	Chronic Homelessness Steering (CHC)			Chronic demographics, CoC05 inputs		
3/17/2005	Homeless Demographics (DemCom)			CoC Plan, 2005 Count, Chronic. stats		
3/17/2005	Mainstream Benefits Sub (MBC)			DCF Food Stamp, Medicaid, CoC05		
4/21/2005	Community Awareness Sub.			Fort Myers criminalization		
4/21/2005	Homeless Prevention Sub.			Review of Emerg Benefits Programs		
4/21/2005	Chronic Homelessness Sub.			Chronic Hmls. Best Practices		
4/21/2005	Homeless Demographics Sub.			Analysis of 2005 Surveys		
4/21/2005	Mainstream Benefits Sub.			Review of TANF		
5/2005	Subcommittees begin schedule of independent meeting dates/locations					
5/10/2005	Community Awareness Sub.			Church Coalition Presentation prep		
5/4/2005	Homeless Prevention Sub.			Attend Afford Hsg. Committee (Lee County)		
5/12/2005	Chronic Homelessness Sub.			Update 2003 Cost of Chronic Report		
5/25/2005	Homeless Demographics Sub.			Exploring sampling techniques for count		
5/12/2005	Mainstream Benefits Sub.			MOUs with remaining Mainstream Agencies		

Related Forums

Human Service Information Network (Monthly networking with non-homeless emergency Prov.)
(CAA/NDC) (Bimonthly networking with Target Neighborhood leaders)
SW Florida Coalition for the Homeless (Quarterly networking - other county Continuums)

Planning Process

1.d Lee County and Florida elected officials assisting the Lee Homeless Continuum of Care.

Mr. Douglas St. Cerny, Chairman

Mr. Robert Janes, Commissioner

The Lee County Board of County Commissioners play an active role in the integrated planning of the strategic plan for homelessness and the fiscal and legal authorization, and implementation of the Lee County Homeless Continuum of Care programs. Commissioners review the annual Continuum of Care Submission as well as related submissions for HUD ESG, Health and Human Services CSBG, Florida state homeless Challenge and Housing Grants. Commissioner Janes has been an active supporter of the lead agency, the Lee County Department of Human Services in numerous programs to serve homeless residents with serious mental illness.

Mr. Jim Humphrey, Mayor

City of Fort Myers

Mr. Humphrey, in his role as Mayor of Fort Myers continues to play an active part in the Homeless Continuum Planning. In 2004 and 2005 pressures have increased to remove homeless persons from location in city parks. Mr. Humphrey has worked closely with Providers and the Homeless Coalition to avoid criminalization of homeless residents. In addition he has supported efforts of the City Police Department to develop a low-demand drop-off center for homeless residents. The Mayor or his representative attend the bi-monthly main-body meetings of the Homeless Coalition.

Mr. Eric Feichtaler, Mayor

City of Cape Coral

Mr. Jay Arend

City of Bonita Springs

The Cape Coral Mayor has supported the planning efforts of the Cape Coral Department of Community Development to develop integrated services to the homeless along with Fort Myers and Lee County. Mr. Arend works closely with the Continuum Lead Agency, the Lee County Department of Human Services in integrated planning for affordable housing and homelessness prevention.

Mr. Burt Saunders

Florida State Senator.

Senator Saunders regularly attends the same forum and sends his legislative aide to attend Lee Homeless Coalition meetings where she has served on the Board of Directors. Both legislators play planning as well funding roles for the Lee Continuum and are intimately acquainted with the housing and service activities of the Continuum.

Planning Process

I.e Continuum Planning Roles

Specific Names of CoC Organizations/ Persons	Geo. Area Represented¹	Sub populations Represented, if any²	Level of Participation (Activity and frequency) in the Planning Process³
State agencies:			
FL.Dept. of Children & Families (DCF)	CC/FM/ Lee	SA/SMI, Y	(Position) Chair: Prioritization Comm. , (DCF Liaison)
			(Participation) 90% Coalit. 90% EdCom, 100% Prioritizat
Lee County Health Dept (FL)	CC/FM/ Lee		(Position) Member (DOH Liaison)
			(Participation) 90% Coalition
SW FL Coalition for the Homeless (Regional)	CC/FM/ Lee Region		(Position) Member (Director SWFHC/Liaison)
			(Participation) 25% Coalition
Workforce Development Bd	CC/FM/ Lee Region		(Position) Member (Workforce Board Member and Liaison)
			(Participation) 25% Coalition meetings
Shimberg Center, Univ. of Florida	CC/FM/ Lee State		(Position) Presenter, Resource Contact
			(Participation) 10% Coalition
Veteran's Administration Outreach Prog.	CC/FM/ Lee	VETS	(Position) Officer – Co-Chair MBC (VA Staff and Liaison)
			(Participation) 90% Coalit, 90% MBC
Office of State Senator Burt Saunders	CC/FM/ Lee State		(Position) Member (former Bd. Member) (FL. Legisl. Staff and Liaison)
			(Participation) 25% Coalit, 25% EdCom
Local government agencies:			
Lee County DHS HOPWA Prog.	CC/FM/ Lee	HIV/AIDS	(Position) Member (Ryan White Liaison)
			(Participation) 75% Coalition 25% EdCom
Lee County School Board	CC/FM/ Lee	Y	(Position) Member (SB Staff and Liaison)
			(Participation) 90% Coalit and 90% MBC.
Lee County DHS	CC/FM/ Lee		(Position) Officer- Resource Develop. Officer
			(Participation) 90% Coalit, 90% DemCom

Planning Process -Continued**1.e Continuum Planning Roles -Continued**

Specific Names of CoC Organizations/ Persons	Geo. Area Represented¹	Sub populations Represented, if any²	Level of Participation (Activity and frequency) in the Planning Process³
Local government agencies - Continued			
City Fort Myers Planning Dept	<i>Ft. Myers</i>		(Position) Member (FM Staff/Liaison) (Participation) 75% Coalit 50% CHC
City Cape Coral Comm. Dev. Dept	<i>Cape Coral</i>		(Position) Member (SB Staff and Liaison) (Participation) 75% Coalit
Sanibel, Ft Myers Beach, Bonita Springs	<i>Lee</i>		(Position) Member(s) (City Staff/Liaisons) (Participation) 10% Coalit
Lee Co. Long Term Disaster Recovery (LTRC)	<i>CC/FM/Lee</i>		(Position) Member (Liaison) (Participation) 50% Coalit, 50% PrevCom
Public Housing (PHAs)			
Fort Myers Housing Auth.	<i>Ft. Myers,</i>		(Position) Member (PHA Dir and Liaison) (Participation) 80% Coalit and 50% PrevCom
Lee County Housing Auth.	<i>Cape Coral, Lee</i>		(Position) Member (PHA Dir and Liaison) (Participation) 75% Coalit and 25% PrevCom
Community Redevelopment Agency	<i>CC/FM/ Lee</i>		(Position) Member (CRA Dir and Liaison) (Participation) 90% Coalit, 75% PrevCom
Nonprofit Organizations -Advocacy			
Health Planning Council/Ryan White	<i>CC/FM/Lee</i>	HIV/AIDS	(Position) Member (HPC Planner/Liaison) (Participation) 90% Coalit, 80% DemCom
Natl. Assoc. Mental Ill. NAMI	<i>CC/FM/Lee</i>	SMI	(Position) Member (NAMI staff and Liaison) (Participation) 75% Coalit, 50% EdCom
Lee County Homeless Coalit.	<i>CC/FM/Lee</i>		(Position) Exec. Dir (Reconstituted 10/28/04) (Participation) 100% Coalit, Committees
Florida Homeless Coalition Inc.	<i>CC/FM/Lee (State)</i>		(Position) Partner, Presenter, Resource (Participation) 10% Coalit
Hum Svc Info Network	<i>CC/FM/Lee</i>	All Sub pop Emerg. Assist	Position) Partner, (Participation) 25% Coalition

Planning Process

I.e Continuum Planning Roles -Continued

Specific Names of CoC Organizations/ Persons	Geo. Area Represented¹	Sub populations Represented, if any²	Level of Participation (Activity and frequency) in the Planning Process³
Nonprofit Organizations - Service Providers (Including Faith-Based Organizations)			
Salvation Army (Faith-based)	CC/FM/Lee	SMI, SA, DV	(Positions) Members (2) - Chair EdCom, (Participation) 90% Coalit, 90% EdCom 90% DemCom
Ruth Cooper Center	CC/FM/Lee	SMI (+Mult. diag.)	(Position) Officer- Chair. CHC. (Participation) 90% Coalit, 90% DemCom 90% CHC
Anne’s Restoration House (Faith-based)	Ft. Myers,	SA	(Position) Member (Participation) 75% Coalit, 50% CHC
The Gardens / SWFAS	Ft. Myers.	SA	(Position) Member (Participation) 90% Coalit, 90% CHC 75% DemCom.
Abuse Counseling and Treatment	CC/FM/Lee	DV	(Position) Member (Participation) 90% Coalit. 75% MBC
Southwest Florida Addiction Services	CC/FM/Lee	SA, DV, SMI (+Mult. diag.)	(Position) Member (Staff/Liaison) (Participation) 90% Coalit, 90% CHC 90% DemCom
Open Door Food Bank	CC/FM/Lee	All Sub pop Food	(Position) Member (Participation) 25% Coalit, 25% MBC
Source of Light and Hope Development Ctr.	CC/FM/Lee	Y	(Position) Member , Resource Contact (Participation) 10% Coalit.
Fort Myers Rescue Mission (Faith-based)	CC/FM/Lee	SA, VETS	(Position) Partner , Venue, Homeless Survey (Participation) 10% Coalit
Lee County ICAN	CC/FM/Lee	HIV/AIDS	(Position) Member , Resource Contact (Participation) 25% Coalit.
Goodwill Industries - SW FL	CC/FM/Lee	SMI (Dev. Disab)	(Position) Member (Participation) 25% Coalit, 25% MBC

Planning Process

I.e Continuum Planning Roles -Continued

Specific Names of CoC Organizations/ Persons	Geo. Area Represented¹	Sub populations Represented, if any²	Level of Participation (Activity and frequency) in the Planning Process³
Businesses / Business Organization			
Bundschu Kraft Construction	CC/FM/Lee		(Position) Coalit. Bd. Member (Participation) 25% Coalit, 25% PrevCom
Steve Bowen Construction,	CC/FM/Lee		(Position) Supporter (Participation) 10% Coalit
First Union Bank/ FI Comm.Bank	CC/FM/Lee		(Position) Supporter (Participation) 10% Coalit
Roberts & Blackburn Realtors	CC/FM/Lee		(Position) Supporter (Participation) 10% Coalit
McCormack Construction	CC/FM/Lee		(Position) Supporter (Participation) 10% Coalit
Bonita Springs Bingo, Galloway Ford Publix, Super Markets Wal-Mart, Target, Rooms to Go, Office Depot, Perkins Restr.	CC/FM/Lee		(Position) Supporters (Participation) Donations and employment

Current / former homeless persons:			
Tice House	Ft. Myers, Lee	SA, SMI	(Position) Member (Participation) 90% Coalit, 90% EdCom 90% MBC
Member, Prioritization Committee	CC/FM/Lee		(Position) Member, Reviewer (Participation) 75% Coalit, 75% MBC 100% Prioritization Comm.
Homeless Residents, Salvation Army	CC/FM/Lee	SA, SMI	(Position) Reviewers (Participation) 125% Coalit, 25% DemCom
Homeless in camps, soup kitchens,	CC/FM/Lee	SA, SMI	(Position) Respondents (Participation) respondents surveys/interviews

Planning Process

1.e Continuum Planning Roles -Continued

Specific Names of CoC Organizations/ Persons	Geo. Area Represented¹	Sub populations Represented, if any²	Level of Participation (Activity and frequency) in the Planning Process³
Law Enforcement			
Fort Myers Police Department	Ft. Myers,	SA, SMI	<i>(Position)</i> Member
			<i>(Participation)</i> 25% Coalit, 25% PrevCom 25% EdCom
Lee County Sheriff's Department	Lee	SA, SMI	<i>(Position)</i> Member (Lt. Sheriff Liaison)
			<i>(Participation)</i> 25% Coalit, 25% EdCom
Hospital / Medical			
Healthcare for the Homeless Clinic	CC/FM/Lee	All –Health	<i>(Position)</i> Member (Clinic Staff/Liaison)
			<i>(Participation)</i> 90% Coalit, 90% MBC 90% EdCom
Family Health Centers	CC/FM/Lee	All –Health	<i>(Position)</i> (Clinic Staff/Liaison)
			<i>(Participation)</i> 90% Coalit, 90% CHC
Lee Memorial Hospital	CC/FM/Lee	All –Health	<i>(Position)</i> Member (Hosp. Staff/Liaison)
			<i>(Participation)</i> 50% Coalit, 25% PrevCom 25% MBC
VA Clinic	<i>See above</i>	<i>See above</i>	<i>(See entry under VA at State/Fed above)</i>
Funders			
SW Florida Community Foundation	CC/FM/Lee		<i>(Position)</i> Partner, Resource Contact
			<i>(Participation)</i> 10% LRPC
Community Coordinating Council	CC/FM/Lee		<i>(Position)</i> Member
			<i>(Participation)</i> <i>See Salvation Army above</i>
United Way	CC/FM/Lee		<i>(Position)</i> Member, Prioritization Comm Member
			<i>(Participation)</i> 50% Coalit, 75% Prioritization Committee

Planning Process -

I.e Continuum Planning Roles -Continued

Specific Names of CoC Organizations/ Persons	Geo. Area Represented ¹	Sub populations Represented, if any ²	Level of Participation (Activity and frequency) in the Planning Process ³
Neighborhood Groups			
Target Neighborhood District Committee, Charleston Park, Page Park, Pine Manor, Dunbar, Harlem Heights, Palmona Park, Suncoast Estates	CC/FM/Lee		(Position) Partners, Members (Participation) 50% Coalit and 50% EDCom
Housing Developers			
Renaissance Manor, Habitat, DIAD, LCHDC, BSHDC, DHS Housing Prog	CC/FM/Lee		(Position) Members/ Project Sponsors (Participation) Average 20% Coalit, 25% Prev

Legends:

¹ Geography Legend "CC" - Cape Coral "FM" - Fort Myers "Lee" - Unincorporated Lee County	² Meeting Type Legend "Coalit" - Monthly Full Membership Meeting, "LRPC" - Long Range Planning Committee "Hsg" - Housing Committee "Svcs" - Service Committee
³ Meeting Percentage Legend: 90%= 11of 12, 80%=10/12, 75%=9/12, 50%=6/12, 25%= 3/12 10%= 1/12, Committee/ Subcommittee attendance is: %x number-applicable committee dates	
Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS),	HIV/AIDS, Domestic Violence (DV), Youth (Y)

Exhibit 1

Continuum of Care Goals and System

1. Lee County Homeless Continuum of Care Goals, Strategy, and Progress

1.a Lee County Chronic Homelessness Goals/Strategy

A **chronic homeless** person is defined as an unaccompanied homeless individual with a disabling condition who has either been **continuously homeless for a year** or more (OR) has had at least **four (4) episodes** of homelessness in the past three (3) years

1.a.(1) Past Performance

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	342
2005	334

Beds Chart

Number of permanent beds for house the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	83	23	105
2005	105		

Lee County Continuum Score sheet for Past Performance

Past Performance Chart - Chronic Homeless "Action Steps" (from 2004 Lee County Homeless Continuum of Care document)	Status May 2005
<i>Implement... Model Chronic Homeless Assessment and Treatment Project,</i>	<i>underway</i>
<i>Conduct...Chronic Homeless Task Force Conference</i>	<i>planning fall 2005</i>
<i>Solicit... Commissioner/Dignitary as CH Task Force Chairman.</i>	<i>Mayor solicited</i>
<i>Add representatives... TANF/Food Stamp/Medicaid/SCHIP, VA,</i>	<i>Added</i>
<i>Establish...Mainstream Resources Committee</i>	<i>Done</i>
<i>Document...Mainstream Benefit utilization of all sheltered CH</i>	<i>Underway</i>
<i>Obtain ...Corporate Sponsor</i>	<i>Soliciting</i>
<i>Implement... Multi Agency Outreach</i>	<i>Done</i>
<i>Add Additional supportive housing units without treatment requirements.</i>	<i>Done - 12 units</i>
<i>Establish...Low demand shelter facility with Police and Sheriff</i>	<i>Discussion, Mayor</i>
<i>Prioritize agencies eliminating Chronic Homelessness for resources</i>	<i>Priority in 2005 Ranking</i>
<i>House...45 chronic homeless persons by 2005</i>	<i>Met</i>

Continuum of Care Goals and System

Lee County Chronic Homelessness Past Performance - *Continued*

1.a.(1)(a) Specific actions towards ending chronic homelessness in the past year

Phase 2 of *San Souci* Permanent Housing for chronic homeless individuals opened 12 beds additional beds in May 2005. Chronic Homeless Persons identified in the 2004 count were entered in the Lee County Homeless Management Information System (HMIS) and new individuals in the 2005 count are being added. This has resulted in coordinated service delivery to chronic homeless residents. In spring 2005 the *Chronic Homeless Steering* committed began reporting the monthly download of homeless mainstream benefit clients received from the TANF, Medicaid, Food Stamps, administrator to the Coalition main body. This has improved benefit enrollment for chronic homeless clients of several agencies. The *Chronic Homeless Steering Committee* reviewed the findings of the 2003 “Cost of Chronic Homelessness in Lee County” study and has begun to assemble records to publish an update of this study in 2006. The Study has influenced the Fort Myers Mayor to support opening a Low-Demand Shelter for the chronically homeless.

1.a.(1)(b) Remaining Obstacles to ending chronic homelessness - 2005

(i) Funding streams tied to specific eligible subpopulations still limit funding support for cross-discipline approaches (ii) Until the HMIS fully covers the remaining providers of the Lee Continuum, the lack of standardized, centralized, client tracking and assessment/treatment information remains an obstacle. (iii) The connection to training and employment for formerly chronically homeless persons remain inadequate (iv) The current level of combined homeless funding from all sources is still inadequate. Based on the costs of the “Cost” study noted it is estimated that it will require over \$16 million/year for supportive services alone for this population.

1.a.(1)(c) Changes in “chronic homeless, sheltered and unsheltered” in 2004, 2005.

The 2005 tabular Homeless Person Census Survey found 81 individuals meeting the criteria in Lee County facilities were identified. When this sample is extrapolated by the Barry University standard to cover missed and hidden persons, the 2005 Lee County chronic homeless population totals 334 persons. This total is a reduction from 2005 reflecting successful placement in housing. (In 2003-2004 agency closures and a tight determination of the eligibility of persons under the HUD chronically homeless definition, reduced the previously estimated number Lee County chronic homeless persons).

Continuum of Care Goals and System

1.a.(2) Current Chronic Homelessness Strategy.

Chronic Homeless Priority. In concert with the national emphasis, the Lee Continuum, in 2002, prioritized the elimination of chronic homelessness by 2012 as a demonstrable step in alleviating all homelessness in Lee County. The Lee Continuum Chronic Homeless Strategy embodies the chronic homeless efforts of all cities in the county. 2005 Continuum goals emphasize a countywide Chronic Homelessness Strategic Plan and the finalization of the countywide Chronic Homelessness organizational structure. The prioritization of efforts on this limited, identifiable, homeless subgroup is enhancing the effort to enlist support from business and other resources outside the traditional Continuum. In addition, treatment and service providers are particularly supportive of coordinated approaches to costly repeat clients.

Chronic Homeless Steering Committee. The community-wide effort will require an effective community wide organizational structure. The community chronic homeless strategy and implementation are benefiting from the HMIS system and this benefit will increase as the electronic system grows. Since 2002, a consisting of representatives of 5 major homeless treatment and service providers, has been working. 2005 will see this *Working Group on Chronic Homelessness* expand to a community wide *Chronic Homelessness Steering Committee* coordinating and promoting efforts of all local government agencies including sheriff and police, treatment providers, other nonprofit agencies and faith-based organizations and churches, and businesses and employers.

Chronic Homeless Mainstream Integration. Lee Continuum has good cooperation with Mainstream Programs; however, integration must be greatly expanded and focused on chronically homeless residents. Mainstream Programs, including Workforce Programs, represent a critical mass of resources needed. Chronic Homeless clients are currently connected to Mainstream Programs as noted in section "L" following. In addition, Memoranda of Understanding are in place with the TANF, Medicaid, Food Stamp, SCHIP and WIA provider agencies, which identify chronic homeless clients and monitor their benefits progress. Lee County and nonprofit agency homeless case managers are co-located in the local multi-agency Service Center for these mainstream programs. *Common intake* forms are utilized for four of the five mainstream programs noted. Increased *standardization of Mainstream referrals* and monitoring is developing as the HMIS user group expands. A *Mainstream Benefits Subcommittee* has been formed within the Lee Coalition and this group is beginning monthly planning and monitoring visits at Mainstream Offices. Increased *Mainstream Outreach* with agency staff accompanying existing homeless outreach workers to homeless agencies has begun will expand in 2005/06.

Additional Resources. The Chronic Homeless Steering Committee solicits funding made available through the *Interagency Homeless Council* and untapped sources. The group maximizes resources for the chronically homeless available through *set-aside HUD entitlement funds, CSBG, SSBG, Mental Health and Substance Abuse Block Grants, PATH, Healthcare for the Homeless* funding, federal hospital, health, school and vocational training funding, and Florida and Lee County Chronic Homeless Housing and services funding

Continuum of Care Goals and System

1.a.(2)Current Chronic Homelessness Strategy.- Continued

Multi Agency Outreach and Referral team. Lee County has a Florida Assertive Client Treatment (FACT) team focusing on persons with mental illness. A multi- agency chronic homeless outreach modeled on Broward County's successful experience is about to begin fieldwork in spring 2005. A team consisting of representatives of mental illness and substance abuse agencies, along with mainstream program specialists and police/sheriff officers, will visit shelters and unsheltered sites to connect chronic homeless clients with treatment and assistance programs.

Innovative Housing Efforts. Finally, innovative housing efforts for the chronically homeless are being substantially expanded.. Permanent Housing for chronically homeless persons, which does not require a treatment program, is in place in a Salvation Army project. The Salvation Army program has had very good results in terms of stability in housing of former chronic homeless clients. In another development a low-demand shelter is coming closer to realization through support from the Fort Myers Mayor, Fort Myers Police Department and Continuum provider agencies.

Excerpt "Costs of Chronic Homelessness" Study (2003)

	SWFAS	Referral only	
Client # 8	LCSSO	May 01 thru July 02	\$3,712.50
	Ruth Cooper Center	Dec 98 thru Jan 03	\$25,180.00
Client # 9	LCSSO	Mar 95 thru Sept 98	\$2,418.75
	Ruth Cooper Center	July 89 thru Feb 99	\$34,012.60
	SWFAS	Oct 91 thru Feb 01	\$14,755.68
Client # 10	LCSSO	June 94 thru Dec 99	\$3,768.75
	Ruth Cooper Center	Mar 93 thru Aug 03	\$5,090.00
	Salvation Army	July 02 thru 6 03	\$17,782.75
	SWFAS	Aug 88 thru Mar 03	\$95,786.88
		Agency total	\$571,988.76
	Lee Memorial Hospital	10-97 thru june 03	\$300,173.00
		Grand Total	\$872,161.76

(3) Coordination with a Separate Strategy

The Chronic Homeless Steering Committee is researching all Florida 10-Year Plans and will report on implementing locally. Lee Continuum Chronic Homeless Strategy already embodies, and thus is coordinated with, the chronic homeless efforts of all *cities* in the county. The Lead Agency, DHS, is the County administrator for CDBG, HOME and ESG entitlements and thus Affordable Housing and other strategies of the *Consolidated and Annual Plans* are coordinated with the Chronic Homeless Strategies of the *Continuum of Care*. The Continuum is an active participant in the Florida Homeless Coalition and Continuum activities integrate with and benefit from state chronic homeless activities

Continuum of Care Goals and System

1.a.(4) 18-Month Goals, and Action Steps to End Chronic Homelessness in Lee County

Goal: End Chronic Homelessness “What” we are trying to accomplish	Action Steps “How” we go about accomplishing it	Responsible Person / Organization “Who” is responsible	Target Dates “When” it will be accomplished
Goal 1 An Accurate Chronic Homeless Demographic Database <i>(Develop and Maintain)</i>	<i>1.1 Enter</i> 2005 Survey Sheltered Chronic Homeless in HMIS	● DemCom ● CHC)	Entered by 9/2005
	<i>1.2 Convert</i> Monthly DCF electronic reports to identify Chronic Homeless	●DemCom ●CHC.	Show Chronic 9/2005
Goal 2 An Achievable Community-Supported Strategic Plan to End Chronic Homelessness <i>(Create)</i>	<i>2.1 Plan</i> Chronic Homeless Conference to finalize 7 year Plan	●CHC ●Homeless Coalit.	Hold Confr. 12/2005
	<i>2.3 Research and report</i> All Florida 10-Year Plans	●CHC	Report 9/2005
Goal 3 An Effective Chronic Homeless Steering Committee <i>(Create and get full community support))</i>	<i>3.1 Formalize</i> Previous workgroups into CHC	●CHC	Complete 9/2005
	<i>3.2 Add</i> Workforce Bd., Chamber, Disaster Recovery representatives	●CHC	Add by 9/2005
	<i>3.2 Finalize</i> Dignitary as Conference Chairman.	●CHC	H.Chair 12/2005
Goal 4 Maximum Resources to Chronic Homeless <i>(Facilitate and Monitor)</i>	<i>4.1 Document</i> Mainstream Benefit utilization of all sheltered Chronic Homeless	●CHC ●DemCom ● MRC	Report 12/2005
Goal 5 Outreach, Housing, and Service Programs focused on Chronic Homelessness <i>(Maintain)</i>	<i>5.1 Develop Reporting Process</i> Report Chronic Homeless Outreach at Coalition Meeting	●CHC.	Agenda 6/2005
	<i>5.2 Add</i> Add 8 Housing First units.	●Renaiss. Manor	Occupy 3/200
	<i>5.3 Establish</i> A low demand shelter facility	●CHC ●EdCom	Funding 3/2006
	<i>5.4 Prioritize Resources</i> Min. 10% Local, state Fed. -CH	● Renaiss. Manor	Achieve 3/2006
	<i>5.5 Continue</i> Svc Prog. for Chronic Homeless	● Comp. Care, ●RCC ●HMIS ● LIFT	CoC 2005

Continuum of Care Goals and System

1.b. Other Homeless Goals Chart

18-Month Goals, and Action Steps to End Other Homelessness in Lee County

Goal: End Other Homelessness “What” we are trying to accomplish	Action Steps “How” we go about accomplishing it	Responsible Person / Organization “Who” is responsible	Target Dates “When” it will be accomplished
Goal 8 Reliable Homeless Count and Provider Inventory Survey Process <i>(Design and implement)</i>	<i>8.1 Finalize</i> Alignment of Census and Provider <i>Survey Instruments</i> with HMIS formats and required Paper formats	●Demographics Committee (DemCom)	<i>Deliver</i> 1/2006
	<i>8.2 Prepare</i> Multi map Homeless Services Accessibility GIS Map Project	●DemCom ●Lead Agency	Present 12/2005
Goal 9 Effective Linkage of Homeless Housing and Service Providers through a Homeless Management Information System <i>(Implement and Maintain)</i>	<i>9.1 Distribute</i> Hardware, Software and System licenses to enhance expansion of number of member agencies	●DemCom	Install 12/2005
	<i>9.2 Complete</i> Information and Referral link to HMIS	●DemCom	Complete 9/2005
Goal 10 Effective Programs to assist Other Homeless residents. <i>(Implement and Maintain)</i>	<i>10. Renew Funding</i> for Existing Homeless Projects that are performing effectively to assist homeless families and individuals with episodic homelessness through SHP, SPC, ESG and State Homeless Programs	●MRC ●Coalit.	Renew SHP SPC 6/05 ESG 8/05 FL 8/05

Exhibit 1

Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Please complete the following to illustrate the current level of development and implementation within your CoC geographic areas.

Development and Implementation of Discharge Planning
 Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care			Yes	
Health Care			Yes	Yes
Mental Health			Yes	
Correctional			Yes	

Exhibit 1

Continuum of Care – Unexecuted Grants Chart

Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Lee County Continuum of Care 2005 – no unexecuted grants awarded prior to 2004 CoC

Exhibit 1
Continuum of Care Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart
Component: <u>Prevention</u> Service Providers Services in place:
<p style="text-align: center;"><i>Mainstream Programs for Prevention</i></p> <p>FL Department of Children and Families Medicaid, Food Stamps, Healthy Kids medical insurance, childcare and TANF and SSBG- funded employment support services FL Department of Children and Families Foster Care Program Supports for youth aging out of foster care. Social Security Administration Social Security/Supplemental Security Income, and SSDI funding FL Agency for Workforce Innovation Unemployment and other benefits that maintain housing</p> <p style="text-align: center;"><i>Emergency Assistance programs for Prevention</i></p> <p>Lee County DHS Emergency rent, utility, transportation assistance for household in crisis The Salvation Army Crisis Management Program Emergency clothing, food, furniture, bus tickets Bonita Springs Assistance Office Emergency food, rent, utilities assistance Lee County Island Coast AIDS Network / DHS HOPWA Rent assistance to maintain housing for AIDS victims Catholic Hispanic Social Services/ Lutheran Services Florida Emergency clothing, food, furniture, bus tickets</p> <p style="text-align: center;"><i>Medical Programs for Prevention</i></p> <p>Family Health Centers, Lee County Health Department, Project Dentists, Hospitals Emergency medical, emergency dental, medications</p> <p style="text-align: center;"><i>Food Programs for Prevention</i></p> <p>Nations Association – food, Second Harvest / Harry Chapin Food Bank Wake Up America, Ft. Myers Rescue Mission Cape Coral Caring Center/ Salvation Army/Café of Life Food</p>

Service Activity

Service Activity Chart-Continued

Component: **Outreach**

Service Providers

Outreach in place: Outreach activities for homeless persons who are **living on the streets**

Outreach Activities in place to homeless persons living on the streets:

Veterans

Veterans' Administration

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

Seriously mentally Ill

Ruth Cooper Center, Camelot, Lutheran Services.

The mobile response teams of the Ruth Cooper Center and other mental illness do street and camp canvassing as well as emergency response centers. The Continuum Chronic Homeless outreach team targets local chronically homeless persons

Victims of substance abuse

Southwest Florida Addiction Services (SWFAS),

The outreach staff of SWFAS and other outreach staffs coordinated through the Continuum Outreach Workers Group do street and camp canvassing.

Victims of HIV/AIDS

Lee County Island Coast AIDS Network (ICAN)

Family Health Centers

The outreach staff of Lee County Island Coast AIDS Network (ICAN) Force and medical and emergency medical service staff of the Family Health Centers do street and camp canvassing.

Victims of domestic violence

Abuse Counseling and Treatment Inc. (ACT)

Center for Light and Hope

Street and camp canvassing is done by the outreach staff of ACT and Center for Light and Hope and other outreach staff coordinated through the Continuum Outreach Workers.

Service Activity

Service Activity Chart-Continued

Component: **Supportive Services**

Service Providers

Services in place

Case Management in place

Lee County DHS LIFT program – case management,
Ruth Cooper Center– Mental Illness case management
The Salvation Army – case management and counseling
Veterans Administration -case management and referral
Southwest Florida Addiction Services–Substance Abuse case management
Lee County Island Coast Network – AIDS case management
Abuse, Counseling and Treatment– domestic violence case management /

Life Skills in place

The Salvation Army – classes in all areas of Activities of Daily Living
Veterans Administration- Life Skills
Southwest Florida Addiction Services –, occupational therapy
Consumer Credit Counseling Service – budget counseling
The School District of Lee County - Social Worker for the Homeless – **Life Skills**
Goodwill Industries– **Life Skills**

Alcohol and Drug Abuse services in place

The Salvation Army – **Substance Abuse services**
Southwest Florida Addiction Services– *detoxification, resid/day treatment, halfway houses*
Drug Courts (criminal and mental health)
Lee County Island Coast AIDS Network - **Substance Abuse services**
Abuse, Counseling and Treatment (ACT) – **Substance Abuse services**
Lee Memorial System, Gulf Coast Hospital, Family Health Ctrs – **Substance Abuse services**

Mental Health treatment in place

Ruth Cooper Center - *Crisis and treatment units*
Camelot Community Care - *mental health services to Salvation Army youth residents*
The Salvation Army – *outpatient services, Psychiatric Clinic*
Family Health Ctrs, Lee Mem. System, Gulf Coast hospitals, VA Clinic, - *stabilization,*
Southwest Florida Addiction Services – *Co-occurring disorder treatment*

AIDS related treatment in place

Lee County DHS, - HOPWA program
Southwest Florida Addiction Services–HIV counseling and testing
Lee County Island Coast AIDS Network– support for AIDS treatment
Salvation Army, Center for Light and Hope - HIV/AIDS testing

Service Activity

Service Activity Chart-Continued

Component: **Supportive Services**
Service Providers, Services in place

Education in place

The Salvation Army – GED and Basic Literacy classes
Southwest Florida Addiction Services–. Public school -adolescents in Resid. treatment
Consumer Credit Counseling Service– budget counseling, homeowner education, certification
The School District of Lee County - Social Worker for the Homeless – case management
Catholic Hispanic Social Services education, training,
Bonita Literacy Council education, ESL

Employment Assistance in place

DHS Lee Education and Employment Program (LEE) – job training
Goodwill Industries of Southwest Florida, Inc - employment
SWFAS -Occupational Therapy Program, Cottage Industry Program
Career Service Ctr -, **WIA**, **AWI**, – Job training, job counseling, placement
Salvation Army - Employment courses, training, and placement

Childcare in place

Childcare of SW Florida – daycare, night care
Career and Service Center - TANF, other childcare supports

Transportation in place

Lee County DHS LIFT program - transportation vouchers and assistance
Salvation Army- transportation vouchers and assistance
Veteran's Admin - transportation vouchers and assistance

Public, Interactive, Human Services Directory

<http://dhs.lee-county.com/directory.asp>

The screenshot shows a web browser window with the address bar displaying "http://dhs.lee-county.com/directory.asp". The page header features the Lee County logo and the text "LEE COUNTY DEPARTMENT OF HUMAN SERVICES". Below the header, it says "The Human Services Directory Search in partnership with" followed by a logo. A paragraph of text explains that the page allows searching for an agency in various ways. There are three dropdown menus: "Agency", "Area", and "Category of". The "Agency" dropdown is currently selected. Below the dropdowns, there is a "Search" button and a "Done" button. The browser status bar at the bottom shows "Internet".

**Exhibit 1
Continuum of Care Housing Activity Charts**

Fundamental Components in CoC System - Housing Activity Chart																	
<i>EMERGENCY SHELTER</i>																	
Provider Name	Facility Name	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds				05 Other B						
		Part. Code	Number of Year-Round Beds		A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Reason /	r-flow					
Current Inventory			Ind.	Fam.													
Hope House	Hope House	N			120966	YF					20	20	0	0			
Lutheran Services	OASIS	N			120966	YMF					10	10	0	0			
SWFAS	Detox	A	15		120966	SMF					15	15	0	0			
ACT	ACT	A	9	18	129071	FC		7	18	9	27	27	0	0			
Ft. Myers Rescue Mission	FMRM	N			129071	SMF		6	10	33	43	43	0	0			
Salvation Army	Salvation Army	A	24	48	120966	FC		15	48	24	72	72	0	0			
											0	0	0	0			
TOTALS			48	66	TOTALS			28	76	111	187	187	0	0			
Anticipated Occupancy Date																	
Under Development																	
TOTALS								0	0	0	0	0	0	0			
Unmet Need							TOTALS	8	24	693	717						
1. Total Year-Round Individual ES Beds					111				4. Total Year-Round Family ES Beds					76			
2. Year-Round Individual ES Beds in HMIS					48				5. Family ES Beds in HMIS					66			
3. HMIS Coverage Individual ES Beds					43%				6. HMIS Coverage Family ES Beds					87%			

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart																							
<i>Permanent Supportive Housing</i>																							
Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds															
		Part. Code	#Yr. Round			A	B	Family Units	Family Beds	Individual CH Beds	Total Year-Round Beds												
Current Inventory			Ind	Fam																			
Renaissance Manor	Sans Souci	A	21		129071	SMF				21/21	21												
Ruth Cooper Ctr	SPC	A	29	6	129071	SMF		2	6	29/15	35												
Buddy Fredericks		N			129071	SMF				40/40	40												
AIDs Task Force		N			120402	SMF	AIDS			4	4												
HOME Supp Hsg	2002 units	A		6	120402	FC		2	6		6												
HOME Supp Hsg	2004 units	A		8	129071	FC		3	8		8												
SWFAS	2002 units	A	8		120966	SMF				8/4	8												
SWFAS	2004 units	A	7		120966	SMF				7/3	7												
TOTALS			65	20	TOTALS			7	20	109/97	129												
Anticipated																							
Under Development																							
Occupancy Date																							
Renaissance Manor	Broadway Place		12/07		120966	SM				8/8	8												
HOME Supp Hsg	2005 Units		12/07		129071	FC		2	6		6												
TOTALS					TOTALS			2	6	8/8	14												
Unmet Need						TOTALS		10	27	314	341												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Total Year Round Individual PSH Beds</td> <td style="width: 50%; text-align: right;">109</td> </tr> <tr> <td>2. Individual PSH Beds in HMIS</td> <td style="text-align: right;">65</td> </tr> <tr> <td>3. HMIS Coverage Individual PSH Beds</td> <td style="text-align: right;">60%</td> </tr> <tr> <td>4. Total Year Round Family PSH Beds</td> <td style="text-align: right;">20</td> </tr> <tr> <td>5. Family PSH Beds in HMIS</td> <td style="text-align: right;">20</td> </tr> <tr> <td>6. HMIS Coverage Family PSH Beds</td> <td style="text-align: right;">100%</td> </tr> </table>												1. Total Year Round Individual PSH Beds	109	2. Individual PSH Beds in HMIS	65	3. HMIS Coverage Individual PSH Beds	60%	4. Total Year Round Family PSH Beds	20	5. Family PSH Beds in HMIS	20	6. HMIS Coverage Family PSH Beds	100%
1. Total Year Round Individual PSH Beds	109																						
2. Individual PSH Beds in HMIS	65																						
3. HMIS Coverage Individual PSH Beds	60%																						
4. Total Year Round Family PSH Beds	20																						
5. Family PSH Beds in HMIS	20																						
6. HMIS Coverage Family PSH Beds	100%																						

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: **85%**

*

Exhibit 1
Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	111 (N)	232(N)	1495(N)(S)	1838(S)
2. Homeless Families with Children	25(N)	5(N)	45(N)(S)	61(S)
2a. Persons in Homeless Families with Children	76(N)	18(N)	124(N)(S)	218(S)
Total (lines 1 + 2a only)	187(N)(S)	240(N)(S)	1629(N)(S)	2056(S)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	81(N)		253(S)	334(S)
2. Severely Mentally Ill	386(N)(S)			
3. Chronic Substance Abuse	457(N)(S)			
4. Veterans	238(N)(S)			
5. Persons with HIV/AIDS	18(N)(S)			
6. Victims of Domestic Violence	117(S)			
7. Youth (Under 18 years of age)	139(N)			

(A) administrative records,
(N) enumerations or
(S) statistically reliable samples.

Methods used to Collect Information

1. Housing Activity Chart.

1.a.1 Method for Conducting the Annual Update of Current Housing Inventory In Place

The data source for the 2005 update to homeless housing inventory was the current list of Homeless Agencies on the Human Service Directory maintained by Lee County and United Way on the Lee County website. On January 26, 2005 a telephone survey of 143 homeless provider agencies was conducted and 97 separate agencies supplied information.

1.a.2 Method for Conducting the Annual Update of Current Housing Under Development

The January 26 Telephone Survey process described above also collected the Under Development data. Homeless housing is developed under numerous funding sources. For purposes of the Housing Gaps charts all sources supporting the Lee Continuum were reviewed. All SHP, ESG, and HOME projects funded in 2004 were in implementation and thus were listed in the Current Inventory Section. Year The new 2005 SHP project shows up in the “Under Development section along with 2005 HOME Funded Homeless Supportive Housing.

1.a.3 Definitions used for housing types

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.

Definition 3 Permanent Supportive Housing

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

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

Methods used to Collect Information - Continued**2. Unmet Housing Needs.****2.a Process for Determination of Unmet Need for Housing**

In February 2005, the Demographics Committee met to analyze the homeless count and provider survey and begin to determine Gaps and Priorities for 2005. As noted in 2004, close inspection of Homeless Housing Providers resulted in a substantial reduction of dedicated homeless beds. Since the 2005 homeless population did not decrease, this substantially reduced inventory creates substantially increased unmet need/Gaps.

In determining the nature of the unmet need for housing, the LRPC had several considerations in mind. An initial consideration was the magnitude of the overall bed Gap. The 2005 picture shows existing beds for only approximately 1 in 4 homeless residents. The magnitude of this shortage indicates that near-term resolution of unmet need is unrealistic and prioritization of resources is even more critical. This need to prioritize reinforces the (2002) Continuum determination to prioritize the 81 sheltered and 334 unsheltered Chronic Homeless Persons reflected in the 2005 count. A related consideration for Chronic Homeless Housing Need is the Continuum plan to continue and expand “Housing First” projects, which will move appropriate Chronic Homeless clients quickly into Permanent Housing.

Another implication of the 2005 survey results is that accurate information on the bulk of the homeless population is not available since three-fourths are outside of formalized housing and record keeping. Thus precise determination of the specific category of housing needed for that population is also unrealistic.

With these considerations in mind, the unmet need for the three categories of Housing Unit Gap was established as follows. For the unmet Emergency Shelter (ES) Need, the unsheltered population count was apportioned to Emergency Shelters, (and Transitional Housing, and Permanent Housing, see below). A weighted proportion (50%) of the unsheltered homeless count was allocated to Emergency Shelter Gap. With the large population of unsheltered homeless persons, the Continuum feels that percentage apportioning of populations to need categories is necessary until more homeless are in programs and HMIS coverage increases.

A similar process was carried out for Transitional Housing (TH) and Permanent Supportive Housing. The need for Transitional Housing Beds was generated by adding a weighted proportion of the unsheltered count along with a proportion (50%) of current Emergency Shelter residents. (Similarly calculating a 50% advance of existing Transitional Residents to Permanent Supportive Housing and 50% of Permanent Supportive Residents to market housing) The process was repeated to get the Permanent Supportive Housing Gap. Experience with Housing First projects may allow for future refinement of this latter Gap by considering non-supportive Permanent Housing. A check was made to assure that Gaps for Individuals reflected the need to shelter the 253 priority unsheltered Chronic Homeless persons from the 2005 count.

Methods used to Collect Information – Continued

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

Summary of 2005 Count Process. 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. Trainings were held to prepare materials and assignments for the Census and Providers' surveys and to train volunteer surveyors. A common *Florida 2005 Census Blitz data intake form* (Short Format) was utilized. The Counts of sheltered and unsheltered homeless were conducted on January 25, 2005 in a 24-hour survey. The 2005 Lee County Census Blitz conducted 1,084 unduplicated interviews in the Blitz in shelters, transitional housing, in camps, and on the streets. The Barry University local statistical standard for homeless persons within the general population (.00404xPop.) was utilized with the official estimate for the county 2004 (508,910) population to account for missed or hidden homeless residents. The Lee County Homeless Population was thus determined at 2,056 persons for calendar 2005.

3.a. Lee Continuum 2005 Methods for Data Collection for Sheltered Homeless Populations

In 2005, data on sheltered homeless persons was gathered via a face-to-face, 24-hour survey. Trained volunteer surveyors, utilized the common *Florida 2005 Census Blitz data intake form* (Short Format) was utilized and a common set of definitions for *homelessness* and all questionnaire terms. First name and date of birth were used as unique identifiers. The Count was conducted on January 25, 2005 in a 24-hour survey, Continuum member and trained volunteer surveyors went interviewed homeless persons in 51 of the 97 locations noted above under the Inventory Survey. The Shelter Count for 2005 was 208. *(Due to the in-person interview method the response rate was 100%)*

Several *methods* were used to establish the several subpopulation categories in the *Sheltered Homeless Subpopulations Chart* The *Youth* subpopulation was taken from the actual Census count. The *Veterans* Survey count and the self-reported Survey responses on *Mental Illness, Substance Abuse, Dual Diagnosis* and *Domestic Violence* were felt by Continuum professionals to under represent real Lee conditions. In these cases the subpopulation was established by using the lesser of the population estimates by the representative Provider Agencies or the 2004 5-county regional statistical estimates..

Identification of *Sheltered Chronic Homeless* Residents. The Homeless Survey responses on family status, disability, and length and number of occurrences of homeless were sorted and chronic homeless responders identified. The HMIS will improve identification of some of these individual as they appear for services and are recorded in the database by providers.

The Lee Continuum will continue the practice of an annual homeless survey in with a standard Florida survey form in 2006. On or about January 25, 2006 Lee County Continuum members will conduct the 2006 survey of homeless persons in all "shelters" in the county.

Methods used to Collect Information - Continued

3.b. 2005 Methods for Data Collection for Unsheltered Homeless Populations

In 2005, data on unsheltered homeless persons was gathered via a face-to-face, 24-hour survey. Trained volunteer surveyors utilized the common Florida 2005 Census Blitz data intake form (Short Format) was utilized and a common set of definitions for homelessness and all questionnaire terms. First name and date of birth were used as unique identifiers. The Count was conducted on January 25, 2005 in a 24-hour survey, Continuum member and trained volunteer surveyors interviewed unsheltered homeless persons in over 30 camps and street locations. The street/camp count was 975. Again, due to the in-person nature of the survey, the response rate was 100% for unsheltered homeless persons interviewed.

Unsheltered Subpopulations were not estimated due to the difficult of classifying an accurate mix of disabilities. Estimation of *Unsheltered Chronic Homeless* Residents was done by extrapolating the Sheltered Chronic Homeless via the Barry University statistical procedure noted in “a” above.. The HMIS will improve identification of some of these individual as they appear for services and are recorded in the database by providers.

The Lee Continuum will continue the practice of an annual homeless survey in with a standard Florida survey form in 2006. On or about January 25, 2006 Lee County Continuum members will conduct the 2006 survey of homeless persons on the streets, camps and other unsheltered locations in the county.

Exhibit 1:
Continuum of Care Homeless Management Information System (HMIS)

1. HMIS implementation:

a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy): 6/2002

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other _____

Data Collection Start Date: 6/1/2004

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		2/2006
Transitional Housing		2/2006
Permanent Supportive Housing (McKinney-Vento funded units)		
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	6 of 9	67%
Other non-housing programs participating in HMIS	6 of 19	32%

Exhibit 1: Continuum of Care Homeless Management Information System -Continued

- b. The Lee County HMIS operating under the Client Services Network online system has completed a full year of data entry and the first reports are currently being generated. The United Way 211 Information and Referral Service has been coming on line during the year and will be operational in the next month. Equipment and software including a redundant server have been obtained. Equipment and licenses are provided to new users.
- c. Training is a challenge as agencies have regular turnover. Transitioning agencies and staff who have historically manually captured data to utilize and rely on a computer tracking system is a challenge. Programs are mounted on a regular basis to meet this challenge. A close working relationship with the software vendor has allowed most operational challenges to be met quickly. The domestic violence agency user has been integrated with satisfactory privacy protections for the agency

2. The Lee County HMIS operating under the Client Services Network online system has reviewed the draft standards and the vendor is making the necessary adjustment to integrate the Data Elements. The privacy elements have been reviewed and accepted by member agencies. The System Administrator does monthly data compliance and the vendor and administrator conduct bi-annual field reviews. Each agency has an Agency Administrator and those administrators monitor agency privacy conformance.

3. Counting Procedures

- a. The unduplicated count is generated by querying the unique ID for each client in a program from 6/1/04-4/30/05. The query counts each individual only once regardless of the number of program entries. The data used is from the real-time, centralized database in which agencies enter data daily.
- b. The total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC.

Total Duplicated Client Records Entered in 2004: 1,132

Total Unduplicated Client Records Entered in 2004: 1,018

4. HMIS Lead Organization Information:

Organization Name: Department Of Human Services, Lee County
 Contact Person: Ann Arnall
 Phone: (239) 533-7920
 Email: arnallam@leegov.com

5.

HUD-Defined CoC Name	CoC Number
Lee County	FL-603

Exhibit 1
Continuum of Care -Project Priorities Chart

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) Requested Project Amount	(6) Term of Proj	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Lee County Board of County Commissioners (BOCC)	Renaissance Manor	Broadway Place	1	\$132,789	2	PH				
(BOCC)	Southwest Florida Addiction Services, Inc	Fresh Start	2	\$90,508	1		TH			
(BOCC)	BOCC	Living Independently for Today	3	\$119,722	1		SSO			
(BOCC)	The Salvation Army	Comprehensive Care Program	4	\$1,286,207	1		SSO			
(BOCC)	BOCC	Homeless Management Information System	5	\$180,510	1		HMIS			
(BOCC)	Ruth Cooper Center	Shelter Plus Care Project	6	\$78,804	1				SRA	
**Total Requested Amount:				\$1,888,540						

Note: Annual Renewal Amounts include the previously awarded administration funds;

Exhibit 1
Continuum of Care Pro Rata Need (PRN) Reallocation Chart
 Pro Rata Need not reallocated in the Lee County 2005 Continuum of Care

Exhibit 1 Project Priorities

a. Lee County Continuum Review of Renewal Projects for Resubmission.

The Lee Continuum examined each renewing project to assure that it was performing satisfactorily and effectively addressing the needs for which it was designed

The process involved:

Audit APR Site Visit Monitoring Visit Client Satisfaction

b. How the new project fills the Lee County COC Gaps

Renaissance Manor-Broadway Place Perm. Housing Chronic Homeless -New SHP project

This project helps fill the following Gaps:

Permanent Supportive Housing - 8 beds for disabled (chronic) homeless individuals for 2 years

Case Management for SMI population - 8 disabled (chronic) homeless persons per year

Life Skills for SMI population - 8 disabled (chronic) homeless persons per year

The project helps to close the high priority permanent Housing need for 8 (chronic) homeless persons and the high priority mental illness treatment Service need. Note: the project also passed review on all Rating Criteria (See below)

c. Lee County Continuum Project Selection and Priority Placement Processes

Project Selection and Prioritization for all Lee County 2005 CoC Projects were conducted fairly and impartially.

c.(1) Open Project Solicitation

Projects are solicited in the community through public notice in the media and at workshops and events (see *Figure B*) during the year. Citizens and agencies were alerted to the upcoming NOFA at an April 17 Public Hearing. The Continuum of Care and SuperNOFA were forwarded to all Lee and regional providers upon announcement. The lead agency delivered additional notice at the May 2005 Annual Regional Coalition meetings. Nonprofit organizations and faith-based organizations receive equal consideration with local government-sponsored projects. In the Lee 2004 SHP funding request, 84% goes to nonprofit organizations and 82% of that amount is for faith-based organizations. Only one of this year's six projects is an in-house service program of the local government. (The HMIS program is a joint project of all Priority Chart agencies)

c.(2) Objective rating measures applied to the projects;

The Lee Continuum uses a two-step process, which involves initial project rating against established rating criteria, and then a *ranking process* carried out by a citizen member *Prioritization Committee*. Project rating criteria are developed or updated (*rating criteria have changed little in recent years*) during the year in planning sessions conducted with members of the Lee County Homeless Coalition(Coalition) and the planning and contracts staff of the lead agency (DHS). Criteria are developed which cover *sponsor administrative capacity*, *sponsor performance on existing projects* (if any) and *project validity relative to Lee unmet needs*. These criteria are treated as *threshold requirements*, and threshold satisfaction is determined by contracts staff at the lead agency and Coalition members looking to monitoring, APR and other capacity and performance data.

Project Priorities- Continued

Objective rating measures applied to the projects - Continued

In addition to the threshold evaluation, projects are scored on criteria, which cover the Continuum *priority for Chronic Homeless activities, the proportional Leverage contribution of the project, and the amount of yearlong Continuum participation of the sponsor staff.* Additionally criteria relate to *grant funding bonuses and renewal prioritization.* Project Rating Criteria are supplied to all project sponsors along with submission deadlines after the annual SuperNOFA announcement.

c.(3) Participants on the review panel or committee are unbiased;

To carry out a fair and equal prioritization of the applicant projects, a Citizen Prioritization Committee is solicited from residents of Lee County. Committee members are selected to insure impartiality, experience, and diverse viewpoints. Formerly homeless, state agency, faith-based and private business representatives are included. No member can have ties to a project sponsor. In advance of the ranking meeting, committee members receive a briefing packet with all projects submission (in HUD formats) and *rating* criteria points scores for each project. The point scores are prepared by LRPC and lead agency staff reviewing draft submissions of projects and utilizing the published *rating criteria.*

c.(4) Voting Process

The second step of the process - project *ranking* occurs at the annual Prioritization Committee meeting, (May 6th, 2005). At this meeting, the committee (citizen) chairperson explains the committee role in ranking the projects based on consideration of three factors, which are the individual project submission and the sponsor verbal presentation at the meeting, the uniform project *rating* of each project and finally, the overall Continuum benefit of the relative ranking of the projects. The latter consideration allows committee determination of a final ranking, which validates or revises the project order determined by the uniform rating process. (By example the committee moved a new HMIS project to higher final *rank* over a higher *rated* second project in 2003)

After a brief project presentation by each project sponsor, the committee sequesters itself to review the information. Each member determines a relative rank (1st place, 2nd place etc.) for each project. The chairman arrays each reviewer's ranking placement adjacent to each project. Each project takes its final priority position from averaging its placement rankings by all reviewers. In the case of tied rankings, priority goes to the project with the higher criteria *rating.* (If the rating is tied, the committee will vote with the chairman voting or abstaining as necessary to create a plurality.) The results of the 2005 process are shown below in the Project Priorities Chart.

c.(5) Hold harmless pro rata need reallocation process

Lee County CoC 2005 - Hold harmless pro rata need reallocation process not utilized

c.(6) Written Complaints received during the last 12 months,

Lee County CoC 2004 Program Year - None received.

Exhibit 1:
Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Lee County Continuum Homeless Case Managers are co-located with TANF/Medicaid/SCHIP/Food Stamp staff at a one-stop center.
 - The Continuum receives a monthly electronic count of homeless from intake at Mainstream offices for TANF/SCHIP/Medicaid/Food Stamps

Exhibit 1
CoC Project Performance - Housing and Services

A. Housing

1. Permanent Housing.

Lee County 2005 Continuum of Care has no permanent housing renewal applications

Check here if there are no applicable permanent housing renewal projects.

Check here to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

2. Transitional Housing.

Check here if there are no applicable transitional housing renewal projects.

Check here to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

2004 Southwest Florida Addiction Services, Inc Fresh Start Project

- a. The total number of participants who left the transitional housing project during the operating year: **63 participants**
- b. The number of participants who left transitional housing project(s) and **moved to permanent housing: 20 participants**
- c. Of the number of participants who left transitional housing, the percentage that moved to permanent housing: **32%**

CoC Project Performance - Housing and Services *Continued***B. Supportive Services**

Check here if there are no applicable renewal projects.

Check here to indicate that **all** non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
432	a. SSI	36	8.33%
432	b. SSDI	15	3.47%
432	c. Social Security	6	1.39%
432	d. General Public Assistance	3	0.69%
432	e. TANF	9	2.08%
432	f. SCHIP	15	3.47%
432	g. Veterans Benefits	2	0.46%
432	h. Employment Income	241	55.79%
432	i. Unemployment Benefits	4	0.93%
432	j. Veterans Health Care	5	1.16%
432	k. Medicaid	57	13.19%
432	l. Food Stamps	57	13.19%
432	m. Other (please specify)	7	1.62%
432	n. No Financial Resources	126	29.17%

Exhibit 1:**Continuum of Care Supplemental Resources Project Leveraging Chart**

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	RM/Broadway Pl	Construction	Lee SHIP	209,109
1	RM/Broadway Pl	Supportive Services	RCC	1,000
1	RM/Broadway Pl	Operating	RM	1,667
1	RM/Broadway Pl	Supportive Services	RM	4,000
1	RM/Broadway Pl	Construction	CDBG-Set-Aside	33,000
2	Fresh Start	Client Employment	The Able Trust	\$39,098
2	Fresh Start	Acquisition & Match	County CDBG	\$33,000
2	Fresh Start	Supportive Services & Chronic Homeless	State Office on Homelessness	\$46,000
2	Fresh Start	Supportive Services	Substance Abuse Block Grant – DCF	\$254,110
2	Fresh Start	Supportive Services	Mental Health Block Grant – DCF	\$43,843
2	Fresh Start	Supportive Services	HHS PATH Grant	\$93,584
2	Fresh Start	Supportive Services	Lee County DHS	\$229,835
2	Fresh Start	Supportive Services	TANF Treatment Funding –DCF	\$158,194
2	Fresh Start	Supportive Services	Patient & Third Party Fee	\$124,000
2	Fresh Start	Supportive Services	Restricted Donations	\$22,000
3	LIFT	In-kind Staff Support	BoCC	\$ 5,000
3	LIFT	Building maintenance, utilities & telephone/fax	BoCC	\$ 10,000
3	LIFT	copying, postage, etc	BoCC	\$ 2,000
3	LIFT	Utility Assistance	LIHEAP/Care-Share	\$ 5,000
3	LIFT	Rent & Utilities	HOPWA	\$ 2,500
3	LIFT	Job Training/Related Exp	CSBG	\$ 2,500
3	LIFT	Rent/Utilities	BoCC	28,000
3	LIFT	Transportation (BoCC	\$ 6,000
3	LIFT	Cash Match	BoCC	\$ 35,915
3	LIFT	Emergency Services	Churches	\$ 5,000
3	LIFT	Homeless Prevention	ESG	\$ 28,389

Continuum of Care: Project Leveraging - Continued

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
4	Comprehensive Care Program (Comp. Care)	In-Kind Services to Assist Clients	Volunteers	229,659.30
4	Comp. Care	Shelter	The Salvation Army (867,407.29
4	Comp. Care	In-Kind Treat/ Medical Services	Volunteers	211,896.00
4	Comp. Care	Medications	Lee Co Health Dept	35,512.88
4	Comp. Care	Crossroads Budget	The Salvation Army	505,446.84
4	Comp. Care	Interim Care Clinic Budget	The Salvation Army	300,126.24
4	Comp. Care	State Non-Secure Program	Department of Corrections	671,723.00
4	Comp. Care	SHP-CCP Support Budget	The Salvation Army	181,646.63
4	Comp. Care	Property	The Salvation Army	53,500.00
4	Comp. Care	Furniture & Fixt	The Salvation Army	15,000.00
4	Comp. Care	Resid. Assist Rent	The Salvation Army	6,000.00
4	Comp. Care	Housing Assist.	LIFT	10,000.00
4	Comp. Care	Mental Health Medications	In-Kind Donations	8,640.00
4	Comp. Care	Relapse Prev Counseling	In-Kind Sponsors	18,200.00
4	Comp. Care	Ann Dental Visits	TSA Dental Clinic	50,300.00
4	Comp. Care	GED Training	The Salvation Army	22,500.00
4	Comp. Care	Support Budget	The Salvation Army	34,808.53
5	HMIS	Cash Match	Lee County Board of County Commissioners	53,721.84
5	HMIS	In Kind Internet Connectivity	Lee County Board of County Commissioners	3,600.00
5	HMIS	In Kind Hardware	Lee County Board of County Commissioners	7,859.46
	HMIS	In Kind Training Room	Lee County Board of County Commissioners	1,000.00
5	HMIS	In Kind I&R	United Way of Lee Co	270,000.00
5	HMIS	In Kind Salary	Salvation Army	95,565.99
TOTAL				\$5,040,907

America's Affordable Communities Initiative	U.S. Department of Housing and Urban Development	OMB approval no. 2510-0013 (exp. 01/01/2006)
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LEE COUNTY, FLORIDA RESPONSES

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority

	1	2
<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4. <i>The Lee County Comprehensive Plan, Lee Plan as amended through January 2003</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years? <i>The Lee County Comprehensive Plan, Lee Plan as amended through January 2003 Objective 100.1 Housing Availability</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes. <i>Lee County Land Development Code</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: " <i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i> " (www.huduser.org/publications/destech/smartcodes.html)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes? Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability. (<i>Florida Building Code 2001 edition, 2003 Revisions SBCCI</i>)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing? <i>Lee County commissioned a study entitled The Public Costs of Inadequate Affordable Housing, by Deborah Halliday.</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.) <i>Lee County Land Development Code Chapter 34- 1516</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Yes
<p>15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals? <i>Lee county has an expedited permitting process for affordable housing developers outlined in the Local Housing Assistance Plan (LHAP)</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community? <i>Lee county has an expedited permitting process for affordable housing developers outlined in Local Housing Assistance Plan (LHAP)</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing? <i>Lee County Land Development Code Chapter 34-1177</i></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>	<p>6</p>	<p>14</p>

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
2440 THOMPSON
FORT MYERS, FL 33901

(fold line)

Type or clearly print the following information:

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

HUD CONTINUUM OF CARE

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 Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) HUD SUPERNOFA

is: (please check one)

- (a) is clear and easily understandable
(b) better than before, but still needs improvement (please specify)

ALL FORMS AS FILLABLE MS WORD

(c) other (please specify)

The application form (insert title) CONTINUUM OF CARE

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).

ALL FORMS AS FILLABLE MS WORD

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? Yes No

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/31/05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: LEE COUNTY BOARD OF COUNTY COMMISSIONERS	Organizational Unit: Department: DEPARTMENT OF HUMAN SERVICES
Organizational DUNS: 01-346-1611	Division:
Address: Street: 2440 THOMPSON	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: RICHARD
City: FORT MYERS,	Middle Name LLOYD
County: LEE	Last Name FARIS
State: FLORIDA Zip Code 33901	Suffix:
Country: USA	Email: farisr@leegov.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000702	Phone Number (give area code) (239) 533-7930	Fax Number (give area code) (239) 533-7960
---	---	---

8. TYPE OF APPLICATION: <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)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235	9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LEE COUNTY, FORT MYERS, CAPE CORAL	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LEE COUNTY, FLORIDA HOMELESS CONTINUUM OF CARE SUPPORTIVE HOUSING PROGRAM
--	---

13. PROPOSED PROJECT Start Date: 6/30/06 Ending Date: 6/30/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14 b. Project 14
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,809,736.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 492,593.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 2,302,329.00	

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. Authorized Representative		
Prefix MR.	First Name DOUGLAS	Middle Name R.
Last Name ST. CERNY		Suffix
b. Title CHAIRMAN		c. Telephone Number (give area code) (239) 335-3337
d. Signature of Authorized Representative		e. Date Signed

LEE COUNTY, FLORIDA
SUPPORTIVE HOUSING PROGRAM, 2005
SF424- Additional Data Project List by Priorities

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) Requested Project Amount
Lee County Board of County Commissioners (BOCC)	Renaissance Manor	Broadway Place	1	\$132,789
(BOCC)	Southwest Florida Addiction Services, Inc	Fresh Start	2	\$90,508
(BOCC)	BOCC	Living Independently for Today	3	\$119,722
(BOCC)	The Salvation Army	Comprehensive Care Program	4	\$1,286,207
(BOCC)	BOCC	Homeless Management Information System	5	\$180,510
		SHP SUBTOTAL		\$1,809,736
(BOCC)	Ruth Cooper Center	Shelter Plus Care Project	6	\$78,804
**Total Requested Amount:				\$1,888,540

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/31/05	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name: LEE COUNTY BOARD OF COUNTY COMMISSIONERS		Organizational Unit: Department: DEPARTMENT OF HUMAN SERVICES		
Organizational DUNS: 01-346-1611		Division:		
Address: Street: 2440 THOMPSON		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FORT MYERS,		Prefix: MR.	First Name: RICHARD	
County: LEE		Middle Name LLOYD		
State: FLORIDA		Last Name FARIS		
Zip Code 33901	Suffix:			
Country: USA		Email: farisr@leegov.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000702		Phone Number (give area code) (239) 533-7930	Fax Number (give area code) (239) 533-7960	
8. TYPE OF APPLICATION: <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) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): SHELTER PLUS CARE PROGRAM 14-238		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LEE COUNTY, FORT MYERS, CAPE CORAL		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LEE COUNTY, FLORIDA HOMELESS CONTINUUM OF CARE SHELTER PLUS CARE PROGRAM		
13. PROPOSED PROJECT Start Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14		
Ending Date: 6/30/08		b. Project 14		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 78,804. ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 78,804. ⁰⁰	DATE:		
c. State	\$. ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$. ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 157,608. ⁰⁰			
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. Authorized Representative				
Prefix MR.	First Name DOUGLAS	Middle Name R.		Suffix
Last Name ST. CERNY		c. Telephone Number (give area code) (239) 335-3337		
b. Title CHAIRMAN		e. Date Signed		
d. Signature of Authorized Representative				

**LEE COUNTY FLORIDA
 SHELTER PLUS CARE PROGRAM, 2005
 SF424- Additional Data Project List by Priorities**

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) Requested Project Amount
<i>Lee County Board of County Commissioners (BOCC)</i>	<i>Renaissance Manor</i>	<i>Broadway Place</i>	<i>1</i>	<i>\$132,789</i>
<i>(BOCC)</i>	<i>Southwest Florida Addiction Services, Inc</i>	<i>Fresh Start</i>	<i>2</i>	<i>\$90,508</i>
<i>(BOCC)</i>	<i>BOCC</i>	<i>Living Independently for Today</i>	<i>3</i>	<i>\$119,722</i>
<i>(BOCC)</i>	<i>The Salvation Army</i>	<i>Comprehensive Care Program</i>	<i>4</i>	<i>\$1,286,207</i>
<i>(BOCC)</i>	<i>BOCC</i>	<i>Homeless Management Information System</i>	<i>5</i>	<i>\$180,510</i>
<i>(BOCC)</i>	<i>Ruth Cooper Center</i>	<i>Shelter Plus Care Project</i>	<i>6</i>	<i>\$78,804</i>
SHELTER PLUS CARE SUBTOTAL				\$78,804
**Total Requested Amount:				\$1,888,540

+



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	EXPIRES 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
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 MYERS

FL 33902-0398

2115 SECOND STREET
FT MYERS FL 33901

L. H. Fuchs
EXECUTIVE DIRECTOR

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

**CODE OF ETHICS**

Policy Number 206

Page 1 of 6

Policy:

It is the policy of Lee County Government that all employees are expected to behave in a completely ethical, truthful, and honorable manner in all dealings with the public and other County employees.

Lee County Government recognizes that it is essential to the proper conduct and operation of government that public officials and employees be independent and impartial and that public office not be used for private gain other than the compensation provided by law, and that the public interest, therefore, requires that the laws protect against any conflict of interest and establish standards for conduct of elected officials and government employees in situations where conflicts may exist.

Lee County Government further recognizes that it is also essential that government attract those citizens best qualified to serve. Thus, policies against conflict of interest must be designed as not to impede unreasonably or unnecessarily the recruitment and retention by government of those best qualified to serve.

To this end, Lee County Government remains committed to upholding the high standard of ethics for all public officers and employees as set forth in Part III of Chapter 112, Florida Statutes.

Comments/Procedures:**206:1 GENERAL**

1. No officer or employee of Lee County Government shall have any interest, financial or otherwise, direct or indirect, engage in any business transaction or professional activity, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest.
2. Public officers and employees of Lee County Government are agents of the people and hold their positions for the benefit of the public. Such officers and employees are bound to observe, in their official acts, the highest standards of ethics regardless of personal considerations, recognizing that promoting the public interest and maintaining the respect of the people in their government must be of foremost concern.

206:2 GIFTS

1. No County employee or member of the employee's family shall accept gifts of any type, price, or size from any person or firm doing business with Lee County Government, or any person that intends to do business with Lee County Government, that would reasonably tend to influence the employee in the discharge of the employee's official duties or give the appearance of the employee being improperly influenced.
2. In order to avoid any potential appearance of conflict of interest, employees are discouraged from accepting any and all gifts from any person or firm doing business with, or regulated by, Lee County Government. However, under certain circumstances such acceptance of gifts may be permissible within guidelines set by the County Manager and in accordance with Chapter 112, Florida Statutes.
 - a) Acceptable gifts up to \$25 in value should be reported to the employee's immediate supervisor.

Adopted by the Lee County BoCC August 3, 1988 (Last Revised March 1, 2005)

CODE OF ETHICS

Policy Number 206

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- b) Acceptable gifts with a value in excess of \$25 but not exceeding \$100 must be reported to the department director, the Director of Human Resources, and the County Manager. The report must contain a description of each gift, an approximate value for the gift, the name and address of the recipient of the gift, the name and address of the donor, and the date such gift was given.
- Note: The recipient must also file a report of such a gift with the Secretary of State for the State of Florida as outlined in Chapter 112, Florida Statutes.
3. No person, business or organization shall be allowed to give, nor shall any County employee accept, a gift with a value in excess of \$100 unless such a gift is accepted on behalf of the County for the public good and approved in advance by the County Manager.
4. DEFINITION –
- a) "Gift," for the purposes of ethics in government and financial disclosure required by law, means that which is accepted by a recipient or another on behalf of a recipient, or that given to another for or on behalf of a recipient, directly, indirectly, or in trust for the recipient's benefit or by any other means, for which equal or greater consideration is not given, including:
- i) Real property and/or the use of real property.
 - ii) Tangible or intangible personal property and/or the use thereof.
 - iii) A preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to other similarly situated government employees or officials or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin.
 - iv) Forgiveness of indebtedness.
 - v) Transportation, other than that provided to a public officer or employee by an agency in relation to officially approved governmental business, lodging, or parking.
 - vi) Food or beverage.
 - vii) Membership dues.
 - viii) Entrance fees, admission fees, or tickets to events, performances, or facilities.
 - ix) Plants, flowers, or floral arrangements.
 - x) Services provided by persons pursuant to a professional license or certificate.
 - xi) Other personal services for which a fee is normally charged by the person providing the services.
 - xii) Any similar service or item having attributable value not already provided for in this section.
- b) "Gift" does not include:
- i) Salary, benefits, services, fees, commissions, gifts, or expenses associated primarily with the recipient's employment, business, or service as an officer or director of a corporation or organization.
 - ii) Contributions or expenditures reported pursuant to Chapter 106, F.S., campaign-related personal services provided without compensation by individuals volunteering their time, or any other contribution or expenditure by a political party.
 - iii) An honorarium or an expense related to an honorarium event paid to a person or the person's spouse (subject to review by the County Manager & County Attorney's Office).
 - iv) An award, plaque, certificate, or similar personalized item given in recognition of the recipient's public, civic, charitable, or professional service.
 - v) An honorary membership in a service or fraternal organization presented merely as a courtesy by such organization.

Adopted by the Lee County BoCC August 3, 1988 (Last Revised March 1, 2005)

**CODE OF ETHICS**

Policy Number 206

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- vi) The use of a public facility or public property made available by a governmental agency, for a public purpose.
- vii) Transportation provided to a public officer or employee by an agency in relation to officially approved governmental business.
- viii) Gifts provided directly or indirectly by a state, regional, or national organization which promotes the exchange of ideas between, or the professional development of, governmental officials or employees, and whose membership is primarily composed of elected or appointed public officials or staff, to members of that organization or officials or staff of a governmental agency that is a member of that organization.

206:3 ETHICS

1. No employee of Lee County Government shall solicit or accept anything of value; including a gift, loan, reward, promise of future employment, favor, or service; based on the understanding that the receipt of such an item of value would influence any official action or judgment of the employee.
2. No employee acting in his or her official capacity shall either directly or indirectly purchase, rent, or lease any real estate, real property, goods, or services for the County from any business entity in which the employee or his/her spouse or any of the children, parents, grandparents, or grandchildren (or any combination thereof) of the employee or his/her spouse is an officer, partner, director, or proprietor; or in which any of the aforementioned parties has a financial interest.
3. No employee acting in a private capacity shall rent, lease, or sell any real estate, real property, goods, or services to the County.
4. No employee or his/her spouse or minor child shall, at any time, accept any compensation, payment, or item of value when the employee knows, or with the exercise of reasonable care should know, that it was given to influence any action in which the employee was expected to participate in his official capacity.
5. No employee shall use or attempt to use his or her position, or any property or resource which may be within his/her trust, to secure special privileges, benefits, or exceptions for himself/herself or for others.
6. No employee shall have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict of interest between his/her private interests and the performance of his/her official public duties, or would impede the full and faithful discharge of those public duties.
7. No employee shall accept employment or engage in any business or professional activity which he or she might reasonably expect would require or induce him to disclose confidential information acquired by him/her while working for the County in his/her official position.
8. No employee shall disclose or use information not available to members of the general public and gained while working for the County for his/her personal gain or benefit, or for the personal gain or benefit of any other person or business entity.
9. No employee shall transact any business in his or her official capacity, or advocate or advise any other County employee to transact business, with any business of which he or she is an officer, director, agent, or member, or in which he or she owns a financial interest.

Adopted by the Lee County BoCC August 3, 1988 (Last Revised March 1, 2005)

CODE OF ETHICS

Policy Number 206

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10. No employee shall have personal investments in any enterprise that would reasonably create a conflict between his or her private interests and the public interest.
11. No employee shall hold direct or indirect ownership of more than five percent (5%) of the total assets or capital stock of any corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, or trust, whether fictitiously named or not, which is subject to the regulation of, or which has business transactions or commitments with, Lee County Government.

206:4 ADMINISTRATION OF THE CODE OF ETHICS

1. Where a question arises concerning whether or not any activity conforms to the Code of Ethics, the County Manager, with advice from the Director of Human Resources and the County Attorney as needed, shall decide the question.
2. Any employee wishing to determine whether a proposed activity would be prohibited may document the circumstances of the proposed activity and request an opinion from the Department of Human Resources. Copies of the request and the resulting opinions shall be provided to the department director prior to engaging in the activity.
3. Employees who violate the Code of Ethics as defined herein, or in Chapter 112, Florida Statutes, shall be subject to disciplinary action up to and including dismissal from County employment.

206:5 POLITICAL ACTIVITY & UNLAWFUL ACTS PROHIBITED

1. No person shall use or promise to use, directly or indirectly, any official authority or influence, whether possessed or anticipated, to secure for any person an appointment or advantage in appointment to a position in Lee County Government service, or an increase in pay or other advantage in employment in any such position, for the purpose of influencing the vote or political action of any person, or for any consideration; provided, however, that letters of inquiry, recommendations and references by public employees or public officials shall not be considered political pressure unless any such letter contains a threat or intimidation, or irrelevant, derogatory or false information.
2. No person shall directly or indirectly give, render, pay, offer, solicit, or accept any money, service, or other valuable consideration for or on account of any appointment, promotion, or proposed promotion to, or any advantage in a position in Lee County Government.
3. As an individual, each employee retains all rights and obligations of citizenship provided in the Constitutions and Laws of the State of Florida and the United States. However, no employee of Lee County Government shall:
 - a) Hold, or be a candidate for elective public service or political office while in the employment of the County or take any active part in a political campaign while on duty or within any period of time during which they are expected to perform services for which they receive compensation from the County.
 - b) Wear any uniform or clothing that would tend to identify that employee as a County employee/representative while engaged in political campaign, political event not sponsored by the County or while seeking public political office – even if that employee is off duty.

Adopted by the Lee County BoCC August 3, 1988 (Last Revised March 1, 2005)

**CODE OF ETHICS**

Policy Number 206

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-
- c) Use the authority of his position to secure support for or oppose any candidate, party, or issue in an election or affect the results thereof.
 - d) Use any promise of reward or threat of loss to encourage or coerce any employee to support or contribute to any political issue, campaign, or party.
 - e) Display on their person or vehicle used for official business while on duty or in their workplace any button, sign, decal or other symbol of support for any political party, issue, or candidate for public office.
4. Employees assigned to positions in departments receiving Federal funds or whose salaries are paid from Federal funds are subject to the provisions of the Federal Hatch Act regarding political activities.
5. Any person who violates any provision of this section shall be subject to disciplinary action up to and including dismissal from County employment.

CODE OF ETHICS
Policy Number 206
Page 6 of 6



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Adopted by the Lee County BoCC August 3, 1988 (Last Revised March 1, 2005)

Continuum of Care 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 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.

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.

Signature of Authorized Certifying Official:	Date: MAY 31, 2005
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DOUGLAS R. ST.CERNY, CHAIRMAN

LEE COUNTY BOARD OF COUNTY COMMISSIONERS	For PHA Applicants Only: (PHA Number)
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Public reporting burden for this collection of information is estimated to average 0.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts. Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Applicant Assurances and Certifications

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0017
(expires 01/31/2008)

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:

Name: _____, Title: _____.

Organization: _____, Date: _____.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.
2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).
3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.
4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the 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; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.
6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.
7. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that, I the applicant, knowingly made an erroneous certification or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

Exhibit 1 S: New Project Instructions

Project Narrative

1. Project summary.

- a. Applicant and Sponsors: Name: Lee County Continuum of Care and Renaissance Manor, Inc.
- b. Program Component: Permanent Supportive Housing
- c. Total SHP request: \$132,789; percent of this request for housing activities: 82.8
- d. Type of housing: Apartments
- e. Type of population to be served: Homeless mentally ill adults
- f. Grant term of the proposed project: two years
- g. Yes, 100 percent of the persons to be served will be chronically homeless

2. Homeless population to be served.

a. Their characteristics and need for housing and supportive services.

The project will provide permanent housing to eight individuals with mental health disabilities who meet the SHP homeless definition. Renaissance Manor accepts potential residents after an interview and reference check process that collects information from the patient, available family members, medical history and doctor's recommendations. Renaissance Manor anticipates these residents will experience long-term and dual diagnosis mental illness. All residents will receive case management services.

b. Where they will come from.

The program will identify potential residents from all of the agencies in the Lee County Continuum of Care, with the majority of referrals anticipated from shelters (85 percent) and local mental health providers (15 percent.)

c. Outreach plan to bring them into the project.

The Outreach Plan for this project is to be coordinated with other agencies in the Lee County Continuum of Care. Case managers at these agencies will identify people who are homeless, in transitional housing or otherwise meet the Continuum of Care definition of homelessness. These units will be offered to individuals with both mental health needs and interest in taking advantage of this housing.

3. Housing where participants will reside.

a. Type and Scale

Renaissance Manor will build two duplex apartment units of permanent housing for these residents. Each of the two apartments in a duplex will contain two bedrooms. In total of eight people will be served with one person occupying each bedroom. Each unit will contain approximately 2,000 square feet of living space including the two bedrooms, full kitchen, bath with either a shower or tub, living room and front porch. The architect will situate the units on the lots to allow for small gardens.

b. Community Amenities

The property is located within a five minutes walk of Edison Square Mall, a regional mall with more than 150 stores and services. Besides mall amenities, the property rests close to a medical park, grocery store, post office, movie theatre, within a mile of the local high school and adjacent to a small city park. Developed properties near the lots include the Kings Reflection Apartment Complex, zoned multi-family ten or more, to the west. On the east side, the property adjoins office buildings. Bus routes within a five-minute walk access both Ruth Cooper Center for Behavioral Health Care and Coastal Behavioral Healthcare Services.

c. For transitional housing component only

NA

d. 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 eight individuals.

f. For innovative supportive housing component projects only: NA

4. Supportive services the participants will receive.

a. Type and Scale

The supportive services budget reflects providing ongoing case management type services (20 percent) and life skill services (80 percent). New residents will undergo a broad initial assessment to look at the individual ecosystem and cycle of homelessness with a case manager. After this assessment, services will be selected to help each resident gain the support they need to maintain long-term stability, to access mainstream resources and to achieve personal objectives. Initially residents 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. Others will need significant ongoing services to live independently. Residents will receive case management services throughout their residency. Case management services will average one hour per week. The Ruth Cooper Center, who will provide case management services, also offers a supported employment program for which residents can qualify.

Case management efforts will be augmented by life skills services. Life skills training includes issues like hygiene, meeting nutritional needs, caring for personal business affairs, obtaining medical services, recognizing and avoiding common dangers or hazards to self or possessions. RM staff provides life skills services in small group classes and with one-on-one demonstrations at these housing sites. As part of these services, residents receive ongoing encouragement and feedback to help them improve and practice skills related to daily living and apartment or room upkeep so they can function more independently, experience success in the housing in which they reside and develop income-related skills and interests. In coordination with resident's goals and needs, staff develops a program for each resident that complements case management activities. New residents receive around 30 hours of life skills training per month, once established this number drops to 10 hours.

b. Where and Transportation

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 for residents to other sites.

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: SSI, TANF, Medicaid, Food Stamps, SCHIP, 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 Ruth Cooper Center or Coastal Behavioral Healthcare or another local mental health provider for assessment. In some cases this takes place at an office, in other cases the local mental health provider 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: SSI, TANF, Medicaid, Food Stamps, SCHIP, 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, mental health services provider/ case manager and Renaissance Manor staff meet to develop a wellness plan based on all the information obtained and apply for any benefits for which they are eligible but have not 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, Obtain and Remain.

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, mental health services provider/ case manager 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.
- § Life skills and case management services will continue for the resident throughout their residency.

6. Self-sufficiency, Incomes and 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. (Due to the processes and services described above)

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. (Due to the processes and services described above. See C.)

Greater self-determination

70 percent of the residents will select a personal goal related to self-sufficiency as part of their wellness plan and make progress toward achieving that goal. (Due to the processes and services described above. See C.)

8. Discharge Policy NA

Experience Narrative

1. Experience Working with the Target Population of Homeless Individuals with Disabilities

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. Additionally, Renaissance Manor operates independent living units for 61 other adults with mental illness in Sarasota, Florida and 21 units in Lee County, Florida. The Executive Directors and Administrator each have ten 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, 60 percent of the individuals who now reside 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 2004, about twenty individuals moved to less supportive housing from the assisted-living facility in Sarasota. 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. All residents in supported housing and assisted living receive life skill services provided by Renaissance Manor staff and case management provided either by a local mental health provider or Renaissance.

Experience in Supportive Housing Services/Case Management

For 30 years the Ruth Cooper Center for Behavioral Health has offered essential community services that range from short-term intensive inpatient treatment to residential, outpatient, and community-based programs. Today, Ruth Cooper brings help and hope to more than 3,000 families who struggle with the effects of mental illnesses and had an annual budget of 17 million dollars. The Center offers an array of adult services including a crisis stabilization unit, drop in center, resource coordination, supported employment, outpatient psychiatric and therapy services and a telephone support "warm" line. Besides other experiences with the homeless population, Ruth Cooper provides case management services to current RM Lee County, FL residents, approximately 60 percent who were homeless prior to their RM residency.

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. Founded twenty plus 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. Besides other experiences with the homeless population, CBH provides case management services to current RM Sarasota County, FL residents, approximately 60 percent who were homeless prior to their RM residency.

If necessary, Renaissance Manor has experience in managing and providing case management services. However, it intends to contract with Ruth Cooper or Coastal Behavioral Healthcare for these services, so as to focus on its specialty-- housing management.

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

§ 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 the facility was full, Renaissance Manor renovated the main wing, upgraded seventeen bathrooms and added three beds. The project was funded by Florida SHIP funds, 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 Facilities:

Applicant Name _____ Project Name Broadway Place DUNS # _____

- Jointly with Coastal Behavioral Healthcare, RM purchased a ten-bedroom apartment facility, in June 2001, with Florida SHIP funds of \$266,000 and a \$100,000 grant from the Selby Foundation. Occupancy of these Sarasota, FL units began in Summer 2001. Since this time, RM obtained additional funds to complete 1 upgrades on the units from the Wilson-Wood Foundation and other sources.
- RM and Coastal Behavioral purchased an additional property in North Port, which opened in 2004. This project was funded with SHIP funds, a \$100,000 grant from the Gulf Coast Foundation and HUD Continuum of Care funding. Eleven units were rehabbed and eighteen units were added.
- In spring 2004, RM constructed 21 units in Lee County on San Souci Road with funds from HUD-Continuum of Care, Shelter Plus Care, CDBG, HOME and a Florida State Challenge Grant.

3. For All Applicants:

HUD McKinney-Vento Act grants received by the applicant.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example:	CA16B000-062	\$500,000	\$375,412
2002 Lee Shelter	FL14C003-001	\$192,120	\$10,200
2002 Sarasota	FL29B2000-001	\$483,000	\$333,731
2002 Lee SHP	FL14B2003-001	\$386,000	\$224,000

4. Delays in implementing any of the grants listed.

It took Renaissance Manor approximately one year to get sewer permits in Lee County. This impacted the two Lee projects above. To avoid this delay in the future and streamline this process Renaissance Manor has hired an engineering firm who has already completed engineering and is working on project permitting for this project request.

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

None.

6. Renaissance Manors 501 (c) (3) ruling.

Exhibit 2: SHP - Project Information

Project Information (please type or print)

Project Name: Broadway Place	Project Priority No. (from project priority chart in Exhibit 1): 1
Project Address (street, city, state, & zip): No # established Broadway, Ft. Myers, FL 33901	
Project Sponsor's Name: Renaissance Manor, Inc.	Proj. Congressional District(s): FL14
Sponsor's Address (street, city, state, & zip): 1401 16 th Street, Sarasota, FL 34236	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax): Scott Eller, Executive Director, 941-365-4177, fax 941-365-4188	

Program Components/Types

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, select only one type of SH project:

- Safe Haven – Transitional. Check here if your Safe Haven project has the characteristics of transitional housing.
- Safe Haven – Permanent. Check here if your Safe Haven project has the characteristics of permanent housing and will require participants to execute a lease agreement.
- HMIS
- Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

Exhibit 2: SHP - Existing Facilities and/or Activities Serving Homeless

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

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
 - Yes (Check one or more of the activities below that describe your proposed project, then proceed to Number of Beds, Participants and Supportive Services Charts –Form HUD 40076 CoC–2D.)
 - No (Skip to Number of Beds, Participants and Supportive Services Charts –Form HUD 40076 CoC–2D.)

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

Form HUD CoC 40076-2C

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)
Number of Bedrooms*	-	4	4
Number of beds*	-	8	8

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) or Dedicated HMIS 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
Of persons in families with children	-	0	0	0
a. number of disabled	-	0	0	0
b. number of other adults	-	0	0	0
c. number of children	-	0	0	0
Of single individuals not in families	-	8	8	8
a. number of disabled individuals	-	8	8	8
a.1. number of disabled individuals who are chronically homeless	-	8	8	8
b. number of other individuals	-	0	0	0

Note: If your project is funded you will be held responsible for achieving the numbers submitted.

Exhibit 2. SHP - Number of Bed, Participants and Supportive Services Charts (continued)

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested	Est. No. of Persons Served (point in time)
Service Activity: Outreach		

Applicant Name _____ Project Name _____ DUNS # _____

Quantity:		
Service Activity: Case Management	4,000	8
Quantity: .08 FTE over 2 years social worker @\$26,500		
Service Activity: Life Skills (outside of case management)	16,000	8
Quantity: .36 FTE over 2 years Life Skill Coordinator @ \$22,500		
Service Activity: Alcohol and Drug Abuse Services		
Quantity:		
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		
Quantity:		
Other Service Activity: (please specify *)		
Quantity:		
Total SHP Dollars Requested**	20,000	
Total Supportive Services Costs***	25,000	

**If not specified, the costs will be removed from the budget.
 **SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion on Form HUD 40076 CoC -2H.
 ***The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget on Form HUD 40076 CoC -2H.*

Exhibit 2: SHP - Operating Costs Chart

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

Operating Costs	SHP Dollars Requested
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits) Housing Administrator @\$50,000, 2 years, .05 percent of time, fringe benefits 15 %, not included	5,000
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food	
Other operating costs (please specify*)	
Total SHP Dollars Requested**	5,000
Total Operating Costs Budget ***	6,667

**If not specified, the costs will be removed from the budget.*
****Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget on Form HUD 40076 CoC -2H.**
*****The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget on Form HUD 40076 CoC -2H.**

Exhibit 2: SHP - Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. All SHP projects may request funding for two or three years (dedicated HMIS may request a one, two or three year term). **If the grant term is not provided, HUD will consider that the project has a three (3) year grant term.** The term you select must be the same for leasing, supportive services, and operations. *In the "Applicant Cash" column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column.*

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures (projects that request funds for acquisition, rehabilitation or new construction), please add up the SHP structure budgets on page 3 of this form and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

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

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition	20,000	20,000	40,000
2. Rehabilitation	0	0	0
3. New Construction	85,000	85,000	170,000
4. Subtotal (lines 1 through 3)	105,000	105,000	210,000
5. Real Property Leasing	0	0	0
6. Supportive Services	20,000	5000	25,000
7. Operations	5,000	1,667	6,667
8. HMIS	0	0	0
9. SHP Request (subtotal lines 4 through 8)	130,000		
10. Administrative Costs (up to 5% of line 9)	2,789		
11. Total SHP Request (total lines 9 and 10)	132,789		

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

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

Exhibit 2: SHP Structure Budgets - Projects With Multiple Structures

If your project contains only one structure or no structures, please fill out *only* the project budget *on the previous page*. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for one (1), two (2), or three (3) years, which is the SHP grant term. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request *plus* all other funds needed to pay for each line item, again, for **three years**. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A

Structure Address: Broadway (Unknown #)
City, State, Zip: Ft. Myers, FL 33901

	SHP Request	Total Budget
1. Acquisition	10,000	20,000
2. Rehabilitation	0	0
3. New Construction	42,500	85,000
4. Real Property Leasing	0	0
5. Supportive Services	10,000	12,500
6. Operations	2,500	3,334
7. Total	65,000	120,834

Structure B

Structure Address: Broadway (Unknown #)
City, State, Zip: Ft. Myers, FL 33901

	SHP Request	Total Budget
1. Acquisition	10,000	20,000
2. Rehabilitation	0	0
3. New Construction	42,500	85,000
4. Real Property Leasing	0	0
5. Supportive Services	10,000	12,500
6. Operations	2,500	3333
7. Total	65,000	120,834

Structure C

Structure Address:
City, State, Zip:

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

Structure D

Structure Address:
City, State, Zip:

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

Exhibit 2: SHP - Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project predominately assist? (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the *Serve* box if less than 70 percent.)

Subpopulation	Serve (less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless		X
Severely Mentally Ill		X
Chronic Substance Abuse	X	
Veterans		
Persons with HIV/AIDS		
Victims of Domestic Violence		
Women with Children		
Youth (Under 18 years of age)		

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time): 8.

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

Yes
 No

4. Is the sponsor and/or applicant 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.)

Sponsor: Yes Applicant: Yes
 No No

5. Is the Logic Model attached? Please see the General Section for instructions.

Yes No

6. Have you ever received a Federal grant, either directly from a Federal Agency or through a state/local agency? Yes No

7. Have you ever received SHP or S+C or SRO funds? Yes No

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

DEPARTMENT OF THE TREASURY

Date: FEB 21 2003

RENAISSANCE MANOR INC
1401 16TH ST
SARASOTA, FL 34236-0000

Employer Identification Number:
65-0869993
DLN:
17053011759013
Contact Person: JAMES H BLAIR ID# 31324
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
January 1999
Addendum Applies:
no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

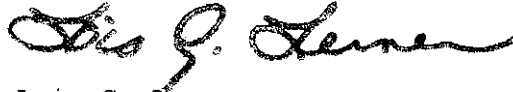
Letter 1050 (DO/CG)

RENAISSANCE MANOR INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script, reading "Lois G. Berner". The signature is written in black ink and is positioned above the typed name and title.

Lois G. Berner
Director, Exempt Organizations

Logic Model

U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight

OMB Approval No. 2535-0114
(exp. 12/31/2006)

Program Name: Continuum of Care Homeless Assistance Program		Component Name: Supportive Housing Program	
1			
2			
Planning		Impact	
3	Construction over a one year period (or less) March 06-March 07--of two duplexes (four apartments) to house eight adults	2 duplexes will be completed one year after SHP financing and rented within thirty days of completion	
4	Short Term -Purchase and develop lots. -Obtain permits -Prepare environmental work -Develop architectural plans		
Intervention		Accountability	
5			
6			
7			
8			
9			
Policy		Accountability	
b.	Lack of safe, affordable permanent supportive housing for adults with chronic mental illness who experience homelessness.	a. RM staff records, project file and calendars b. RM office and computer c. Nebraska Ave. office, Sarasota d. Monthly, Executive Director of RM will submit progress report to Lee County Dept. of Human Services: HUD Annually via APR e. Retrieved manually when requested	A timeline for this project has been developed for the matching Florida SHIP funds. It begins as soon as financing is secure and tracks construction progress sequentially on an activity-by-activity basis (i.e., plumbing, cabinets installation) The timeline will be reviewed monthly and deviations from the plan will be documented and explained. Comparisons will be available between projected and actual time for both outputs and outcomes.

Program Name: Continuum of Care Homeless Assistance Program

Component Name: Supportive Housing Program

1	2	3	4	5	6	7	8	9
Policy	Planning		Intervention		Impact		Accountability	
			<u>Intermediate Term</u> Eight residents occupy supportive housing and receive life skills and case management		(a) Four residents remain in SH for a 12-month period or move into another permanent housing option (b) Five residents obtain entitlement income within six months of residency. (c) Six residents select a personal goal related to self-sufficiency and make progress toward achieving goal w/in one year of residency.		a. Organization and staff records, and Mental Health organization's staff case reports b. Housing and other staff files and logs; backed-up organization records c. Lee County staff office, Nebraska Ave. office, Sarasota d. At least monthly by Housing Manager (a); case manager (b) and life skills coordinator (c); reported to Lee County Human Services, HUD annually e. The data will be maintained on the HMIS. Backup files will be kept in housing directors office.	Analyze data to determine: 1. Number of residents who stayed in RM housing and how to make better placements and/or how to reduce any gaps in support services 2. Analyze data to determine how long after residency residents begin to receive benefits. Look for cases where faster than average times exist; determine specific strategies in these cases can be used again to streamline the process. 3. Analyze records of residents regarding setting and achieving personal goal. Compare numbers against projected goals.
			<u>Long Term</u> Same as above.		Same as above.		Same as above.	Same as above.

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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): Renaissance Manor, Inc. 1401 16 th Street, Sarasota, FL 34236 (941) 365-4177	2. Social Security Number or Employer ID Number: 65-0869993
3. HUD Program Name Continium of Care, SHP	4. Amount of HUD Assistance Requested/Received \$132,789
5. State the name and location (street address, City and State) of the project or activity: Broadway Place, Broadway (no assigned number), Ft. Myers, FL	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input 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) 04/25/2005
---	----------------------------------

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Supportive Housing Program

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction
Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: 

Date: 5-4-2005

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Supportive Housing Program

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction
Name: Mayor Jim Humphrey

~~TYPE~~ BY: 

~~SUBSCRIBE~~ ATTEST: 
Marie Adams, CMC, City Clerk

Date: May 3, 2025

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Supportive Housing Program

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official
of the Jurisdiction
Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____

Exhibit 2R: SHP Project Information

Project Information

1. Basic Identification

- a. Grantee Name: Lee County, Florida, Department of Human Services
- b. Project Name: Fresh Start
- c. Sponsor Name: Southwest Florida Addiction Services, Inc.
- d. Address: 2516 Grand Ave., Fort Myers, FL 33901
- e. Telephone: (239) 338-2977
- f. Fax Number: (239) 338-2988
- g. Contact Person: Rosemary Boisvert
- h. Project Congressional District: 14
- i. Project 6-digit Geographic Code: 129071, 120402, 120955
- j. Project Number of Grant Being Renewed: FL14B40-3002 PIN: _____
- k. Component/Type: (please check one) TH PH SSO SH-Th
SH-Ph HMIS IH
- l. Priority Number on Exhibit 1: _____

2. Number of Beds/Number of Participants

Chart 1: Beds

Beds	Current Level
Number of Bedrooms*	10
Number of beds*	33

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

Chart 2: Participants

Participants	Current Level (if applicable)	No. Projected to be served over the grant term
Number of families with children	0	0
Of persons in families with children	0	0
a. number of disabled	33	82
b. number of other adults	0	0
c. number of children		
Of single individuals not in families		
a. number of disabled individuals	33	82
a.1. number of disabled individuals who are chronically homeless	2	5
b. number of other individuals	31	77

Exhibit 2R: SHP Project Information - Continued

Number of Participants/Number of Beds - Instructions

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) or dedicated HMIS projects.

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

1. In the first column, please enter the requested information for all items at a point in time (a given night).
2. In second column, enter the number of persons to be served over the grant term.

Note: If your project is funded you will be responsible for achieving the numbers submitted.

3. Performance

- a. Are there any significant changes in the project since the last funding approval:

Yes No

If "yes", briefly describe the changes. (Attach additional pages as needed)

We are in the process of adding two more beds.

- b. If one or more extensions have been provided for your current grant, please indicate:

Yes No

If yes, please indicate the number of extensions approved: _____

The extension period (e.g., two months, one year): For each extension please indicate the extension period, providing dates and number of weeks or months.

- Extension 1: _____ weeks, or _____ months
- Extension 2: _____ weeks, or _____ months

List additional extensions as necessary.

For each extension, identify the reason for the extension.

If not operating at full capacity, please explain.

4. Additional Key Information

- a. Check the *Predominately Serve* box if your project primarily targets the given subpopulation, i.e., 70 or more of the persons you serve or the *Serve* box if less than 70%.

Subpopulation	Serve Less than 70%	Predominantly Serve (70% or more)
Chronically Homeless	X	
Severely Mentally Ill	X	
Chronic Substance Abuse		X
Veterans	X	
Persons with HIV/AIDS	X	
Victims of Domestic Violence	X	
Women with Children		
Youth (Under 18 years of age)		

Exhibit 2R: SHP Project Information - Continued

b. Project is in a rural area:

- Yes
 No

c. Is the sponsor and/or applicant 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.)

Sponsor: Yes
 No

Applicant: Yes
 No

d. Is the Logic Model attached? Please see the General Section for instructions.

- Yes
 No

Project Information Instructions

Items 1, 2 and 3 are self-explanatory. Renewal applicants for a dedicated HMIS project answer items 1, 2c, and 3.

Item 4. -- Additional Key Information

- a. Check the subpopulations your project will assist. (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the *Serve* box if less than 70 percent.) Please identify all that apply. Responses will also be used to measure compliance with the requirement that no less than 10% of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness. New this year, existing permanent housing projects may only replace those exiting the project with homeless persons who come from the street, emergency shelter or transitional housing, not "Other" populations.

Exhibit 2R: SHP Supportive Services Chart

Supportive Services Chart

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category and Quantity				
a. Service Category: Substance Abuse Counselor Quantity .51FTE:	\$17,055			\$17,055
b. Service Category: Mental Health Counselor Quantity: .33 FTE	\$17,446			\$17,446
c. Service Category: Case Manager Quantity .55 FTE	\$16,913			\$16,913
d. Service Category: Quantity				
e. Service Category: Quantity				
f. Service Category: Quantity				
g. Service Category: Quantity				
2. Total Supportive Services Budget (add lines under item 1 to obtain the total Supportive Services Budget)	\$51,414			\$51,414
3. SHP REQUEST	\$41,131			\$41,131
4. Selectee's Match (Line 2 minus Line 3)	\$10,283			\$10,283

Exhibit 2R: Operating Costs Chart

Operating Costs

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits) Program Mgr. @.42 FTE	\$46,184			46,184
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Other Operating Costs* (amounts/quantities)				
Other*:Kitchen Trainee Stipends – 6 trainees/yr. @30 hrs. wk. X \$7.50	\$35,100			35,100
Other*:				
9. Total Operating Budget	\$81,284			81,284
10. SHP REQUEST	\$44,268			44,268
11. Selectee's Match (Line 9 minus line 10)	\$37,016			37,016

***Identify all operating expenses under this category. If the expense is not specified, the costs will be removed from the budget.**

Exhibit 2R: SHP- Project Budget

Project Budget

Please fill out your proposed project budget and term of grant for the activities in which you are requesting funds, including the cash match resources and the total project budget.

Grant Term: (please check one) 1 2 3

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	\$41,131 *	\$10,283	\$51,414
3. Operations	\$44,268	\$14,756	\$59,024
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)	\$86,199		
6. Administrative Costs (up to 5% of line 5)	\$ 4,309		
7. Total SHP Request (total lines 5 and 6)	\$90,508		

- * By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.
- ** By law, SHP can pay no more than 75% of the total operations budget.
- *** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart in Exhibit 1 for the project.

Logic Model

**U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight**

OMB Approval No. 2535-0114
(exp. 12/31/2006)

Program Name: Continuum of Care, Supportive Housing Program				Component Name: Transitional Housing Grant Renewal						
Strategic Goals	Priority Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process	
				Output Goal	Output Result	Achievement Outcome Goals	End Results			
1		2	3	4	5	6	7	8	9	
Policy		Planning		Intervention		Impact		Accountability		
1	1	Lack of structured, supportive, transitional housing for persons in early recovery from chemical dependence or CD and mental illness.	1 Motivate patients to an abstinence based lifestyle. 2. Prepare patients for meaningful work through education or vocational training. 3. Prepare patients for independent living in permanent housing	<u>Short Term</u> 1. 1 mo. abstinence 2. Complete occupational therapy needs assessment. 3. Complete initial lifeskills program		1. Increase residential stability. 2. Increase skills or income 3. Increase self-determinatio		a. Case Reports b. Central Data Base c. On-site d. Monthly by program; reported to HUD in APR or as requested e. Automated data-base	Review & analyze data quarterly and make changes necessary to improve results or revise standards where found to be unrealistic.	
2	2			<u>Intermediate Term</u> 1. 4 mos. abstinence. 2. Complete Occupational Therapy Program 3. Review permanent housing options.		1. Increase residential stability. 2. Increase skills or income. 3 Increase self-determinatio		a. Case Reports b. Central Data Base c. On-site d. Monthly by program, reported to HUD in APR or as requested e. Automated data base		
3	3									
4	6 8									

Program
Name: Continuum of Care, Supportive Housing Program

Component
Name: Transitional Housing Grant Renewal

Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1	2	3	4	5	6	7	8	9	
Policy	Planning	Intervention	Impact	Accountability					
				<u>Long Term</u> 1 Abstinence in 12 step program 2, Obtain work 3 Perm. Hsg		1) Same 2) as 3) Above		a. Case Reports b. Central Data Base c. On-site d. Monthly by program, reported to HUD in APR or as requested e. Automated data base	Review & analyze data quarterly and make changes as described above.

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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 a rea code): Southwest Florida Addiction Services, Inc, 2101 McGregor Blvd., Fort Myers, FL 33901 (239) 332 -6937	2. Social Security Number or Employer ID Number :59-1965829
3. HUD Program Name Continuum of Care, Supportive Housing Program	3. Amount of HUD Assistance Requested/Received 90,508
5. State the name and location (street address, City and State) of the project or activity: Fresh Start, 2516 Grand Ave., 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
None			

(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 %)
None			

(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) 5/16/05
---	-------------------------------

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

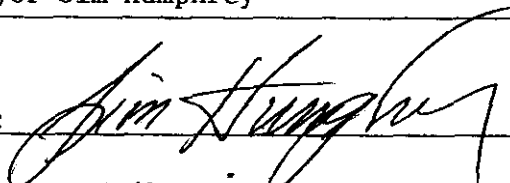
Project Name: Southwest Florida Addiction Services Housing Program (Renewal)

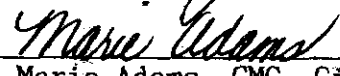
Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction
Name: Mayor Jim Humphrey

~~BY:~~ BY: 

~~ATTEST:~~ ATTEST: 
Marie Adams, CMC, City Clerk

Date: May 3, 2005

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Southwest Florida Addiction Services Housing Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction
Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: 

Date: 5-4-05

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Southwest Florida Addiction Services Housing Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official
of the Jurisdiction
Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____

Exhibit 2R: SHP Project Information

Project Information

1. Basic Identification

- a. Grantee Name: Lee County Board of County Commissioners
b. Project Name: Living Independently for Today (LIFT)
c. Sponsor Name: Same as Grantee
d. Address: 2440 Thompson Street, Fort Myers, Florida 33901
e. Telephone: 239/533-7930
f. Fax Number: 239/533-7960
g. Contact Person: Karen Hawes, Director, Department of Human Services
h. Project Congressional District: 14
i. Project 6-digit Geographic Code: 120966
j. Project Number of Grant Being Renewed: FL14B40-3005 PIN: FL14052
k. Component/Type: (please check one) TH PH SSO SH-Th
SH-Ph HMIS IH
l. Priority Number on Exhibit 1: _____

2. Number of Beds/Number of Participants

Chart 1: Beds

Beds	Current Level
Number of Bedrooms*	N/A
Number of beds*	N/A

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

Exhibit 2R: SHP Project Information - Continued

Chart 2: Participants

Participants	Current Level (if applicable)	No. Projected to be served over the grant term
Number of families with children	20	20
Of persons in families with children	0	3
a. number of disabled		
b. number of other adults	27	25
c. number of children	50	60
Of single individuals not in families		
a. number of disabled individuals	8	3
a.1. number of disabled individuals who are chronically homeless	0	0
b. number of other individuals	11	15

3. Performance

a. Are there any significant changes in the project since the last funding approval:

Yes No

If "yes", briefly describe the changes. (Attach additional pages as needed)

b. If one or more extensions have been provided for your current grant, please indicate:

Yes No

If yes, please indicate the number of extensions approved: _____

The extension period (e.g., two months, one year): For each extension please indicate the extension period, providing dates and number of weeks or months.

- Extension 1: _____ weeks, or _____ months
- Extension 2: _____ weeks, or _____ months

List additional extensions as necessary.

For each extension, identify the reason for the extension.

If not operating at full capacity, please explain.

Exhibit 2R: SHP Project Information - Continued

4. Additional Key Information

- a. Check the *Predominately Serve* box if your project primarily targets the given subpopulation, i.e., 70 or more of the persons you serve or the *Serve* box if less than 70%.

Subpopulation	Serve Less than 70%	Predominantly Serve (70% or more)
Chronically Homeless		
Severely Mentally Ill		
Chronic Substance Abuse	X	
Veterans	X	
Persons with HIV/AIDS	X	
Victims of Domestic Violence	X	
Women with Children	X	
Youth (Under 18 years of age)		

- b. Project is in a rural area:

Yes
 No

- c. Is the sponsor and/or applicant 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.)

Sponsor: Yes
 No

Applicant: Yes
 No

- d. Is the Logic Model attached? Please see the General Section for instructions.

Yes
 No

Exhibit 2R: SHP- Project Budget

Project Budget

Please fill out your proposed project budget and term of grant for the activities in which you are requesting funds, including the cash match resources and the total project budget.

Grant Term: (please check one) 1 2 3

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	114,021*	35,915	149,936
3. Operations	**		
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)	114,021		
6. Administrative Costs (up to 5% of line 5)	5,701 ***		
7. Total SHP Request (total lines 5 and 6)	119,722		

- * By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.
- ** By law, SHP can pay no more than 75% of the total operations budget.
- *** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart in Exhibit 1 for the project.

Program Name: Living Independently for Today (LIFT)

Component Name: Supportive Services Only

1	2	3	4	5	6	7	8	9	
Policy	Planning		Intervention		Impact		Accountability		
C	A	<p>Homeless individuals & families lack the financial resources to obtain permanent housing & also need support to become active community members.</p>	<p>-Do in-depth assessments of homeless clients referred to the program</p> <p>-Assist eligible participants with housing move-in costs, basic assistance and transportation</p> <p>-Provide on-going case management services as determined by the Individual Action Plan developed by the homeless participant and the case manager</p>	<p><u>Short Term</u></p> <p>80 households will be assessed for permanent housing readiness.</p> <p>40 households will be assisted with first month's rent, security deposit, last month's rent, child care, household furnishings, bus tickets, and/or other basic assistance.</p>		<p>40 out of 80 households (50%) will obtain housing within 90 days of assessment.</p> <p>26 out of 40 (65%) households will maintain stable housing for twelve months.</p>		<p>a. AIMS client database; case records</p> <p>b. AIMS server, Department of Human Services office</p> <p>c. Case worker offices, home visits, shelters, places of employment</p> <p>d. Initial assessment, bi-monthly and monthly contacts</p> <p>e. Demographics, financial information and progress toward goals will be entered into the AIMS! client database which can generate weekly, monthly and quarterly reports. It can also produce annual and ad hoc reports.</p>	<p>The Department uses an Outcome Based Evaluation (OBE) for all programs. The OBE enables staff to utilize outcomes in four areas:</p> <p><i>Accountability</i> – outcomes help prove that programs work or shows where modification is needed; <i>Program Quality</i> – results show which program activities have the most impact on overall goals; <i>Resource allocation</i> – with program outcomes staff can show what it costs to achieve end outcome and plan resources accordingly; and <i>Marketing</i> – outcomes are an effective way to communicate</p>

Program Name: Living Independently for Today (LIFT)

Component Name: Supportive Services Only

1		2		3		4		5		6		7		8		9	
Policy		Planning				Intervention		Impact				Accountability					
Same As Above	Same As Above	Same As Above	Same As Above	Same As Above	Same As Above	<p><u>Intermediate Term</u></p> <p>Eight households will be referred to mainstream services (i.e. Food Stamps, Medicaid, KidCare) as appropriate</p>					<p>Four out of eight (50%) households will maintain or access mainstream services within six months (note: this program is at the end of the CoC and most are cycling out of mainstream services)</p>				<p>AIMS client database; case records</p> <p>b. AIMS server, Department of Human Services office</p> <p>c. Case worker offices, home visits, shelters, places of employment</p> <p>d. Initial assessment, bi-monthly and monthly contacts</p> <p>e. Demographics, financial information and progress toward goals will be entered into the AIMS! client database which can generate weekly, monthly and quarterly reports. It can also produce annual and ad hoc reports.</p>	<p>By analyzing outputs and outcomes and making comparisons staff can determine if there is a problem with program implementation, participant selection or assessment. Comparisons will show whether planned results are being met, whether changes need to be made or a corrective action plan needs to be instituted.</p>	

Program Name: Living Independently for Today (LIFT)

Component Name: Supportive Services Only

[Redacted Header]									
1	2	3	4	5	6	7	8	9	
Policy	Planning		Intervention		Impact		Accountability		
me s rove	Same As Above	Same As Above	Same As Above	<p><u>Long Term</u></p> <p>40 households will be counseled on obtaining/retaining employment and increasing skills.</p> <p>40 households will be provided case management on issues identified as potential barriers to success (i.e. substance abuse, domestic violence, budgeting, employment skills)</p>		<p>28 out of 40 will maintain or increase their income or skills by the end of their program year (12 months)</p> <p>26 out of 40 households (65%) will meet one or more goals related to greater self-determination as identified on their Individual Action Plan.</p>		<p>AIMS client database; case records</p> <p>b. AIMS server, Department of Human Services office</p> <p>c. Case worker offices, home visits, shelters, places of employment</p> <p>d. Initial assessment, bi-monthly and monthly contacts</p> <p>e. Demographics, financial information and progress toward goals will be entered into the AIMS! client database which can generate weekly, monthly and quarterly reports. It can also produce annual and ad hoc reports.</p>	<p>Data will be gathered on:</p> <ol style="list-style-type: none"> 1) # interviewed 2) # selected for participation 3) # housed 4) # maintaining housing 5) # maintaining or increasing skills or income 6) # meeting goals on Individual Action Plan

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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 Co. Bd. of County Commissioners (LIFT) 2440 Thompson Street, Fort Myers, FL 33901 (239) 533-7930	2. Social Security Number or Employer ID Number: 596-00-702
3. HUD Program Name 2005, Continuum of Care, Supportive Housing Program	4. Amount of HUD Assistance Requested/Received \$119,722
5. State the name and location (street address, City and State) of the project or activity: 2440 Thompson Street, 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 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)
---	--------------------

X

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Living Independently for Today Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction
Name: Mayor Jim Humphrey

~~BY:~~ BY: 

~~SIGNATURE:~~ ATTEST: 

Marie Adams, CMC, City Clerk

Date: May 3, 2005

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Living Independently for Today Program (Renewal)

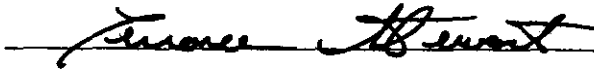
Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction
Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: 

Date: 5-7-2005

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Living Independently for Today Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official
of the Jurisdiction
Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____

Exhibit 2R: SHP Project Information

Project Information

1. Basic Identification

- a. Grantee Name: **Board Of County Commissioners**
- b. Project Name: **Comprehensive Care Program**
- c. Sponsor Name: **The Salvation Army, a Georgia Corporation**
- d. Address: **10291 McGregor Boulevard, Fort Myers, FL 33919**
- e. Telephone: **(239) 278-1551**
- f. Fax Number: **(239) 278-9028**
- g. Contact Person: **Meg M. Geltner**
- h. Project Congressional District: **14th**
- i. Project 6-digit Geographic Code: **129071**
- j. Project Number of Grant Being Renewed: **FL 14B40-3003 PIN: FL 14053**
- k. Component/Type: (please check one) TH PH SSO SH-Th
SH-Ph HMIS IH
- l. Priority Number on Exhibit 1: _____

2. Number of Beds/Number of Participants

Chart 1: Beds

Beds	Current Level
Number of Bedrooms*	
Number of beds*	

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

Chart 2: Participants

Participants	Current Level (if applicable)	No. Projected to be served over the grant term
Number of families with children	56	
Of persons in families with children	13	
a. number of disabled		
b. number of other adults	43	
c. number of children	113	
Of single individuals not in families		
a. number of disabled individuals	125	
a.1. number of disabled individuals who are chronically homeless	20	
b. number of other individuals	130	

Exhibit 2R: SHP Project Information - Continued

Number of Participants/Number of Beds - Instructions

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) or dedicated HMIS projects.

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

1. In the first column, please enter the requested information for all items at a point in time (a given night).

2. In second column, enter the number of persons to be served over the grant term.

Note: If your project is funded you will be responsible for achieving the numbers submitted.

3. Performance

a. Are there any significant changes in the project since the last funding approval:

Yes No

If "yes", briefly describe the changes. (Attach additional pages as needed)

In the past we have received funding for our Comprehensive Care Program (CCP) and our Comprehensive Aftercare Program (CAP) as two separate contracts. The contracts have been consolidated resulting in the following changes: The CCP contract start date will be moved up from June 16 to June 1, 2005 and the CAP contract was amended to be an extension contract with the start-up date moved from January 2, 2005 to June 1, 2005.

b. If one or more extensions have been provided for your current grant, please indicate:

Yes No

If yes, please indicate the number of extensions approved: 2

The extension period (e.g., two months, one year): For each extension please indicate the extension period, providing dates and number of weeks or months.

▪ Extension 1: _____ weeks, or 4 months

▪ Extension 2: _____ weeks, or 5 months

List additional extensions as necessary.

For each extension, identify the reason for the extension.

Each extension was requested for the Comprehensive Aftercare Program.

Extension 1: August 31, 2001 to January 1, 2002. Extension requested to exercise good grant management and to continue funding.

Extension 2: January 2, 2005 to May 31, 2005. Extension requested in order to proceed with the consolidation of Project Grants FL14B30-3003 and FL14B30-3006.

If not operating at full capacity, please explain.

3. Additional Key Information

- a. Check the *Predominately Serve* box if your project primarily targets the given subpopulation, i.e., 70 or more of the persons you serve or the *Serve* box if less than 70%.

Subpopulation	Serve Less than 70%	Predominantly Serve (70% or more)
Chronically Homeless	X	
Severely Mentally Ill		
Chronic Substance Abuse	X	
Veterans	X	
Persons with HIV/AIDS	X	
Victims of Domestic Violence	X	
Women with Children	X	
Youth (Under 18 years of age)	X	

Exhibit 2R: SHP Project Information - Continued

b. Project is in a rural area:

Yes

No

c. Is the sponsor and/or applicant 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.)

Sponsor: Yes
 No

Applicant: Yes
 No

d. Is the Logic Model attached? Please see the General Section for instructions.

Yes

No

Project Information Instructions

Items 1, 2 and 3 are self-explanatory. Renewal applicants for a dedicated HMIS project answer items 1, 2c, and 3.

Item 4. -- Additional Key Information

- a. Check the subpopulations your project will assist. (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the *Serve* box if less than 70 percent.) Please identify all that apply. Responses will also be used to measure compliance with the requirement that no less than 10% of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness. New this year, existing permanent housing projects may only replace those exiting the project with homeless persons who come from the street, emergency shelter or transitional housing, not "Other" populations.
-

**Exhibit 2R:
SHP Supportive Services Chart**

The Salvation Army

Supportive Services Chart

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category and Quantity				
Addictions Counselor	39,497.81			39,497.81
1.00 FTE, 40 hours per week				
Administrative/Crisis Management Coordinator	2,295.08			2,295.08
0.05 FTE, 2 hours per week				
Central Intake Clinician	10,231.82			10,231.82
0.64 FTE, 10 hours per week HUD (0.25 FTE CCP)				
15.60 hours per week Match (.039 FTE Match)	13,136.35			13,136.35
Cleaner (HELP)	19,378.47			19,378.47
1.00 FTE, 40 hours per week				
Client Transporter	22,674.74			22,674.74
0.925 FTE, 37 hours per week				
Clinical Programs Manager	46,495.21			46,495.21
1.0 FTE, 40 hours per week				
Comprehensive Care Program Data Technician	33,556.89			33,556.89
1.00 FTE, 40 hours per week				
CSRC COUNSELOR				
(.80 FTE 32 hours per week Match)	40,180.06			40,180.06
CSRC COUNSELOR SR.				
(.80 FTE 32 hours per week Match)	40,180.06			40,180.06
CSRC DIRECTOR				
(.40 FTE 16 hours per week Match)	19,092.89			19,092.89
CORRECTIONS UNIT MANAGER				
(.30 FTE 12 hours per week Match)	14,132.70			14,132.70
STATE PROGRAM MANAGER				
(.562 FTE 23.2 hours per week Match)	27,392.91			27,392.91
Crisis Management Specialist	3,078.46			3,078.46
0.10 FTE, 4 hours per week				
Crisis Management Worker (HELP)	20,100.62			20,100.62
1.00 FTE, 40 hours per week				
Distribution Clerk (HELP)	19,378.47			19,378.47
1.00 FTE, 40 hours per week				
Domestic Violence/Mental Health Clinician	38,091.49			38,091.49
1.0 FTE, 40 hours per week				
Family Services Case Manager	37,491.78			37,491.78
1.00 FTE, 40 hours per week				

Applicant Name: Lee County Project Name Comp. Care DUNS #01-346-1611

Family Unit Case Manager	6,265.38		6,265.38
.95 FTE 6.40 hours per week, HUD (0.16 FTE)			
(.79 FTE, 31.6 hours per week Match)	36,239.10		36,239.10
Food Service Worker (HELP)	20,100.62		20,100.62
1.00 FTE, 40 hours per week			
Food Service Worker (HELP)	19,378.47		19,378.47
1.00 FTE, 40 hours per week			
General Manager	14,347.90		14,347.90
0.16 FTE, 6.40 hours per week			
Housing & Employment Case Manager	34,355.70		34,355.70
1.0 FTE, 40 hours per week			
Housing, Employment and Life Skills Coordinator	5,147.16		5,147.16
0.60 FTE, 4 hours per week HUD, (0.10 FTE CCP)			
(.65 FTE, 26 hours per week Match)	29,249.86		29,249.86
Life Skills Instructor	36,166.19		36,166.19
1.00 FTE, 40 hours per week			
Medical Administrative Assistant	30,642.07		30,642.07
1.00 FTE, 40 hours per week			
Medical Respite Unit Case Manager	38,903.87		38,903.87
1.00 FTE, 40 hours per week			
Medical Services Director	59,954.44		59,954.44
.0921FTE 36 hours per week HUD (.90 FTE CCP)			
(.03 FTE 1 hour per week Match)	1,234.08		1,234.08
Medical Services LPN (P/T)	14,171.30		14,171.30
0.20 FTE, 8 hours per week			
Medical Services LPN (P/T)	19,031.03		19,031.03
0.20 FTE, 8 hours per week			
Medical Unit Assistant	20,550.83		20,550.83
1.00 FTE, 40 hours per week			
Mental Health Counselor/Intake Specialist	15,236.60		15,236.60
0.40 /FTE, 16 hrs per week			
Mental Health/Data Technician	28,497.96		28,497.96
1.0 FTE, 40 hours per week			
Monitor Tech III			
(.25 FTE 10 hours per week Match)	6,079.29		6,079.29
Monitor Technician I	20,277.55		20,277.55
0.725 FTE, 29 Hours per week			
Monitor Technician I (P/T)	13,608.29		13,608.29
0.50 FTE, 20 hours per week			
Monitor Technician I (P/T)	9,304.51		9,304.51
(11) positions, 0.45 FTE, 18 hours per week Match			
Monitor Technician I (P/T)	11,618.60		11,618.60
0.625 FTE, 25 hours per week			
Outreach Case Manager	38,607.19		38,607.19
1.00 FTE, 40 hours per week			
Outreach Nurse	41,949.61		41,949.61
1.00 FTE, 40 hours per week			
Patient Care Coordinator	35,245.22		35,245.22

1.00 FTE, 40 hours per week			
Patient Services Liaison	12,787.51		12,787.51
0.40 /FTE, 16 hrs per week			
Primary Care Clinic Coordinator/Medication Nurse	42,190.96		42,190.96
1.00 FTE, 40 hours per week			
Security Unit Manager	2,060.13		2,060.13
.005 FTE, 2 hours per week			
(0.036FTE, 1.45 hours per week Match)	1,482.24		1,482.24
Senior Housing Case Manager	41,636.35		41,636.35
1.00 FTE, 40 hours per week			
Social Services Director	53,160.74		53,160.74
0.76 FTE, 30.40 hours per week			
Social Worker	39,524.73		39,524.73
1.00 FTE, 40 hours per week			
STATE ADDICTIONS COUNSELOR			
(.15 FTE 6 hours per week Match)	6,926.13		6,926.13
Transporter/Day Care Aide (P/T)	14,047.92		14,047.92
0.63 FTE, 25 hours per week			
Vocational Evaluator	37,646.57		37,646.57
1.00 FTE, 40 hours per week			
WAREHOUSE SUPERVISOR			
(.80 FTE 32 hours per week Match)	21,619.73		21,619.73
Total Salaries	1,325,631.62		1,325,631.62
Mental Health	28,393.00		28,393.00
7.58 clients/week @ \$72/client			
Daycare	17,850.00		17,850.00
5.72 children/week @ \$60/week			
Meals	76,600.00		76,600.00
88.92 meals/day @\$2.36/meal			
Educational Modular Lease	8,234.04		8,234.04
\$686.17 per month			
Supplies	4,500.00		4,500.00
\$375 per month			
Transportation	14,000.04		14,000.04
\$1166.67 per month			
Medical Assistance to Individuals	5,000.16		5,000.16
\$416.68 per month			
Financial Assistance to Individuals	11,000.05		11,000.05
\$916.67 per month			
Total Other Services	165,577.29		165,577.29
2. Total Supportive Services Budget	1,491,208.91		1,491,208.91
(add lines under item 1 to obtain the total Supportive Services Budget)			
3. SHP REQUEST	1,224,959.00		1,224,959.00
4. Selectee's Match (Line 2 minus Line 3)	266,249.91		266,249.91

Exhibit 2R: SHP- Project Budget

Project Budget

Please fill out your proposed project budget and term of grant for the activities in which you are requesting funds, including the cash match resources and the total project budget.

Grant Term: (please check one) 1 2 3

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	1,224,959.00	266,249.91	1,491,208.91
3. Operations	**		
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)	1,224,959.00		
6. Administrative Costs (up to 5% of line 5)	61,248.00		
7. Total SHP Request (total lines 5 and 6)	1,286,207.00		

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

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

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

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart in Exhibit 1 for the project.

Logic Model

**U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight**

OMB Approval No. 2535-0114
(exp 12/31/2006)

Program Name: <u>Lee County Southwest Florida Continuum of Care</u>				Component Name: <u>The Salvation Army Comprehensive Care Program</u>					
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output	Achievement	End		
1	2	3	4	5	6	7	8	9	
Policy		Planning		Intervention		Impact		Accountability	
Same as above	Same as above	Same as above	Same as above	<u>Intermediate Term</u> 300 (100%) homeless persons will receive Employment Classes, Job Placement Services and Counseling. A total of 2000 units of service will be provided.		150 (50%) homeless persons will obtain employment or will maintain or acquire an ongoing source of income through job seeking or accessing mainstream resources.		Same as above	Analyze HMIS data to determine: (1) Percent and number of clients obtaining employment or maintaining or acquiring an ongoing source of income through job seeking or accessing mainstream resources. Compare numbers/percents against projected goal.

HUD's Strategic Goals: a-f

Policy Priorities: a-g

Logic Model

**U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight**

OMB Approval No. 2535-0114
(exp 12/31/2006)

Program Name: <u>Lee County Southwest Florida Continuum of Care</u>				Component Name: <u>The Salvation Army Comprehensive Care Program</u>					
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output	Achievement	End		
1	2	3	4	5	6	7	8	9	
Policy		Planning		Intervention		Impact		Accountability	
b	a, f	<p>Support services are needed to provide a seamless continuum of care for homeless population.</p> <p>2005 Homeless survey indicated 1083 homeless on any given night in Lee County.</p>	<p>Support services for housing, employment, and greater self-determination for homeless persons housed at The Salvation Army and other area emergency shelters.</p> <p>Support services for housing and employment for homeless persons living in places not meant for human habitation who have asked for assistance with housing and employment.</p>	<p>Short Term 300 (100 %) Homeless persons will receive Case Management, Life Skills Classes, Addictions Counseling and/or Education, Domestic Violence Education and/or Therapy, Mental Health Education and/or Therapy to enable greater self-determination. A total of 4000 units of service will be provided.</p>		<p>150 (50%) homeless persons will demonstrate greater self-determination as indicated by completing individual case plan goals.</p>		<p>(a) Intake Forms, Direct Care Daily Activity Reports, and Discharge Summary Forms (b) HMIS and Individual Client Records (c) all client documentation is maintained and collected on-site (d) Data is collected daily by Administrative Coordinator and data technicians. Administrative Coordinator submits reports to HUD monthly and yearly (APR). Agency reports generated weekly. (e) Data from Intake forms, Direct Care Daily Activity Reports, and Discharge Summary Forms is manually collected daily and entered daily into HMIS. Reports are generated by HMIS.</p>	<p>Analyze HMIS data to determine:</p> <p>(1) Percent and number of clients achieving greater self-determination as indicated by clients completing individual case plan goals.</p> <p>Compare numbers/percents against projected goal.</p>

HUD's Strategic Goals: a-f

Policy Priorities: a-g

Logic Model

**U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight**

OMB Approval No. 2535-0114
(exp 12/31/2006)

Program Name: <u>Lee County Southwest Florida Continuum of Care</u>				Component Name: <u>The Salvation Army Comprehensive Care Program</u>					
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome	End Results		
1	2	3	4	5	6	7	8	9	
Policy		Planning		Intervention		Impact		Accountability	
Same as above	Same as above	Same as above	Same as above	<u>Long Term</u> 300 (100%) homeless persons will receive Housing Services and Housing Case Management. A total of 1100 units of service will be provided.		150 (50%) homeless persons will obtain permanent housing or residential stability.		Same as above	Analyze HMIS data to determine: (1) Percent and number of clients obtaining permanent housing or residential stability. Compare numbers/percents against projected goal.

HUD's Strategic Goals: a-f

Policy Priorities: a-g

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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

Applicant/Recipient Information

Indicate whether this is an Initial Report

or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): The Salvation Army, a Georgia Corporation, for The Salvation Army - Fort Myers, FL 10291 McGregor Boulevard, Fort Myers, Florida 33919 (239) 278-1551		2. Social Security Number or Employer ID Number: 580-66-607	
3. HUD Program Name Comprehensive Care Program		4. Amount of HUD Assistance Requested/Received \$1,286,207.00	
5. State the name and location (street address, City and State) of the project or activity: The Salvation Army, 2400 Edison Avenue, Fort Myers, Florida 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).		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	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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

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

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

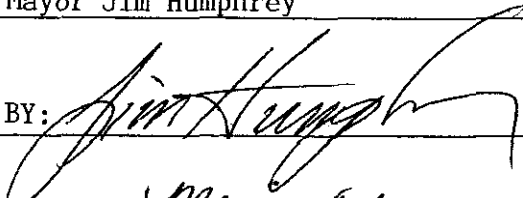
Project Name: Salvation Army Comprehensive Care Program (Renewal)

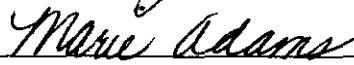
Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction
Name: Mayor Jim Humphrey

BY: 

~~XXXXXX~~ ATTEST: 
Marie Adams, CMC, City Clerk

Date: May 3, 2005

**Certification of Consistency
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Salvation Army Comprehensive Care Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction
Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: 

Date: 6-4-2005

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Salvation Army Comprehensive Care Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official
of the Jurisdiction
Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____

Exhibit 2R: Project Information/Project Budget

Please be sure to place the Applicant and Project Name and DUNS number on each page of your narrative response.

Project Information

1. Basic Identification

- a. Grantee Name: Lee County Board of County Commissioners
- b. Project Name: Homeless Management Information System (HMIS)
- c. Sponsor Name: Same as Grantee
- d. Address: 2440 Thompson Street, Fort Myers, FL 33901
- e. Telephone: 239/533-7930
- f. Fax Number: 239/533-7960
- g. Contact Person: Ann Arnall, Deputy Director, Department of Human Services
- h. Project Congressional District: 14
- i. Project 6-digit Geographic Code: 120966
- j. Project Number of Grant Being
Renewed: FL14B303005 PIN: FL14109
- k. Component/Type: (please check one) TH PH SSO SH-Th
SH-Ph HMIS IH
- l. Grant Term: (please check one) 1 2 3
- m. Priority Number on Exhibit 1: 5

2. Number of Beds/Number of Participants

Chart 1: Beds

Beds	Current Level
Number of Bedrooms*	N/A
Number of beds*	N/A

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

Exhibit 2R: SHP Project Information - Continued

Chart 2: Participants

Participants	Current Level (if applicable)	No. Projected to be served over the grant term
Number of families with children	N/A	N/A
Of persons in families with children	N/A	N/A
a. number of disabled		
b. number of other adults	N/A	N/A
c. number of children	N/A	N/A
Of single individuals not in families		
a. number of disabled individuals	N/A	N/A
a.1. number of disabled individuals who are chronically homeless	N/A	N/A
b. number of other individuals	N/A	N/A

3. Performance

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

If "yes", briefly describe the changes. (Attach additional pages as needed)

- b. If one or more extensions have been provided for your current grant, please indicate:

Yes No

If yes, please indicate the number of extensions approved: _____

The extension period (e.g., two months, one year): _____ For each extension please indicate the extension period, providing dates and number of weeks or months.

- Extension 1: _____ weeks, or _____ months
- Extension 2: _____ weeks, or _____ months

List additional extensions as necessary.

For each extension, identify the reason for the extension.

If not operating at full capacity, please explain.

Exhibit 2R: SHP Project Information - Continued

4. Additional Key Information

- a. Check the *Predominately Serve* box if your project primarily targets the given subpopulation, i.e., 70 or more of the persons you serve or the *Serve* box if less than 70%.

Subpopulation	Serve Less than 70%	Predominantly Serve (70% or more)
Chronically Homeless	N/A	N/A
Severely Mentally Ill	N/A	N/A
Chronic Substance Abuse	N/A	N/A
Veterans	N/A	N/A
Persons with HIV/AIDS	N/A	N/A
Victims of Domestic Violence	N/A	N/A
Women with Children	N/A	N/A
Youth (Under 18 years of age)	N/A	N/A

- b. Project is in a rural area:

Yes
 No

- c. Is the sponsor and/or applicant 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.)

Sponsor: Yes
 No

Applicant: Yes
 No

- d. Is the Logic Model attached? Please see the General Section for instructions.

Yes
 No

Exhibit 2R: HMIS Budget Chart

Cost Item	Year 1	Year 2	Year 3	Total
Equipment				
Central Server(s)				
Personal Computers and Printers 17* PC's and battery backups for desktop machine usage and Internet access for existing and new users to improve or expand access 17* printers and cables for existing and new agencies *(5 PC's and 5 printers are designated for agencies not currently participating in HMIS)	25,412.45			25,412.45
Networking				
Security Included with CSN software and servers				
Subtotal	25,412.45			25,412.45
Software				
Software/User Licensing 64 Client Server Network Licenses 17MS Office Software packages for new PC's and/or antivirus software	24,773.00			24,773.00
Software Installation				
Support and Maintenance				
Supporting Software Tools				
Subtotal	24,773.00			24,773.00
Services				
Training by Third Parties 5 days of training by Client Services Network for new users	4,400.00			4,400.00
Hosting/Technical Services Hosting and maintenance of 4 servers, 4 PC's and network	49,354.32			49,354.32
Programming: Customization Customization to enhance functionality and reporting requirements	2,000.00			2,000.00
Programming: System Interface Provides data bridge with other systems	7,500.00			7,500.00
Programming: Data Conversion				
Security Assessment and Setup Evaluation of new agencies and installation of CSN	4,000.00			4,000.00
On-line Connectivity (Internet Access) 11 internet accounts (10 new accounts include activation fee)	9,260.00			9,260.00
Facilitation				
Disaster and Recovery				
Subtotal	76,514.32			76,514.32

Applicant Name: Lee County Board of County Commissioners

Project Name: Homeless Management Information System

DUNS # 01-346-1611

Personnel				
Project Management/Coordination Consulting for project management and coordination	32,000.00			32,000.00
Data Analysis .75 FTE Data Coordinator plus fringe benefits	54,141.55			54,141.55
Programming				
Technical Assistance and Training Additional staff training for system users and promotion of the project to encourage additional agencies to participate in HMIS	2,500.00			2,500.00
Administrative and Support Staff System administrator and support staff	10,120.00			10,120.00
Subtotal	98,761.55			98,761.55
HMIS Space and Operations				
Space Costs				
Operational Costs				
Subtotal				
Total HMIS Budget	225,461.32			225,461.32
SHP Request	176,107.00			176,107.00
Selectee's Match	49,354.32			49,354.32

**Exhibit 2R: HMIS Budget – Dedicated Projects and Shared Costs -
Instructions**

4. Homeless Management Information System Participation
 a. Date (mm/yyyy) this project began participating (entering data) into the HMIS
 06/2004

If not yet participating, please explain why and when you intend to begin participating: _____.

- b. Are all clients served by this project entered into the HMIS?

Yes

No

If not all clients served are entered into the HMIS, please explain why: Data Bridge for Lee County Human Services LIFT program must be developed between the Agency Information Management System and Client Services Network. This bridge will occur by late 2005.

Form HUD 40076 CoC-2RB page 1

Exhibit 2R: SHP- Project Budget

Project Budget

Please fill out your proposed project budget and term of grant for the activities in which you are requesting funds, including the cash match resources and the total project budget.

Grant Term: (please check one) 1 2 3

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services			
3. Operations			
4. HMIS	\$176,107	\$49,354.32	\$225,461.32
5.SHP Request (subtotal lines 1 through 4)	\$176,107		
6. Administrative Costs (up to 5% of line 5)	\$ 4,403		
7. Total SHP Request (total lines 5 and 6)	\$180,510		

**U.S. Department of Housing
and Urban Development
Office of Departmental Grants Management and Oversight**

Program Name: <u>Supportive Housing Program</u>				Component Name: <u>Homeless Management Information System</u>					
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1	2	3	4	5	6	7	8	9	
Policy	Planning		Intervention		Impact		Accountability		
C	F	Homeless individuals & families need accessible, coordinated, applicable services to obtain and maintain permanent housing and a stable lifestyle.	-Collect data on homeless or potentially homeless individuals and families -Share information, when authorized among provider agencies -Utilize data to coordinate and plan services	<u>Short Term</u> All Continuum funded agencies will actively collect data utilizing the Homeless Management Information System-Client Services Network		5 of 5 Continuum funded agencies will report all client data for Continuum funded services in HMIS-CSN		a. Agency client records b. HMIS – Client Services Network Web Server c. HMIS – Client Services Network Web Server d. Time of service delivery e. Client Services Network software and reporting	APR's will be produced electronically Volume of data collected will increase Data will be reviewed and analyzed and presented to the Lee County Homeless Coalition on a regular basis
				<u>Intermediate Term</u> 5 Non Continuum funded agencies will utilize HMIS.		50% of client data from local shelter, transitional, or permanent housing beds for the homeless will be recorded in HMIS system			

Program Name: Supportive Housing Program

Component Name: Homeless Management Information System

Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1	2	3	4	5	6	7	8	9	
Policy	Planning		Intervention		Impact		Accountability		
				<u>Long Term</u> Improved service delivery system through shared information and data analysis		Data will be summarized and analyzed on a regular basis to evaluation and improve service delivery		a. Agency client records b. HMIS – Client Services Network Web Server c. HMIS – Client Services Network Web Server d. Time of service delivery e. Client Services Network software and reporting	APR's will be produced electronically Volume of data collected will increase Data will be reviewed and analyzed and presented to the Lee County Homeless Coalition on a regular basis

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Lee County Board of County Commissioners, Department of Human Services (HMIS) 2440 Thompson Street, Fort Myers, FL 33901 (239) 533-7930	2. Social Security Number or Employer ID Number: 59-6000702
3. HUD Program Name 2005 Continuum of Care, Supportive Housing Program	4. Amount of HUD Assistance Requested/Received 180,510
5. State the name and location (street address, City and State) of the project or activity: 2440 Thompson Street, 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 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 %)
Bell Data Systems	56-2248019	Software License + Support	\$41,228 (23%)

(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) 5/17/05
--	-------------------------------

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Homeless Management Information System Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction

Name: Mayor Jim Humphrey

~~XXXX~~ ATTEST: Marie Adams
Marie Adams, CMC, City Clerk

Signature: BY: _____

Date: May 3, 2005

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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Applicant Name: Lee County Board of County Commissioners

Project Name: Homeless Management Information System Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

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

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction

Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: 

Date: 5-4-2005

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Lee County Board of County Commissioners

Project Name: Homeless Management Information System Program (Renewal)

Location of the Project: Lee County, Cape Coral, Fort Myers

Name of the Federal

Program to which the

applicant is applying: Supportive Housing Program

Name of

Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official

of the Jurisdiction

Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____

**U.S. Department of Housing
and Urban Development**
Office of Community Planning and Development

OMB Approval No. 2506-0112
(exp 9/30/2005)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Exhibit 3R: Shelter Plus Care Program – Renewal Project Instructions

(Exhibit 3R is the application for a renewal S+C project, consisting of forms HUD 40076-COC-3RA through form HUD 40076-CoC-3RE, plus narrative text as specified in the instructions for each form)

Exhibit 3R: Project Narrative/Performance/Component/Information

Project Narrative

This is a Renewal Request for a Shelter Plus Care Project serving homeless persons with disabilities.

Project summary. Please provide the following:

- a. Grantee Name Lee County Department of Human Services
- b. Program component SRA
- c. Total S+C request \$78,804.00
- d. The type of housing and number of participants originally proposed and ultimately served Permanent Supportive Housing, originally proposed to serve 8 single persons and 2 families at a given point in time. Projected number ultimately served for the current 5 year contract period: 70 singles and 7 families.
- e. The population to be served. New this year, permanent housing projects may only serve those who come from the street, emergency shelter or transitional housing. Persons with disabilities who require supportive housing services to maintain housing.

f. Project number of grant being renewed: FL14C903006 PIN: _____

Performance

Are there any significant changes in the project since the last funding approval: Yes No x
 If "yes" briefly describe the changes.

Are all units funded with S+C funds occupied? Yes No x
 If not, please explain the reasons. Recent move-outs.

Component

Select the S+C component which describes your existing project (check only one box)

- TRA SRA PRA without Rehab PRA with Rehab SRO

Project Information

Project Name: RUTH COOPER CENTER – SHELTER PLUS CARE		Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip): 2789 Ortiz Avenue, Ft. Myers, FL 33905		
Project Sponsor's Name (for SRA only): Lee Mental Health Center, Inc., d/b/a Ruth Cooper Center for Behavioral Healthcare, Inc.		Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA only): 2789 Ortiz Avenue, Ft. Myers, FL 33905		Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA only): Janet W. Eustis, Chief Executive Officer, 239-275-3222, 239-275-6037	Grant being renewed – Grant Number/PIN: FL14C903006	

Exhibit 3R: Participant Count

In each category shown in the chart below, estimate, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. The actual subpopulations to be served must be noted below in Targeted Subpopulations. *Do not double count.*

Number of Participants

Part 1: Individual Participants not in Families	13
Part 2: Participants in Families	
(a) Total Targeted Participants: (in families)	2
(b) Number of other Family Members Living with Participants	4
Total Participants in Families	2
Total Persons Served from Parts 1 and 2	15

Exhibit 3R: S+C Renewal Budget

Complete this budget section for the TRA, SRA, PRA or SRO project you are submitting for renewal.
Remember that a separate Exhibit 3R must be submitted for each project.

1. Need for Renewal

To determine if a renewal grant is needed for your project (including the S+C SRO component), please complete the following chart (skip to Question 2 if awarded a one-year renewal in 2004):

A. S+C Funds Originally Awarded	\$295,140.00 _____
B. Expenditure projected through 2006	\$295,140.00 _____
C. Difference (A minus B)	\$ 0 _____

If balance remains after the funds projected to be spent by the end of calendar year 2006 ("B" above) are subtracted from the amount awarded for your existing grant ("A" above), a renewal grant is not needed at this time. Instead, a grant extension should be requested from the appropriate HUD Field Office. Grant extensions for S+C SRO components will be processed in the same manner as the other S+C components.

2. Renewal Budget

The amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 12 months, except that for S+C grants having been awarded one-year of renewal funding in 2004, the number of units requested for renewal this year may not exceed the number of units funded in 2004. If you received a one-year S+C renewal grant in 2004, please provide the number of units approved for funding that year: n/a .

In the following chart for TRA, SRA or PRA renewals only, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as revised and published in the Federal Register on February 28, 2005, by the number of units of a given size by 12 months. The FMR for SRO sized units under TRA, SRA or PRA should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher or lower than those found in the revised February 28, 2005, FR Notice.] **Complete a separate chart for each jurisdiction that has a different FMR. Do not complete this section for S+C SRO components; use Form HUD 40076 CoC-3RD.**

Exhibit 3R: S+C Renewal Budget - Continued

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached. Requests for rents above 100% but not more than 110% must be accompanied by a statement from the PHA that they have exercised their authority to set rents above the published amount. The PHA statement must cite at what level the rents are set, up to 110% of the FMR.

Name of metropolitan or non-metropolitan area for the FMR used:

Dwelling Units	Number of Units	X FMR \$	X Number of Months	Total Amount Requested = \$
SRO			12	
0 Bedroom	1	575	12	6,900.00
One Bedroom	2	621	12	14,904.00
Two Bedroom	4	707	12	33,936.00
Three Bedroom	2	961	12	23,064.00
Four Bedroom			12	
Other: (specify)			12	
Total Assistance	9	2,864.00	12	\$78,804.00

Exhibit 3R: S+C Renewal Budget/SRO Only

SRO Renewals Only

In the following chart for S+C/SRO renewals, show the number of units to be owned and leased under HAP contract during the one-year renewal period. Multiply the number of units by the current contract rent (at time of expiration) by 12 months.

Dwelling Units	Number of Units	Contract X Rent	Number of X Months	Total Amount Requested = \$
			12	\$
Total Assistance				\$

If your project was completed in stages, you need to submit a separate exhibit for each distinct stage.

Exhibit 3R: Additional Key Information

HUD needs the following information to respond to public and Congressional inquiries about program benefit. Responses from this section will also be used to measure compliance with the requirement that no less than 10 percent of the funds awarded are for projects predominantly serving individuals experiencing chronic homelessness, where at least 70 percent of the persons served meet HUD's definition of chronic homelessness.

1. Which of the following subpopulations will your project assist? (Check the *Predominantly Serve* box if your project primarily targets the given subpopulation, i.e., 70 percent or more of the persons you propose to serve, or the *Serve* box if less than 70 percent.)

Subpopulation	Serve (Less than 70%)	Predominantly Serve (70% or more)
Chronically Homeless	X	
Severely Mentally Ill		X
Chronic Substance Abuse	X	
Veterans	X	
Persons with HIV/AIDS	X	
Victims of Domestic Violence	X	
Women with Children	X	

2. If you propose to serve persons experiencing chronic homelessness in your project, provide the number of chronically homeless persons to be served (at a point in time) 1 .

3. The project is in a rural area:

Yes No

4. Is the sponsor and/or applicant 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.)

Sponsor: Yes Applicant: Yes
 No No

Exhibit 3R: Additional Key Information

5. Homeless Management Information System Participation

a. Date (mm/yyyy) this project began participating (entering data) in the HMIS 6/2005

b. If not yet participating, please explain why and when you intend to begin participating:
Completing conversion of existing database.

c. Are all clients served by this project entered in the HMIS?

- Yes
- No

d. If not all clients served are entered in the HMIS, please explain why: Recent move-outs and move-ins.
Startup delays.

6. Is the Logic Model attached? Please see the General Section for instructions.

- Yes
- No

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2006)

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): Ruth Cooper Center 2789 Ortiz Avenue, Ft. Myers, FL 33905 (239) 275-3222	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name Shelter Plus Care	4. Amount of HUD Assistance Requested/Received \$78,804
5. State the name and location (street address, City and State) of the project or activity: 2789 Ortiz Avenue, Ft. Myers, FL 33905	

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

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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Project Name: Ruth Cooper Shelter Plus Care Program (Renewal)

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Name of the Federal
Program to which the
applicant is applying: Shelter Plus Care

Name of
Certifying Jurisdiction: City of Fort Myers

Certifying Official
of the Jurisdiction

Name: Mayor Jim Humphrey

~~THE~~ BY: 

~~BY~~ ATTEST: 

Marie Adams, CMC, City Clerk

Date: May 3, 2005

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
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Name of the Federal
Program to which the
applicant is applying: Shelter Plus Care

Name of
Certifying Jurisdiction: City of Cape Coral

Certifying Official
of the Jurisdiction
Name: Terrance Stewart, MPA

Title: City Manager, City of Cape Coral, Florida

Signature: *Terrance Stewart*

Date: 5-4-2004

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
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applicant is applying: Shelter Plus Care

Name of
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official
of the Jurisdiction
Name: _____

Title: Chairman, Lee County Board of County Commissioners

Signature: _____

Date: _____