

Lee County Board Of County Commissioners

Blue Sheet No. 20060588

4/27/06

Agenda Item Summary

**1. ACTION REQUESTED/PURPOSE:** 1) Approve submission of Lee County's HUD Fiscal Year 2006 Homeless Continuum of Care and Supportive Housing applications; 2) Authorize Chairwoman 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:** 05 **C5A** **5. Meeting Date:** 05-16-2006

<b>6. Agenda:</b> <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	<b>7. Requirement/Purpose: (specify)</b>		<b>8. Request Initiated:</b> <b>Commissioner</b> _____ <b>Department</b> Human Services <b>Division</b> na <b>By:</b> Karen B. Hawes, Dir.
	<input type="checkbox"/> Statute	_____	
	<input type="checkbox"/> Ordinance	_____	
	<input type="checkbox"/> Admin. Code	_____	
	<input checked="" type="checkbox"/> Other	_____	
	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 May 19, 2006. Eight projects to benefit homeless with a total value of \$2,068,531 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 April 4, 2006

Attachments:  
Cover Letters (2)  
Grant Application Data Form  
2006 Lee County Homeless Continuum of Care Document with 8 Project Applications

**10. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
<i>[Signature]</i>	N/A	N/A	N/A	<i>[Signature]</i>	Analyst	Risk	Grants	Mgr.	
				<i>[Signature]</i>	RK 5/4	AK 5/4	RK 5/4	AK 5/4	HS 5/4/06

**11. Commission Action:**  
 Approved  
 Deferred  
 Denied  
 Other

RECEIVED BY  
COUNTY ADMIN:  
5-5-06  
4:33 pm.  
COUNTY ADMIN  
FORWARDED TO:  
5-4-06 P.R. 4:50

Rec. by CoAtty  
Date: 5/4/06  
Time: 4:15 pm  
Forwarded To:  
5/4/06

*Rec'd*

**GRANT APPLICATION DATA FORM**

SUBMITTING DEPARTMENT/DIVISION: Department of Human Services

Contact Person: Richard L. 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: Homeless Continuum of Care HUD FY 2006

GRANTOR AGENCY: US HUD

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

DEADLINE FOR SUBMITTAL: 19-May-06

GRANT AMOUNT: \$2,068,531

**MATCHING REQUIREMENTS (include how the matching will be met):**      \$582,656(SHP) +\$81,120(SPC)=\$663,776  
Construction Costs -50%Match met by Agency Funds, Operations Costs - 20%Match met by Agency Funds  
Supportive Service Costs - 20%Match met by Agency Funds  
Lee County Project Match from Lee Co funds - HMIS Project - \$51,235 ;LIFT - \$35,915

**PURPOSE OF GRANT:**  
Homeless Housing and Services  
\_\_\_\_\_  
\_\_\_\_\_

**IMPACT STATEMENTS**

**Please describe the benefit of this grant to the community.**  
Lee County homeless persons receive services for disabilities and are returned to housing  
\_\_\_\_\_

**Please describe the operational impact to Lee County Government.**  
Funding supports two Department of Human Services programs  
\_\_\_\_\_

\_\_\_\_\_  
Department Grant Administrator/designee

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Bob Janes  
*District One*

May 16, 2006

Douglas R. St. Cerny  
*District Two*

Ray Judah  
*District Three*

Tammy Hall  
*District Four*

John E. Albion  
*District Five*

Donald D. Stilwell  
*County Manager*

David M. Owen  
*County Attorney*

Diana M. Parker  
*County Hearing Examiner*

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

**SUBJECT: Lcc County's 2006 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 *2006 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, six 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,

Tammara A. Hall, Chairwoman  
Lee County Board of County Commissioners

Enclosures:

1 Copy Full Set 2006 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

S:\NB\Planning\Homeless\Lead\CoCare\CoC2006\COC06\_DOC\COC05lettersbluesht\COC06\_HUDletterdraft.doc

Bob Janes  
*District One*

Douglas R. St. Cerny  
*District Two*

May 16, 2006

Ray Judah  
*District Three*

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

Tammy Hall  
*District Four*

John E. Albion  
*District Five*

Donald D. Stilwell  
*County Manager*

**SUBJECT: Lee County's 2006 Homeless Continuum of Care Strategic Plan Supportive Housing Program (SHP) and Shelter Plus Care (SPC) Consolidated Application**

David M. Owen  
*County Attorney*

Diana M. Parker  
*County Hearing Examiner*

Dear Virginia:

Please find enclosed for your review and processing two (2) copies of the Lee County 2006 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 seven 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,

Tammara A. Hall, Chairwoman  
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\CoC2006\COC06\_DOC\COC05lettersbluesht\COC06\_Vichletterdraft.doc



# LEE COUNTY

## SOUTHWEST FLORIDA

### 2006 HOMELESS

# **CONTINUUM OF CARE**

### STRATEGIC PLAN

**U.S. Department of Housing and Urban Development  
2006 Supportive Housing Program  
2006 Shelter Plus Care Program  
Consolidated Application**

***Prepared in Conjunction with:***

Lee County Homeless Coalition  
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:  
vers: BoCC***

## **Table of Contents**

### **Section I: Exhibit 1 Narrative and Charts**

<b>2006 Application Summary</b> (Form HUD-40090-1-A,B)	1
<b>CoC Groups and Meetings Chart</b> (Form HUD-40090-1-C)	2
<b>CoC Planning Process Organizations Chart</b> (Form HUD-40090-1-D)	3
<b>CoC Governing Process Chart</b> (Form HUD-40090-1-E)	5
<b>CoC Project Review and Selection Chart</b> (Form HUD-40090-1-F)	6
<i>CoC Written Complaints Chart (Form HUD-40090-1-F) (Not Applicable)</i>	
<b>CoC Services Inventory</b> (Form HUD-40090-1-H)	7
<b>Housing Inventory Charts</b> (Form HUD-40090-1-I)	9
<b>Housing Inventory Data Sources and Methods Chart</b> (Form HUD-40090-1-J)	13
<b>CoC Point-in-Time Homeless Population and Subpopulations Chart</b> (Form HUD-40090-1-K)	14
<b>CoC Homeless Population and Subpopulations Data Sources and Methods Chart</b> (40090-1-L)	15
<b>CoC HMIS Chart</b> (Form HUD-40090-1-M)	17
<b>CoC 10-Year Plan, Objectives, and Action Steps Chart</b> (Form HUD-40090-1-N)	19
<b>CoC Discharge Planning Policy Chart</b> (Form HUD-40090-1-O)	20
<b>CoC Coordination Chart</b> (Form HUD-40090-1-P)	24
<b>CoC Project Priorities Chart</b> (Form HUD-40090-1-Q)	25
<b>CoC Pro Rata Need (PRN) Reallocation Chart</b> (Form HUD-40090-1-R)	26
<b>CoC Project Leveraging Chart</b> (Form HUD-40090-1-S)	27
<b>CoC Current Funding and Renewal Projections Chart</b> (Form HUD-40090-1-T)	28
<b>CoC Achievements Chart</b> (Form HUD-40090-1-U)	29
<b>CoC Chronic Homeless (CH) Progress Chart</b> (Form HUD-40090-1-V)	31
<b>CoC Housing Performance Chart</b> (Form HUD-40090-1-W)	32
<b>Mainstream Programs and Employment Project Performance Chart</b> (Form HUD-40090-1-X)	33
<b>Enrollment and Participation in Mainstream Programs Chart</b> (Form HUD-40090-1-Y)	34
<i>Unexecuted Grants Chart (Form HUD-40090-1-Z) (Not Applicable)</i>	
<b>CoC Participation in Energy Star Chart</b> (Form HUD-40090-1-AA)	35
<b>Section 3 Employment Policy Chart</b> (Form HUD-40090-1-BB)	

### **Additional Forms for Exhibit 1**

<b>Questionnaire on HUD's Initiative on Removal of Regulatory Barriers</b> (HUD 27300)	36
<b>Acknowledgement of Application Receipt</b> (HUD-2993)	39
<b>Client Comments and Suggestions</b> (HUD-2994)	40

## **Table of Contents continued**

### **Section II Applicant Documentation**

<b>Application for Federal Assistance SHP (DUNS No.) (SF-424) (Priority Project List)</b>	<b>44</b>
<b>Application for Federal Assistance S+C (DUNS No.) (SF-424) (Priority Project List)</b>	<b>46</b>
<b>SF-424-SUPP Survey on Ensuring Equal Opportunity</b>	<b>48</b>
<b>Documentation of Applicant Eligibility (for New project)</b>	<b>49</b>
<i>Disclosure of Lobbying Activities (SF-LLL) –(Not applicable)</i>	
<b>Applicant Code of Conduct</b>	<b>50</b>
<b>Applicant Certification (HUD 40090-4)</b>	<b>55</b>

## Table of Contents continued

### Section III Project Documentation (SHP)

<p><b>Priority #1 Renaissance Manor Broadway Place Permanent Housing – New SHP Project</b>            Project Narrative / Experience Narrative / Project Information Forms / Project Budget/            (3)(a) Documentation of Sponsor Eligibility.            (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>	1
<p><b>Priority #2: SWFAS Fresh Start Permanent Housing - Renewal SHP Project</b>            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>	
<p><b>Priority #3: Salvation Army Comprehensive Care Program - Renewal SHP Project</b>            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>	
<p><b>Priority #4: SWFAS Fresh Start Transitional Housing - Renewal SHP Project</b>            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>	
<p><b>Priority #5: Renaissance Manor Permanent Housing - Renewal SHP Project</b>            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>	
<p><b>Priority #6: DHS Living Independently for Today – Renewal SHP Project</b>            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>	
<p><b>Priority #7: DHS Homeless Management Information System - Renewal SHP Project</b>            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>	

### Section III Project Documentation (SPC)

<p><b>Priority #8: Ruth Cooper Center SPC Program - Renewal SPC Project</b>            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>	1
---	---



**Part I: CoC Organizational Structure**

<b>HUD-defined CoC Name:*</b>	<b>CoC Number*</b>
Ft Myers/Cape Coral/Lee County CoC	FL-603

**A: CoC Lead Organization Chart**

<b>CoC Lead Organization:</b> Lee County Department of Human Services		
<b>CoC Contact Person:</b> Richard Lloyd Faris		
<b>Contact Person's Organization Name:</b> Lee County Department of Human Services		
<b>Street Address:</b> 2440 Thompson Street		
<b>City:</b> Fort Myers,	<b>State:</b> FL	<b>Zip:</b> 33901
<b>Phone Number</b> (239) 533-7930	<b>Fax Number:</b> (239) 533-7960	
<b>Email Address:</b> farisrl@leegov.com		

CoC-A

**B: CoC Geography Chart**

<b>Geographic Area Name</b>	<b>6-digit Code</b>
Cape Coral (FL)	120402
Ft Myers (FL)	120966
Lee County (FL)	120971

CoC-B

**CoC Structure and Decision-Making Processes**

**C: CoC Groups and Meetings Chart**

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
<b>COC Primary Decision-Making Group</b>						
<b>Name :</b>	Lee County Homeless Continuum Working Group 1. Lead Agency. 2. Lee Co. Homeless Coalition Exec. Com	X				2
<b>Role:</b>	Monitor planning subgroups, finalize Plans and Events					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name :</b>	Lee County Homeless Coalition – Chronic Homeless Subcommittee	X				6
<b>Role:</b>	Plan and monitor Chronic Homeless action					
<b>Name :</b>	Lee County Homeless Coalition – Demographics Subcommittee	X				9
<b>Role:</b>	Conduct surveys and research to establish numbers and subpopulations of homeless persons					
<b>Name :</b>	Lee County Homeless Coalition – Mainstream Access Subcommittee	X				5
<b>Role:</b>	Plan and monitor Homeless person access to Mainstream Services and Benefits					
<b>Name :</b>	Lee County Homeless Coalition – Homeless Prevention Subcommittee	X				6
<b>Role:</b>	Plan and monitor affordable housing and services to prevent entry into homelessness					
<b>Name :</b>	Lee County Homeless Coalition – Community Awareness Subcommittee	X				5
<b>Role:</b>	Plan, conduct and monitor Community Education and Advocacy					

CoC-C

**D: CoC Planning Process Organizations Chart**

	<b>Specific Names of All CoC Organizations</b>	<b>Geographic Area Represented</b>	<b>Subpopulations Represented, if any* (no more than 2)</b>	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	FL.Dept. of Children & Families (DCF)	Fort Myers (FM) Cape Coral (CC) Lee Co.(Lee)	na	
	Lee County Health Dept (FL)	FM, CC, Lee	na	
	Shimberg Center, Univ. of Florida	FM, CC, Lee	na	
	Office of State Senator Burt Saunders	FM, CC, Lee	na	
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	City Fort Myers Planning Dept	(FM)	na	
	City Cape Coral Comm. Dev. Dept	(CC)	na	
	Sanibel, Ft Myers Beach, Bonita Springs Planning Departments	Lee Co. (Lee)	na	
	Lee Co. Long Term Disaster Recovery Committee (LTRC)	FM, CC, Lee	na	
	Lee County DHS HOPWA Prog.	FM, CC, Lee	na	
	<b>PUBLIC HOUSING AGENCIES</b>			
	Fort Myers Housing Auth	FM, CC	na	
	Lee County Housing Auth	Lee,	na	
	Community Redevelopment Agency	FM, CC, Lee	na	
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Lee County School Board	FM, CC, Lee	na	
	Florida Gulf Coast University		na	
	SW FL Coalition for the Homeless (Regional)			
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Fort Myers Police Department	FN	na	
	Lee County Sheriff's Department	LEE	na	
	Cape Coral Police Department	cc	na	
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	Workforce Development Bd.	FM, CC, Lee	na	
	<b>OTHER</b>			
			na	

**D: CoC Planning Process Organizations Chart – Continued**

<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	Ruth Cooper Center	FM, CC, Lee	SMI	<i>(Mult. Diag</i>
	The Gardens	FM, CC, Lee	SA	SMI
	Abuse Counseling and Treatment	FM, CC, Lee	DV	
	Southwest Florida Addiction Service	FM, CC, Lee	SA,	SMI
	Source of Light and Hope Development Ctr.	FM, CC, Lee	Y	
	Lee County ICAN	FM, CC, Lee	HIV/AIDS	
	Goodwill Industries - SW FL	FM, CC, Lee	SMI	<i>(Dev. Disab</i>
	Health Planning Council/Ryan White	FM, CC, Lee	HIV/AIDS	
	Natl. Assoc. Mental Ill. NAMI	FM, CC, Lee	SMI	
	<b>FAITH-BASED ORGANIZATIONS</b>			
	Salvation Army	FM, CC, Lee	SA	SMI
	Anne's Restoration House	FM, CC, Lee	SA	
	Fort Myers Rescue Mission	FM, CC, Lee	SA	VETS
	<b>FUNDERS / ADVOCACY GROUPS</b>			
	SW Florida Community Foundation	FM, CC, Lee	na	
	United Way	FM, CC, Lee	na	
	<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
	Century 21	FM, CC, Lee	na	
	Reladev	FM, CC, Lee	na	
	DIAD, LCHDC, BSHDC (Hsg Dev)	FM, CC, Lee	na	
	<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
	Healthcare for the Homeless Clinic	FM, CC, Lee	na	
	Family Health Centers	FM, CC, Lee	na	
	Lee Memorial Hospital	FM, CC, Lee	na	
	<b>HOMELESS PERSONS</b>			
	Prioritization Committee	FM, Lee	SA	SMI
	Chronic Homeless Committee (Chair)	Lee	SA	
	Homeless Residents Salvation Army	FM	SA	SMI
	<b>OTHER</b>			

**\*Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

**E: CoC Governing Process Chart**

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain. (Lead Agency has single representative in Group, Coalition members selected in open and democratic process)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition. (not applicable)		

CoC-E

**F: CoC Project Review and Selection Chart**

<b>1. Open Solicitation</b>	
a. Newspapers <input type="checkbox"/>	e. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters to CoC Membership <input checked="" type="checkbox"/>	f. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	g. Announcements at Other Meetings <input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv <input checked="" type="checkbox"/>	
<b>2. Objective Rating Measures and Performance Assessment</b>	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input checked="" type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review Leveraging <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
<b>3. Voting/Decision System</b>	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	e. All CoC Present Can Vote <input type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	f. Consensus <input checked="" type="checkbox"/>
c. CoC Membership Required to Vote <input type="checkbox"/>	g. Abstain if conflict of interest <input checked="" type="checkbox"/>
d. One Vote per Organization <input type="checkbox"/>	

CoC-F

**G: CoC Written Complaints Chart**

<p><b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b></p>	<p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p><b>If Yes, briefly describe the complaints and how they were resolved. (not applicable)</b></p>	

CoC-G

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
FL Dept of Children and Families											X	X		X			X	
Workforce Development- Unemploy	X	X														X		
FL Agency for Workforce Innovation																X		
Lee County DHS: FSS, LIFT	X	X	X	X				X						X		x	X	
Catholic Hispanic Social Services	X	X	X	X													X	X
Lutheran Services Florida	X	X	X	X													X	X
Family Health Centers													X					
Cape Coral Caring Center	X	X	X	X														
Ft Myers Police Dept								X										
Lee Co Sheriff								X										
Chronic Homeless Committee						X												
Veterans' Administration						X						X						
Ruth Cooper Center						X			X	X	X	X				X		
Camelot Community Care						X			X	X		X						
Southwest Florida Addiction Service						X			X	X	X	X						
Island Coast AIDs Network (ICAN)						X			X	X	X	X	X	X				
Center for Light and Hope						X				X			X	X				

**H: CoC Services Inventory Chart – Continued**

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
The Salvation Army	X	X	X	X		X	X		X	X	X	X	X				X	X
Veterans Administration									X	X	X	X	X					
Renaissance Manor									X	X	X	X						X
Southwest Florida Addiction Services									X	X	X	X					X	X
Lee Memo.. System,													X	X	X			
Gulf Coast hospital													X	X				
Center for Light and Hope									X	X				X			X	X
Bonita Literacy Council															X			
Catholic Hispanic Social Services	X	X	X	X	X	X			X	X	X						X	X
The School District of Lee County															X			
Consumer Credit Counseling Serv.					X													
Public Defender Office					X													
DHS Lee Education and Employment Program (LEE)			X						X	X					X	X	X	X
Career Service Ctr. - WIA, AWI,																X		
Childcare of SW Florida																	X	

CoC-H



---

## ***CoC Housing Inventory and Unmet Needs***

### **I: CoC Housing Inventory Charts**

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing.

I: CoC Housing Inventory Charts

## Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Pop		Year-Round			Total Year-Round Beds		Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	Seas-sonal	Overflow & Voucher		
<b>Current Inventory</b>														
Eternal Homes	We Care Outreach	1	15	6	120966	YF		2	6	15	21	0	0	5
Healthy Choice	Healthy Choice	1	6	0	120966	YMF		0	0	6	6	0	0	0
Abuse Counsel/Treat	ACT Shelter - FM	1	6	29	120966	FC		6	29	6	35			4
FM Rescue Mission	Mission	N	0	0	120971	SMF	FC	4	10	18	28			10
Salv. Army Ft Myers	Edison	1	24	43	120966	FC	SF	6	43	24	67			10
			<b>SUBTOTALS:</b>	51	78			<b>SUBTOT. CUR INVENTORY:</b>	18	88	69			29
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>														
Abuse Counsel/Treat	ACT Shelter - CC	1	3	20	120402	FC		1	20	3	23			3
			<b>SUBTOTALS:</b>	3	20			<b>SUBTOTAL NEW INVENTORY:</b>		20	3			3
<b>Inventory Under Development</b>														
Anticipated Occupancy Date														
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>														
<b>Unmet Need</b>														
<b>UNMET NEED TOTALS:</b>														
								22	55	543	598			
1. Total Year-Round Individual ES Beds: 108														
2. Year-Round Individual ES Beds in HMIS: 98														
3. HMIS Coverage Individual ES Beds: 91(%)														
Divide line 2 by line 1 and multiply by 100. Round to a whole number.														

CoC-1

**I: CoC Housing Inventory Charts**

**Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round		Total Year-Round Beds		
			Ind.	Fam.		A	B	Family Units	Family Beds		Individ. Beds	
<b>Current Inventory</b>												
SWFAS	TLC	1	35		120966	SMF			35	35		
FMRM	Mission	N			129071	SMF	1	3	39	42		
Salvation Army	Edison	1	95	6	120966	FC		6	95	101		
After the Rain - SWFL	After the Rain -	1	15		120402	SF			15	15		
Garden Foundation	Garden Foundation	1	15	2	120966	SM FC	1	2	15	15		
Healthy Choice	Healthy Choice	1	10	2	120402	SM FC	1	2	10	12		
Eternal Home	Eternal Home	1	10		120402	SM			10	10		
Ruth Cooper Center	Serenity House	1	3		120966	SMF			3	3		
			<b>SUBTOTALS:</b>	183	10		<b>SUBTOT. CURR INVENTORY:</b>	4	13	222	235	
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>												
			<b>SUBTOTALS:</b>				<b>SUBTOTAL NEW INVENTORY:</b>					
<b>Inventory Under Development</b>												
			<b>SUBTOTALS:</b>				<b>SUBTOTAL NEW INVENTORY:</b>					
<b>Unmet Need</b>												
			<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>				<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>					
			<b>UNMET NEED TOTALS:</b>	46	116	216				332		
1. Total Year-Round Individual TH Beds:			222	4. Total Year-Round Family Beds:								13
2. Year-Round Individual TH Beds in HMIS:			183	5. Year-Round Family TH Beds in HMIS:								10
3. HMIS Coverage Individual TH Beds:			82(%)	6. HMIS Coverage Family TH Beds:								77(%)

**I: CoC Housing Inventory Charts**

**Permanent Supportive Housing\*: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code	Target Population		Year-Round			Total Year-Round Beds		
			Ind.	Fam.		A	B	Family Units	Family Beds	Individual /CH Beds			
<b>Current Inventory</b>													
Renaiss. Manor	Sans Souci SHP/SPC/HOME	1	21		129071	SM				21/21		21/21	
Ruth Cooper Ctr.	Shelter Plus Care	1	27	6	129071	SMF		2	6	27/17		33/17	
CDBG/LCHDC	2003 Units	2	6		120402	SMF				6/3		6/3	
HOME/S. Hsg	2001/02 Units	2	4	0	120402	FC	SMF			4/3		4/3	
SWFAS	2001 Units	1	8	2	129066	SMF		1	2	8/4		10/4	
<b>SUBTOTALS:</b>													
						<b>SUBTOT. CURRENT INVENTORY:</b>							
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>													
SWFAS	2001 Units	1	8	0	129066	SMF				8/4		8/4	
B. Fredericks	B. Fredericks	P	8	0	129071	SM				8/8		8/8	
						<b>SUBTOTALS:</b>							
						<b>SUBTOTAL NEW INVENTORY:</b>							16/12
						<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							38
						<b>UNMET NEED TOTALS:</b>							95
						<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							38/24
						<b>UNMET NEED TOTALS:</b>							407/258
<b>Unmet Need</b>													
1. Total Year-Round Individual PH Beds:			81										
2. Year-Round Individual PH Beds in HMIS:			73										
3. HMIS Coverage Individual PH Beds:			90 (%)										
4. Total Year-Round Family Beds:			8										
5. Year-Round Family PH Beds in HMIS:			8										
6. HMIS Coverage Family PH Beds:			100%										

**J: CoC Housing Inventory Data Sources and Methods Chart**

<b>(1) Indicate date on which Housing Inventory count was completed: 1/25/06</b>	
<b>(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):</b>	
<input type="checkbox"/>	<b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
%	Emergency shelter providers
%	Transitional housing providers
%	Permanent Supportive Housing providers
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>	
Unmet Need was calculated by local tabulations of homeless populations including unsheltered, in Emergency Shelter, in Transitional Housing, and with Chronic Homeless Status. Existing inventory was allocated to each population based on Provider experience. (Part of the total population was calculated as needing Permanent Housing without supportive services.)	

CoC-J

**CoC Homeless Population and Subpopulations****K: CoC Point-in-Time Homeless Population and Subpopulations Chart**Indicate date of last point-in-time count: 01/24/2006

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	36	2	81	119
1. Number of Persons in Families with Children:	125	4	309	438
2. Number of Single Individuals and Persons in Households without Children:	243	334	1,063	1,640
<b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>	368	338	1,372	2,078
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	46		272	318
b. Severely Mentally Ill	146		*	429
c. Chronic Substance Abuse	312		*	919
d. Veterans	216		*	216
e. Persons with HIV/AIDS	14		*	42
f. Victims of Domestic Violence	na		*	117
g. Unaccompanied Youth (Under 18)	76		*	145
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:				
Data Source: <input checked="" type="checkbox"/> Point-in-time count <b>OR</b> <input type="checkbox"/> Estimate				
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total
Total number of Katrina evacuees				
Of this total, enter the number of evacuees homeless <b>prior to Katrina</b>	Not available			

\*Optional for Unsheltered

CoC-K

**L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart**

Complete the following charts based on the most recent point-in-time count conducted.

**L-1: Sheltered Homeless Population and Subpopulations**

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>	
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b> – Providers did not interview sheltered clients during the point-in-time count
<input checked="" type="checkbox"/>	<b>PIT <u>with interviews</u></b> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b> – Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b> – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>	
<input type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
<b>(4) Month and Year when next count of sheltered homeless persons will occur: January, 2007</b>	
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>	
75%	Emergency shelter providers
90%	Transitional housing providers
(na)	Permanent Supportive Housing providers

CoC-L-1

**L-2: Unsheltered Homeless Population and Subpopulations\***

<b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	<b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	<b>Extrapolation</b> – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input checked="" type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	<b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	<b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<b>(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Outreach teams</b>
<input checked="" type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted a training for point-in-time enumerators
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will counts of unsheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
<b>(6) Month and Year when next count of unsheltered homeless persons will occur: Jan. 2007</b>	

CoC-L-2



**CoC Homeless Management Information System (HMIS)****M-1: HMIS Lead Organization Information**

Organization Name: Lee County Dept of Human Services	Contact Person: Ann Arnall
Phone: (329) 533 7930	Email: ARNALLAM@leegov.com
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

**M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS****Implementation:**

HUD-Defined CoC Name*	CoC #
Ft Myers/Cape Coral/Lee County CoC	FL-603

**M-3: HMIS Implementation Status**

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
06/2004			

CoC-M-3

**M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	1,132	1,018
2005	2,352	1,984

CoC-M-4

**M-5: HMIS Participation**

**a) HMIS participation by program type and funding source (please review instructions)**

Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	4	3	1
Emergency Shelter	6	1	5
Transitional Housing	8	3	5
Permanent Supportive Housing	6	3	3
<b>TOTALS:</b>	20 Programs 16 Agencies	10 programs 5 Agencies	14 Programs 11 Agencies

**b) Definition of bed coverage in HMIS (please review instructions)**

Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	6/2004
Transitional Housing (all beds)	3/2006
Permanent Supportive Housing (McKinney-Vento funded beds only)	3/2006

**Challenges and Barriers:** Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation
2. HMIS Data and Technical Standards Final Notice requirements

CoC-M-5

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

<b>1. Training Provided (check all that apply)</b>	<b>YES</b>	<b>NO</b>
Basic computer training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. CoC Process/Role</b>		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Data Collection Entered into the HMIS</b>		
Do all participating agencies submit universal data elements for <b>all</b> homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Security: Participating agencies have:</b>		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5. Security: Agency responsible for centralized HMIS data collection and storage has:</b>		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. Privacy Requirements</b>		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. Data Quality: CoC has protocols for:</b>		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8. Unduplication of Client Records: CoC process:</b>		
Uses data in the HMIS exclusively to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC-M-6

**Part III: CoC Strategic Planning**

**N: CoC 10-Year Plan, Objectives, and Action Steps Chart**

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>Local Action Steps</b> To be completed within the next 12 months.	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	<b>Lead Person</b>  (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	1b. Occupy SWFAS Project CH Beds	6 beds	12 beds (Cumulative)	25 beds (Cumulative)	Robt. Stryker Exec Dir. Lee Homeless Coalition (In consultation Rosemary Boisvert SWFAS Housing Director-CoC Member)
	<i>(Future CH Bed Creation in other projects )</i>		15 beds	167 beds (Cumulative)	Robt. Stryker Exec Dir. Lee Homeless Coalition (In consultation Housing Directors-CoC Members: Renaissance Manor Gulf Coast Life)
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	2. Renaissance Manor,. SWFAS, Ruth Cooper, (Future) PH Occupants remain in housing over 6 mo.	45% stay over 6 months	71% stay over 6 months	75% stay over 6 months	Robt. Stryker Exec Dir. Lee Homeless Coalition (In consultation Housing Directors-CoC Members: Renaissance Manor SWFAS, RCC, Gulf Coast Life)
3. Increase percentage of homeless persons moving from TH to PH to 61%.	3. Renaissance Manor, SWFAS, (Future) TH Occupants remain in housing over 6 mo.	40% stay over 6 months	61% stay over 6 months	75% stay over 6 months	Robt. Stryker Exec Dir. Lee Homeless Coalition (In consultation Housing Directors-CoC Members: Renaissance Manor SWFAS, Gulf Coast Life)
4. Increase percentage of homeless persons becoming employed by 11%.	4. Renaissance Manor,. SWFAS, Ruth Cooper, LIFT, Salv. Army (Future) Increase percentage of Consumers becoming employed	Consumers with employment income increase 5%	Consumers with employment income increase additional 6%	Consumers with employment income increase additional 6%	Robt. Stryker Exec Dir. Lee Homeless Coalition (In consultation -CoC Members: Renaissance Manor,. SWFAS, Ruth Cooper Center LIFT, Salv. Army
5. Ensure that the CoC has a functional HMIS system.	5. 3 additional Housing Agencies input	5. Add 3 new Housing Agencies	5. Add 3 new Housing Agencies	5. Add 4 new Housing Agencies	Erie Pateidl CoC HMIS Administrator
<b>Other CoC Objectives in 2006</b>					
1.					

CoC-N

**O: CoC Discharge Planning Policy Chart**

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care:

**Foster Care Discharge Protocol**

The Lee County Continuum of Care Foster Care Discharge Protocol consists of a Memorandum of Agreement with the Children's Services Network (CSN) and its *Independent Living Program*, which funds education and associated rent and basic assistance to youth discharged from the system. Assistance is provided through age 21 if the educational program is maintained. Lee County Foster Care Programs are operated under the state-contracted Children's Services Network .

**Additional Services:**

Youth, who are age 18 or older or emancipated minors exiting from Foster Care, may be eligible to receive financial assistance with first month's rent, if they meet qualifying criteria, from the Emergency Assistance programs offered by the Lee County Department of Human Services and the Cape Coral Caring Center.

Health Care:

**Hospital Discharge Protocol**

The Lee County Continuum of Care Hospital Discharge Protocol consists of Memorandums of Agreement with the Lee Memorial Health System and Southwest Regional Health System to conduct discharge planning with patients. The Discharge Policies of both systems direct that patients are not discharged to the streets, unless it is the patient's preference after being informed of the possible consequences of his/her decision.

**Additional Services:**

Persons exiting Hospitals may be eligible to receive financial assistance with first month's rent, if they meet qualifying criteria, from the Emergency Assistance programs offered by the Lee County Department of Human Services and the Cape Coral Caring Center.

**O: CoC Discharge Planning - Continued**

Mental Health:

**Mental Health Discharge Protocol for Persons with Mental Health Disability**

The Lee County Continuum of Care Mental Health Discharge Protocol consists of a Memorandum of Agreement with the Ruth Cooper Center administering the Florida Assertive Counseling and Treatment team (FACT) for discharged youth with mental health disability.

**Additional Services:**

Persons exiting Mental Health Residential Treatment may be eligible to receive financial assistance with first month's rent, if they meet qualifying criteria, from the Emergency Assistance programs offered by the Lee County Department of Human Services and the Cape Coral Caring Center.

Corrections:

**Correction Discharge Protocols**

The Lee County Continuum of Care Corrections Institutions consists of a Memoranda of Agreement with the Fort Myers and Cape Coral Police Departments, the Lee County Sheriff's Office and the Lee County Mental Health Court to refer exiting or deferred persons without housing and resources to the Department of Human Services's Ex-Offender Program. Ancillary Memoranda are in place with selected housing providers to place persons deferred by the Mental Health Court.

**Additional Services:**

Persons exiting Corrections Institutions may be eligible to receive financial assistance with first month's rent, if they meet qualifying criteria, from the Emergency Assistance programs offered by the Lee County Department of Human Services and the Cape Coral Caring Center.

CoC-O

**P: CoC Coordination Chart**

<b>Consolidated Plan Coordination</b>		<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Jurisdictional 10-year Plan Coordination</b>			
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).			1
<b>Policy Academy* Coordination</b>		<b>YES</b>	<b>NO</b>
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public Housing Agency Coordination</b>			
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Coordination with State Education Agencies</b>			
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CoC-P

**CoC 2006 Funding Priorities****Q: CoC Project Priorities Chart**

HUD-defined CoC Name:* Ft Myers/Cape Coral/Lee County CoC						CoC #: FL-603			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Lee Co. Board of County Commissioners	Renaiss. Manor Broadway Pl	Broadway Place	1	\$135,665	3	PH			
Lee Co. Board of County Commissioners	SWFAS	Fresh Start II	2	\$122,659	1		PH		
Lee Co. Board of County Commissioners	Salvation Army	Comprehensive Care	3	\$1,286,207	1		SSO		
Lee Co. Board of County Commissioners	SWFAS	Fresh Start 1	4	\$89,669	1		TH		
Lee Co. Board of County Commissioners	Renaiss. Manor	Sans Souci	5	\$52,979	1		PH		
Lee Co. Board of County Commissioners	Lee County DHS	LIFT	6	\$119,722	1		SSO		
Lee Co. Board of County Commissioners	Lee County DHS	HMIS	7	\$180,510	1		HMIS		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects</b>				<b>\$1,987,411</b>					
<b>(9) Shelter Plus Care Renewals:**** Ruth Cooper Center, Shelter Plus Care</b>						<b>S+C Component Type SRA **</b>			
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$81,120</b>					
<b>(11) Total CoC Requested Amount:</b>				<b>\$2,068,531</b>					

CoC-Q

---

**R: CoC Pro Rata Need (PRN) Reallocation Chart** *(Lee County -Not Used)*  
**(Only for Eligible Hold Harmless CoCs)**

CoC-R



---

**S: CoC Project Leveraging Summary Chart**

<b>Name of Continuum</b>	<b>Total Value of Written Commitment</b>
Lee County CoC	\$6,710,107

CoC-S

**T: CoC Current Funding and Renewal Projections**

**Supportive Housing Program (SHP) Projects:**

Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections			
	2006	2007	2008	2009	2010	2011
Transitional Housing (TH)	\$89,669	\$89,669	\$89,669	\$89,669	\$89,669	\$89,669
Safe Havens-TH	na	na	na	na	na	na
Permanent Housing (PH)	\$384,185	\$248,519	\$431,996	\$479,259	\$521,481	\$521,481
SWFAS (2001)	122,659	122,659	122,659	122,659	122,659	122,659
RM Sans Souci	\$52,979	\$52,979	\$52,979	\$52,979	\$52,979	\$52,979
SWFAS (2004)	0	0	\$52,098	\$52,098	\$52,098	\$52,098
RM Bdwy (2005)				\$13,125	\$13,125	\$13,125
RM Bdwy (2006)				\$18,428	\$18,428	\$18,428
PH subtotal	\$175,638	\$175,638	\$227,736	\$259,289	\$259,289	\$259,289
Safe Havens-PH	na	na	na	na	na	na
SSO	\$1,405,929	\$1,405,929	\$1,405,929	\$1,405,929	\$1,405,929	\$1,405,929
HMIS	\$180,510	\$180,510	\$180,510	\$180,510	\$180,510	\$180,510
<b>Totals</b>	\$1,851,746	\$1,851,746	\$1,903,844	\$1,935,397	\$1,935,397	\$1,935,397

**Shelter Plus Care (S+C) Projects:**

Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections			
	2006	2007	2008	2009	2010	2011
	Units	Units	Units	Units	Units	Units
	\$	\$	\$	\$	\$	\$
15	15	15	15	15	15	15
	\$81,120	\$81,120	\$81,120	\$81,120	\$81,120	\$81,120
28	28	28	28	28	28	28
	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
<b>Totals</b>	15	43	43	43	43	43
	\$81,120	\$231,120	\$231,120	\$231,120	\$231,120	\$231,120

## Part IV: CoC Performance

### U: CoC Achievements Chart

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
<b>1. An Accurate Chronic Homeless Demographic Database</b>	<i>1.1 Enter 2005 Survey Sheltered Chronic Homeless in HMIS</i>	1.1 Completed 2005 Shelt. Ch. Hmls in HMIS
	<i>1.2 Convert Monthly DCF electronic reports to identify Chronic Homeless</i>	1.2 Completed Mo. Reports track Ch. Hmls
<b>2. An Achievable Community-Supported Strategic Plan to End Chronic Homelessness</b>	<i>2.1 Plan Chronic Homeless Confr. to finalize 7 year Plan</i>	2.1 Completed Confr. Planning Mtg. held
	<i>2.3 Research and report All Florida 10-Year Plans</i>	2.3 Completed Fact sheet on all FL Plans distributed.
<b>3. An Effective Chronic Homeless Steering Committee</b>	<i>3.1 Formalize Previous workgroups into CHC</i>	3.1 Completed Lee Co. Hmls Coalition. CH Comm.
	<i>3.2 Add Workforce Bd., Chamber, Disaster Recovery representatives</i>	3.2 Completed Workforce, CC, Disast. Reps
	<i>3.2 Finalize Dignitary as Conference Chairman</i>	3.3 To be complete 5/2006 Final discussions with designee
<b>Maximum Resources to Chronic Homeless</b>	<i>4.1 Document Mainstream Benefit utilization of all sheltered Ch. Hmls</i>	4.1 Completed Mo. Reports track Ch. Hmls (See 1.2)
<b>Outreach, Housing, and Service Programs focused on Chronic Homelessness</b>	<i>5.1 Develop Reporting Process Report CH Outreach at Coalit. Mtg.</i>	5.1 Complete CH Subcommittee reports ea Mtg.
	<i>5.2 Add Add 8 Housing First units for CH</i>	5.2 Complete Add 8 Housing First units for CH
	<i>5.3 Establish A low demand shelter facility</i>	5.3. Incomplete Funding Legisl. in current FL legislative session.
	<i>5.4 Prioritize Resources Min. 10% Local, state Fed. -CH</i>	5.4 Complete CoC 2005: CH=\$312,885 / 16.6% FL Chal Gt: CH =\$25,000 / 25%
	<i>5.5 Continue Service Programs. for Chronic Homeless</i>	5.5 Complete

<b>Other Homelessness Goals</b>		
Goal 8 <b>Reliable Homeless Count and Provider Inventory Survey Process</b>	<i>8.1 Finalize</i> Alignment of Census and Provider <i>Survey Instruments</i>	8.1 Complete Survey Instr match reports
	<i>8.2 Prepare</i> Multi map Homeless Services Accessibility GIS Project	8.2 Complete GIS Project/Maps in place
Goal 9 <b>Effective Linkage of Homeless Housing and Service Providers through a Homeless Management Information System</b>	<i>9.1 Distribute</i> Hardware, Software and System licenses to enhance expansion of number of member agencies	9.1 Complete 9 new HMIS licensees 4 new hardware packages
	<i>9.2 Complete</i> Information and Referral link to HMIS	9.2 Complete United Way 211 linked
Goal 10 <b>Effective Programs including Homelessness Prevention to assist <u>Other Homeless</u> residents.</b>	<i>10. Renew Funding</i> for Existing Homeless Projects that are performing effectively to assist homeless families and individuals with episodic homelessness	10. Complete a. CoC funds \$1,575,000 b. ESG funds \$93,333 c. FL Hmls funds \$75,000 d. FL SHIP prevention funding: \$2,402,101

CoC-U

**V: CoC Chronic Homeless (CH) Progress Chart**

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	342	43					
2005	334	(62) 43					
2006	318	60*	17-Acq/Constr	\$400,000	\$249,000	\$130,000	\$500,000
			17-Acq/Constr/ Operating for 1 yr	\$440,000	\$254,000	\$145,000	\$560,500
<b>(5) Changes in the total number of the chronically homeless between 2005 and 2006:</b>							
<p>* In 2005 a substantial number of privately –funded homeless permanent housing units were lost due to sale of the units.. In addition, the 2005 Chronic Bed Total anticipated filling a quantity of non HUD--funded beds, which had been converted to Chronic preference. These later were not filled and returned to serve other client types. Thus the net 2005 Application Chronic Permanent Housing total was 43 Chronic Homeless beds. Later in 2005; however 17 additional Chronic Homeless beds were established and the 2006 total is 60. This keep the Continuum on line with the 2004 Goal projection of 60 Chronic Homeless beds by 2006. In addition a substantial number of Chronic Homeless beds are in the pipeline for occupancy in 2007 and 2008.</p>							

CoC-V

**W: CoC Housing Performance Chart**

Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year’s competition for the applicable areas presented below, check the appropriate box in the chart.

<b>1. Participants in Permanent Housing</b>		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	Data
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	16
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	22
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	5
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	9
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	37%
<b>2. Participants in Transitional Housing (TH)</b>		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	Data
a.	Number of participants who exited TH project(s)—including unknown destination	65
b.	Number of participants who moved to PH	21
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	32%

CoC-W

### X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
184	a. SSI	9	4.9%
184	b. SSDI	6	3.3%
184	c. Social Security	4	2.2%
184	d. General Public Assistance	0	0.0%
184	e. TANF	4	2.2%
184	f. SCHIP	5	2.7%
184	g. Veterans Benefits	0	0.0%
184	<b>h. Employment Income</b>	<b>95</b>	<b>51.6%</b>
184	i. Unemployment Benefits	1	0.5%
184	j. Veterans Health Care	2	1.1%
184	k. Medicaid	26	14.1%
184	l. Food Stamps	16	8.7%
184	m. Other (please specify)	7	3.8%
184	n. No Financial Resources	65	35.3%

CoC-X

**Y: Enrollment and Participation in Mainstream Programs Chart**

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC’s homeless assistance providers (check all that apply):

<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects’ APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

**Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart**

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
na			
		<b>Total:</b>	

CoC-Z



**AA: CoC Participation in Energy Star Chart**

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative?  Yes  No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 86%

CoC-AA

**AB: Section 3 Employment Policy Chart**

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <b>If you answered yes to Question 2:</b>  <b>LEE COUNTY SECTION 3 POLICIES WILL BE ENFORCED FOR THIS PROJECT ALTHOUGH BELOW \$200,000.</b>            What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")?</p> <p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</li> <li><input checked="" type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</li> <li><input checked="" type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</li> <li><input checked="" type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</li> </ul>		

CoC-AB

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

## 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

## Questionnaire Continued

## Lee County – Page 27(Ancillary Form)

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> ” ( <a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a> )	<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

**Questionnaire Continued****Lee County – Page 28(Ancillary Form)**

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.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Total Points:</b>	<b>6</b>	<b>14</b>

# 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: SHP, S+C

## 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 \_\_\_\_\_

**You are our Client!**  
**Grant Applicant Survey**

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

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.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. Public reporting burden for this collection is estimated to average 30 minutes 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7<sup>th</sup> Street, SW – Room 3156, Washington, DC 20410.

**Instructions.** Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O-None thru G-Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the **F1** key.

**O**= None      **A** = Extremely helpful      **B** = Somewhat helpful      **C** = Helpful      **D** = Not very helpful  
**F** = Not helpful      **G** = Not applicable to my needs

**Section 1 – Electronic Grant Application Outreach** Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)): <b>NOT APPLICABLE - COC APPLICATION</b>	Grade: <b>G-Not applicable to my needs</b>
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended:      Grade:  <b>G-Not applicable to my needs</b>
3. Title(s) of satellite broadcast(s):	Date(s):      Grade:  <b>G-Not applicable to my needs</b>
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):      Grade:  <b>G-Not applicable to my needs</b>
5. Did you receive information from the Grant.gov Contact Center? ? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):      Grade:  <b>G-Not applicable to my needs</b>
6. How could we improve our communications to you and others like you (please explain)?	

**Section 2 – Electronic Grant Application Registration Process**

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year?

2. Do you have access to IBM compatible software?

Yes  No

3. Do you have Internet access within your office or division?

Yes  No

If no, is the access within:

a. Within your organization?

Yes  No

b. Available in your building?

Yes  No

c. Available at home?

Yes  No

d. Available within 1 mile of where you work?

Yes  No

e. Available within 5 miles of where you work?

Yes  No

f. Available more than 5 miles of where you work?

Yes  No

4. Do you have problems with Internet access due to any of the following?

Cost?

Yes  No

Reliability?

Yes  No

Office access rights?

Yes  No

Poor quality reception?

Yes  No

### Section 3 – Funding Opportunities

Which Funding Opportunity are you commenting on	Insert CFDA numeral: 14235.000
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

### Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	About the same
b. Trade journals	About the same
c. Agency websites	A little easier
3. How could finding grant opportunities be improved (please explain)? Grants Gov email all new grants regularly	

### Section 5 – Applying for Grant Opportunities

1. Was there more than one person involved in completing the application submission?	Number: 3
2. Did you find the electronic application useful for dissemination purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	A-Before looking at the application

6. What Section of the Electronic Application Desktop Guide were most useful?	
7. How could the Electronic Application Desktop Guide be improved (please explain)?	
8. Did you find the Submission Tips helpful?	Grade A-Extremely helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade A-Extremely helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

**Section 6 – Applicant Information**

Organization Legal Name Lee County Board of County Commissioners

Address 2440 Thompson St. City Fort Myers State FL

Zip Code 33901 Telephone Number: (including area code) (239) 533-7930

Contact Name: Richard Faris Email Address farisrl@leegov.com

**Section 7 – Suggestions**

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.



**SECTION II  
APPLICANT DOCUMENTATION**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 5/19/06	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
<b>5. APPLICANT INFORMATION</b>			
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 St.		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: FL		Last Name Faris	
Zip Code 33901	Suffix:		
Country: USA		Email: farisr@leegov.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 59-6000702		Phone Number (give area code) (239) 533-7930	Fax Number (give area code) (239) 533-7960
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing Program 14-235		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lee County, Fort Myers, Cape Coral		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lee County, Florida Homeless Continuum of Care SUPPORTIVE HOUSING PROGRAM	
<b>13. PROPOSED PROJECT</b> Start Date: 6/30/07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14	
Ending Date: 6/30/10		b. Project 14	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,987,411.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 582,656.00	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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 2,570,067.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Ms.	First Name Tammara	Middle Name H	
Last Name Hall		Suffix	
b. Title Chairwoman, Lee County Board of County Commissioners		c. Telephone Number (give area code) (239) 533-7930	
d. Signature of Authorized Representative		e. Date Signed 5/16/2006	

<b>HUD-defined CoC Name:* Ft Myers/Cape Coral/Lee County CoC</b>						<b>CoC #: FL-603</b>			
<b>(1) SF-424 Applicant Name</b>	<b>(2) Project Sponsor Name</b>	<b>(3) Project Name</b>	<b>(4) Priority</b>	<b>(5) Requested Project Amount ***</b>	<b>(6) Term</b>	<b>(7) Program and Component Type**</b>			
						<b>SHP New</b>	<b>SHP Renewal</b>	<b>S+C New</b>	<b>SRO New</b>
Lee Co. Board of County Commissioners	Renaiss. Manor Broadway Pl	Broadway Place	1	\$135,665	3	PH			
Lee Co. Board of County Commissioners	SWFAS	Fresh Start II	2	\$122,659	1		PH		
Lee Co. Board of County Commissioners	Salvation Army	Comprehensive Care	3	\$1,286,207	1		SSO		
Lee Co. Board of County Commissioners	SWFAS	Fresh Start 1	4	\$89,669	1		TH		
Lee Co. Board of County Commissioners	Renaiss. Manor	Sans Souci	5	\$52,979	1		PH		
Lee Co. Board of County Commissioners	Lee County DHS	LIFT	6	\$119,722	1		SSO		
Lee Co. Board of County Commissioners	Lee County DHS	HMIS	7	\$180,510	1		HMIS		
<b>Subtotal: Requested Amount for CoC Competitive Projects</b>				<b>\$1,987,411</b>					
<i>Shelter Plus Care Renewals:**** Ruth Cooper Center, Shelter Plus Care</i>				<i>S+C Component Type SRA**</i>					
<i>Subtotal: Requested Amount for S+C Renewal Projects:</i>				<i>\$81,120</i>					
<i>(11) Total CoC Requested Amount:</i>				<i>\$2,068,531</i>					

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/19/06	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Lee County Board of County Commissioners		Organizational Unit: Department: Department of Human Services		
Organizational DUNS: 01-346-1611		Division:		
Address: Street: 2440 Thompson St.		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: FL Zip Code 33901		Suffix:		
Country: USA		Email: farisrf@leegov.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 59-6000702		Phone Number (give area code) (239) 533-7930		Fax Number (give area code) (239) 533-7960
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Shelter Plus Care 14-238		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lee County, Fort Myers, Cape Coral		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lee County, Florida Homeless Continuum of Care SHELTER PLUS CARE PROGRAM		
<b>13. PROPOSED PROJECT</b> Start Date: 6/30/07 Ending Date: 6/30/10		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 14 b. Project 14		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 81,120.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 81,120.00	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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 162,240.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix Ms.	First Name Tammara	Middle Name H		
Last Name Hall			Suffix	
<b>b. Title</b> Chairwoman, Lee County Board of County Commissioners		<b>c. Telephone Number (give area code)</b> (239) 533-7930		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> 5/16/2006		

<i>Subtotal: SHP</i>	<i>\$1,987,411</i>
<i>Project Priority : 8</i>	
<b>Shelter Plus Care Renewals:**** Ruth Cooper Center, Shelter Plus Care</b>	<b>S+C Component Type SRA**</b>
<b>Subtotal: Requested Amount for S+C Projects:</b>	<b>\$81,120</b>
<i>Total CoC Requested Amount:</i>	<i>\$2,068,531</i>

**Documentation of Eligibility – Lee County Applicant for New Project**



**Consumer's Certificate of Exemption**

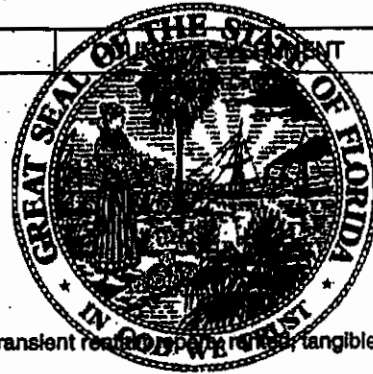
Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/02  
07/06/05

85-8012622170C-4	08/14/2005	08/31/2010
Certificate Number	Effective Date	Expiration Date

This certifies that

LEE COUNTY BOCC  
2115 2ND ST  
FORT MYERS FL 33901-3012



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

## **Section IV: Applicant Certification**

These certified statements are required by law.

Previous versions obsolete  
40090-4

form HUD-

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

**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.



**HUD 400090-4 Applicant Certification**

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.**

**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.

**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. 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.

**D. Explanation.**

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

**Signature of Authorized Certifying Official:**

**Date:**

**Title:**

**Applicant:**

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

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit 1): <b>1</b>	2. <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number:  PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip: 33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
<b>13. Project Name: Broadway Place 2006</b>		14. Project's location 6-digit Geographic Code: 120966	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 111 S.E. 24 <sup>th</sup> Avenue City: Ft. Myers State: FL Zip: 33901		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): FL14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) Renaissance Manor, Inc.		22. Sponsor's DUNS Number: 34236519	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: 1401 16 <sup>th</sup> Street City: Sarasota State: FL Zip: 34236		24. Sponsor's Employer Identification Number (EIN): 65-086-9993	
25. Contact person of Project Sponsor (if different from Applicant) Name: Mr. Scott Eller Phone number: 941-365-4177 Title: Executive Director Fax number: 941-365-4188 Email Address: seller99@aol.com			

**Part B: Project Summary Budget****B1. Supportive Housing Program (SHP) (All SHP Projects)**

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years) (Check only one box)	
b. Component Types (Check only one box)			
<input type="checkbox"/> TH	<input checked="" type="checkbox"/> PH	<input type="checkbox"/> SSO	<input type="checkbox"/> HMIS
		<input type="checkbox"/> Safe Haven/TH	<input type="checkbox"/> Safe Haven/PH
		<input type="checkbox"/> 1 Year	<input checked="" type="checkbox"/> 2 Years
			<input type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)
1. Acquisition	9,107	9,107	18,214
2. Rehabilitation			
3. New Construction	85,000	85,000	170,000
4. Subtotal (Lines 1 through 3)	94,107	94,107	188,214
5. Real Property Leasing From Leasing Budget Chart			
6. Supportive Services From Supportive Services Budget Chart	18,380	4,595	22,975
7. Operations From Operating Budget Chart	16,718	5,573	22,291
8. HMIS From HMIS Budget Chart			
9. SHP Request (Subtotal lines 4 through 8)	129,205	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)	6,460		
11. Total SHP Request (Total lines 9 and 10)	135,665	104,275	239,940

**Part C: Point in Time Housing and Participants Chart**

(All Projects Except SSO and Dedicated HMIS Projects)

<b>1. Housing Type*</b> (Check all that apply)	<b>1a.</b> <input checked="" type="checkbox"/> <b>Multi-family</b> <input type="checkbox"/> <b>Single-family</b> <input type="checkbox"/> <b>Congregate Facility</b>		<b>1b.</b> <input type="checkbox"/> <b>Scattered Site</b> <input checked="" type="checkbox"/> <b>Project Based</b>
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units	0	1	1
Number of Bedrooms	0	3	3
Number of Beds	0	3	3
<b>3. Participants</b>			
a. Number of Families with Children (Family Households)			
i. Number of adults in families			
ii. Number of children in families			
iii. Number of disabled in families			
b. Number of Single Individuals and Other Households w/o children		3	3
i. Number of disabled individuals	0	3	3
ii. Number of chronically homeless		3	3
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

1. Homeless Subpopulations	2. Approximate Percentages (%)
<b>Chronically Homeless (as defined by HUD)</b>	100
<b>Severely Mentally Ill</b>	100
<b>Chronic Substance Abusers</b>	
<b>Veterans</b>	
<b>Persons with HIV/AIDS</b>	
<b>Victims of Domestic Violence</b>	
<b>Unaccompanied Youth (Under 18 years of age)</b>	

**Part E: Discharge Policy (Only State & Local Government Applicants)**

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring homeless assistance for such persons in your jurisdiction?
---	---

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
FL- Hurricane	Construction	G	3/2006	619,992
RCC	Supportive Services	P	5/18/06	1,000
RM	Operating	P	5/18/06	1,667
RM	Supportive Services	P	5/18/06	4,000
Lee Partnering for Results	Operating	G	5/19/06	17,500
CDBG-Set-Aside	Construction	G	5/15/06	\$30,000
*Government sources are appropriated dollars.			<b>TOTAL:</b>	\$674,159

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  ___ 04 ___ / ___ 04 ___ (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (Not Applicable)**

## Section II: Project Budgets

### Part I: SHP Project Budgets

#### 11. SHP Leasing Budget (All SHP Projects with Leasing) (Not Applicable)

#### 12. SHP Supportive Services Budget

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity: to provide CM for 3 adults	9190	9190		18,380
<b>3. Life Skills (outside of case management)</b> Quantity: to provide LS for 3 adults				
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity:				
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	9190	9190		18,380
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	2298	2297		4595

\*\*\* Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.

**I3. SHP Operating Budget (All SHP Projects with Operating Costs)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair PT repair help, hired as needed, approx. 78 hrs. per year	2340	2340		4,680
2. Staff Housing Administrator, 50k per year, approx. 5 percent of time, no fringe included	3845	3845		7690
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies Quantity:				
6. Insurance Quantity:				
7. Furnishings Quantity: To provide furnishing and replacement for unit	2174	2174		4,348
8. Relocation Quantity: (number of persons)				
9. Food Quantity:				
10. Other Operating Activity: * Quantity:				
11. Total SHP operating dollars requested in lines 1 to 10 above: **	8359	8359		16,718
*If not specified, the costs will be removed from the budget.				
** Total of Line 11 must match line 7 column e. on the Project Summary Budget.				
12. Total cash match to be spent on SHP eligible operating activities. ***	2786	2787		5573
*** Cash Match can be spent on any SHP eligible activity. The amount you enter in line 12 (total SHP cash match) must be at least 33.33% of the amount entered in line 11 (SHP operating dollars requested), for each year of the grant. The total of Line 12 must match line 7, column f. on the Project Summary Budget.				

**I4. SHP New Project Multiple Structures Budget (Not Applicable)**

## Section III: New Project Narratives

### Part K: General Project Narrative Information

<p>1. Provide a general description of the new project (use less than one-half page).                  The project will provide permanent housing to three individuals with mental health disabilities who meet the SHP homeless definition on a 1.3-acre site near Edison Square Mall. The unit will contain three-bedroom. RM owns the commercially zoned vacant property in the City of Ft. Myers. The units will access existing paved roads and city sewer and water. A bus stop adjoins the property. The unit will contain approximately 2,000 square feet of living space with three 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. Major work includes: land preparation, paying impact fees, obtaining permits, sewer hook-up, constructing a concrete platform for the units, housing construction, finishing the exterior and interior, obtaining a Certificate of Occupancy and selecting, helping and supporting residents to occupy the housing.</p> <p>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.</p>
<p>2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):                  ___% Persons who came from the street or other locations not meant for human habitation.*                  ___% Persons who came from Emergency Shelters.*                  100% Persons in TH who came directly from the street or Emergency Shelters.*                  100% Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).</p> <p>*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.</p>
<p>3. Describe the outreach plan to bring these homeless participants 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. Generally RM units are filled, if no repairs are needed within two weeks.</p>
<p>4. Will basic <b>community amenities</b> (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?</p> <p><input checked="" type="checkbox"/> Yes, very accessible    <input type="checkbox"/> Somewhat accessible    <input type="checkbox"/> Not accessible</p>
<p>5. <b>For transitional housing component only:</b>                  List residents' maximum allowable length of stay: <u>NA</u> months</p>
<p>6. <b>For permanent housing for persons with disabilities component</b> where <b>more</b> 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</p>



7. **For Shelter Plus Care TRA projects only:** Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?  Yes  No

NA

Explain how and why the project will implement this requirement (use less than one-half page).

8. **For Section 8 SRO projects only:**
- Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
  - Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
  - For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

NA

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?  Yes  No

**If Yes, check one or more of the activities below that describe your proposed project.**

*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.*

**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 **2007**.

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 (fourth) box is checked, you must fully describe the following in order to be eligible for funding:**

- The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- Why it is nonrenewable.
- When it will cease.
- 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.

### Part L: Supportive Services the Participants Will Receive

1. What **types** of supportive services are proposed that would fit the needs of the participants?  
(for S+C and SRO):

<input type="checkbox"/> Outreach	<input type="checkbox"/> Health Related & Home Health Services
<input checked="" type="checkbox"/> Case management	<input type="checkbox"/> Education and Instruction
<input checked="" type="checkbox"/> Life skills (outside of case management)	<input type="checkbox"/> Employment Services
<input type="checkbox"/> Job training	<input type="checkbox"/> Child Care
<input type="checkbox"/> Alcohol and Drug Abuse Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Mental Health and Counseling Services	<input type="checkbox"/> Transitional Living Services
<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Other (must specify *)

2. Generally speaking, what is the **scale** (the frequency) of these services?

Scale:  Daily  Weekly  Bi-monthly  Monthly  Other: \_\_\_\_\_

### Part M: Accessing Permanent Housing

1. Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing**.

This housing is permanent housing. When 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.

## Part N: Participant Self-Sufficiency

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

This program is designed to help residents live independently. Case management services and life skills are provided. Renaissance Manor works with residents to develop individual goals. As a link to employment, residents are encouraged to volunteer their services in the community. This increases community interaction, builds confidence and often serves as a stepping-stone to employment. Approximately forty percent of Renaissance Manor independent living residents in other facilities are employed.

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

The supportive services budget reflects providing ongoing case management type services (20 percent) and life skill services (80 percent). New residents 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 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 receive case management services throughout their residency. Case management services will average one hour per week. Ruth Cooper Centers, 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.

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.

## Part O: Experience Narrative

1. List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

Renaissance Manor has more than five years of experience operating supportive housing services. Incorporated as a 501(c) in 1999, Renaissance Manor, Inc. currently operates a number of housing facilities for people with low-income and very low-income. The organization's mission is to provide high-quality, permanent, affordable long-term housing to mentally ill adults and support their residence in the least-restrictive and safest environment possible.

This list indicates RM facilities, the number served and the year service started them:

- Renaissance Manor Assisted Living Facility at 1401 16<sup>th</sup> Street in Sarasota- 41 full-time residents from the ages of 18-65, 1999
- Supported Living Facilities for people with mental health needs
  - Nutmeg Apartment, Sarasota, 12 people, 10 units, since 2001
  - Tammi House, North Port, 35 people, 6 units, since 2004
  - Licata Village, Lee County, 21 people, 11 units, since 2004
  - Scattered sites, Sarasota, 10 units, since 2001
  - Three houses for families with at least one adult member with mental health illness, Sarasota, since 2001
  - Supportive housing for CASL, 30 different scattered sites for the developmentally disabled adults, Sarasota and Manatee County, since 2000

The Executive Director and Administrator each have ten years of experience operating housing facilities for adults with mental health needs. The Board of Renaissance Manor also provides expertise and guidance in 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.

Florida Health Care Administration (the regulatory agency for Florida Assisted Living Facilities) recognizes Renaissance Manor as one of the lowest and most cost effective providers of group housing in Florida. Renaissance Manor's ALF offers the lowest per diem cost for providing services, with the most significant outcomes, for group homes in Florida that serves the chronic mentally ill.

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

If Yes,

a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 1999, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
<b>Example:</b> 2000	CA16B000062	\$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
2005 Lee SHP	N/A	\$137,000	Pending Technical Submittal

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)?  Yes  No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

**Part P: HMIS Narrative** (Dedicated HMIS Projects ONLY) (Not applicable)

**Documentation of Sponsor Eligibility**

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)



# 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 <sup>th</sup> Street, Sarasota, FL (941) 365-8645	2. Social Security Number or Employer ID Number: 65-0869993
3. HUD Program Name COC SHP- New	4. Amount of HUD Assistance Requested/Received \$135,665
5. State the name and location (street address, City and State) of the project or activity: 1334-1354 San Souci Drive, Ft. Myers, FL 33919	

## 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) 05/02/2006
---	----------------------------------



# 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 Broadway Place Supportive Housing Program  
(New)

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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Broadway Place Supportive Housing Program  
(New)

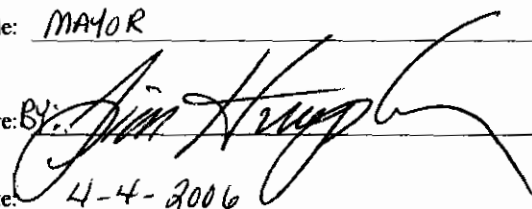
Location of the Project: Lee County, Cape Coral, Fort Myers

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: Jim Humphrey

Title: MAYOR

Signature: BY: 

ATTEST: Maria Adams  
City Clerk

Date: 4-4-2006

# 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 Broadway Place Supportive Housing Program  
(New)

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 *Carl Schwinnig*

*Acting*  
Title: City Manager

Signature: *[Handwritten Signature]*

Date: 3/29/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>2</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: <b>FL14B10-3001</b> PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Title: Senior Planner		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>Fresh Start –II Permanent Supportive Housing</b>		14. Project's location 6-digit Geographic Code:129071,12042,120966	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2066 South Street units A,B,C,D 2580 Grand Ave. Units A&B 2560 Grand Ave, Units A&B City: Fort Myers State: FL Zip:33901		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): 14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) Southwest Florida Addiction Services, Inc		22. Sponsor's DUNS Number: 59-1965820	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: 2101 McGregor City: Fort Myers State: FL Zip: 33901		24. Sponsor's Employer Identification Number (EIN): 36-227-7869	
25. Contact person of Project Sponsor (if different from Applicant) Name: Rosemary Boisvert Title: Program Director		Phone number: 239-338-2977 Fax number: 239-338-2988 Email Address: r_boisvert@swfas.org	

**Part B: Project Summary Budget**

**B1. Supportive Housing Program (SHP)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box)	
<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TH <input checked="" type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
12. Acquisition			
13. Rehabilitation			
14. New Construction			
15. Subtotal (Lines 1 through 3)			
16. Real Property Leasing From Leasing Budget Chart			
17. Supportive Services From Supportive Services Budget Chart	85,251	21,313	106,564
18. Operations From Operating Budget Chart	31,567	10,522	42,089
19. HMIS From HMIS Budget Chart			
20. SHP Request (Subtotal lines 4 through 8)	116,818	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
21. Administrative Costs (Up to 5% of line 9)	5,841		
22. Total SHP Request (Total lines 9 and 10)	\$122,659	31,835	154,494

**B2. Shelter Plus Care (S+C) (All S+C Projects) (Not Applicable)**

**Part C: Point in Time Housing and Participants Chart**

<b>2. Housing Type*</b> (Check all that apply)	<b>1a.</b> <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	<b>1b.</b> <input type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units	8		8
Number of Bedrooms	16		16
Number of Beds	16		16
<b>3. Participants</b>	1		1
a. Number of Families with Children (Family Households)			
i. Number of adults in families	1		1
ii. Number of children in families	3		3
iii. Number of disabled in families			
b. Number of Single Individuals and Other Households w/o children	8	6	14
i. Number of disabled individuals	8	6	14
ii. Number of chronically homeless	2	1	3

\*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	18%
Severely Mentally Ill	
Chronic Substance Abusers	100%
Veterans	5%
Persons with HIV/AIDS	5%
Victims of Domestic Violence	2%
Unaccompanied Youth (Under 18 years of age)	

**Part E: Discharge Policy (Only State & Local Government Applicants)**

(Not Applicable)

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Support Services	CDBG	G		\$30,000
Support Services	County Contract	G		\$115,720
Support Services	State DC&F Mental Health Contract	G		\$16,246
Support Services	PATH HHS	G		\$46,735
	SHIP	G	1/24/06	\$239,331
Housing	CDBG	G	8/10/04	\$120,828
Supportive services	Challenge grant	G		\$33,600
Support services	Salvation Army	P		\$ 4,200
Educational	Hi Tech	P		\$ 3,100
*Government sources are appropriated dollars.			<b>TOTAL:</b>	\$609,760

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09/04 (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.
2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: <input type="checkbox"/> Number of persons served: <input type="checkbox"/> Number of units: from <input type="checkbox"/> Location of project sites. <input type="checkbox"/> Line item or cost category budget changes more than 10%. <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: The final duplex in this project was given a certificate of occupancy on 3/13/06. This will complete the required 16 units for Fresh Start-II. Another duplex was not completed until 8/1/05. This will be reflected in the renewal performance for months of stay. Eight of the project beds were available less than 7 months.

**H: Renewal Performance (Continued)**

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.  N/A

**3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).** Complete the following chart using data based on the preceding operating year from APR Questions 12(a) and 12(b):

a. Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	4
b. Number of participants who <b>did not leave</b> the project(s)—APR Question 12 (b)	13
c. Of those who <b>exited</b> , how many stayed 7 months or longer in PH—APR Question 12(a)	1
d. Of those who <b>did not leave</b> , how many stayed 7 months or longer in PH—APR question 12(b)	7
e. Percentage of <b>all</b> participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	47%

**4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).** Complete the following chart using data based on the preceding operating year from APR Question 14: (Not Applicable)

**5. Supportive Services - Mainstream Programs and Employment Chart**

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
4	a. SSI	2	50%
4	b. SSDI	1	25%
4	c. Social Security	1	25%
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	<b>h. Employment Income</b>		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
4	n. No Financial Resources	1	25%



## Section II: Project Budgets

### Part I: SHP Project Budgets (All SHP Projects as Applicable)

#### 12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity:				
<b>3. Life Skills (outside of case management)</b> Quantity:				
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity: Psychiatric Consult/assessment 16/month x 12 months = 192	39,768.00			39,768.00
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services :Occupational Therapy program</b> Quantity: 336 Individual Supportive employment/job readiness sessions 48 job skills groups 48 life skills groups	45,483.00			45,483.00
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	85,251			85,251
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	21,313			21,313
*** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.				

**13. SHP Operating Budget (All SHP Projects with Operating Costs)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Maintenance/Repair</b> Quantity: 16 units (including one new porch)	3,500.00			3,500.00
<b>3. Staff</b> Property manager: $30,465 \times .20 \times 1.25 = 7,616$ Maintenance staff: $27,040 \times .25 \times 1.25 = 8,450$ (position, salary, % time, fringe benefits)	16,066.00			16,066.00
<b>3. Utilities</b> Quantity: \$533.00 per unit x 16 = 8529.00	8,401.00			8,529.00
<b>4. Equipment (lease/buy) Storage unit, lawn equipment, mower</b> Quantity:	2,000.00			2,000.00
<b>5. Supplies</b> Quantity:				
<b>6. Insurance</b> Quantity: 4 units @ 400.00	1,600.00			1,600.00
<b>7. Furnishings</b> Quantity:				
<b>8. Relocation</b> Quantity: (number of persons)				
<b>9. Food</b> Quantity:				
<b>10. Other Operating Activity: *</b> Quantity:				
<b>11. Total SHP operating dollars requested in lines 1 to 10 above: **</b>	31,567.00			31,567.00
*If not specified, the costs will be removed from the budget. ** Total of Line 11 must match line 7 column e. on the Project Summary Budget.				
<b>12. Total cash match to be spent on SHP eligible operating activities. ***</b>	10,522.00			10,522.00
*** Cash Match can be spent on any SHP eligible activity. The amount you enter in line 12 (total SHP cash match) must be at least 33.33% of the amount entered in line 11 (SHP operating dollars requested), for each year of the grant. The total of Line 12 must match line 7, column f. on the Project Summary Budget.				

**Logic Model**

HUD Goals		HUD Program		Period:		Component Name:			
Priority	Policy	Problem, Need, Situation	Service or Activities/Output	Pre	Post	Outcome	Pre	Post	Evaluation Tools
1		2	3	4	5	6	7		
		HUD Program	Continuum of Care	Start Date:	End Date:				
		Project Name:	Fresh Start II Perm. Supp. Housing						
		TERM:	Total						
			Alcohol or drug abuse services-all	Measure	Impact	Measure	Accountability		
		There is a lack of supportive housing for homeless individuals with disabilities and their families.	Case Management-all	Participants 20	Homeless participants moved to permanent housing - all	Participants 4	A. Tools for Measurement		
			Education-all	Participants 20	Homeless participants obtained employment-all	Participants 18	Interviews		
			Employment assistance-all	Participants 20	Homeless persons residing in permanent supportive housing over six months-all	Participants 10	Mgt. Info. System-manual		
			Housing placement-all	Participants 20	Bees covered by an HMIS data collection and reporting system	Bees 16	Mgt. Info. System-automated		
			Life skills-non case management-all	Participants 20		#N/A	B. Where Data Maintained		
			Mental health services-all	Participants 20		#N/A	Agency database		
				#N/A		#N/A	Individual case records		
				#N/A		#N/A	Centralized database		
				#N/A		#N/A	C. Source of Data		
				#N/A		#N/A	Counseling reports		
				#N/A		#N/A	Employment records		
				#N/A		#N/A	GED certification/diploma		
				#N/A		#N/A	Placements		
				#N/A		#N/A	Progress reports		
				#N/A		#N/A	D. Frequency of Collection		
				#N/A		#N/A	Monthly		
				#N/A		#N/A	Quarterly		
				#N/A		#N/A	Annually		
				#N/A		#N/A	Upon incident		
				#N/A		#N/A	E. Processing of Data		
				#N/A		#N/A	Computer spreadsheets		
				#N/A		#N/A	Flat file database		
				#N/A		#N/A	Manual tallies		
				#N/A		#N/A	Statistical database		

# 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): 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 Permanent Supportive Housing	4. Amount of HUD Assistance Requested/Received  \$122,659
5. State the name and location (street address, City and State) of the project or activity: 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 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
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 %)

(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 <i>Kevin B. Lewis</i>	Date: (mm/dd/yyyy)  04/19/06
---	------------------------------------

# 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 Permanent 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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification of Consistency  
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

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

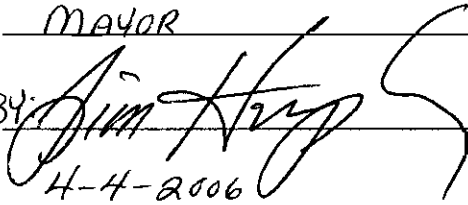
Location of the Project: Lee County, Cape Coral, Fort Myers  
\_\_\_\_\_  
\_\_\_\_\_

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: Jim Humphrey

Title: MAYOR

Signature: By: 

Attest: Marie Adams  
City Clerk

Date: 4-4-2006

# 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 Permanent Housing Program  
(Renewal)

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

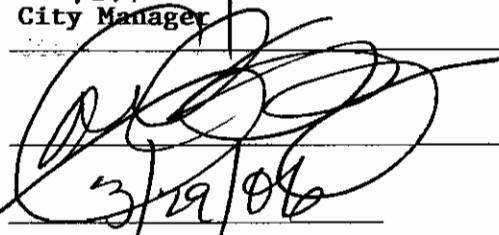
Name of the Federal  
Program to which the  
applicant is applying: Supportive Housing Program

Name of  
Certifying Jurisdiction: City of Cape Coral

Certifying Official  
of the Jurisdiction

Name: Terrance Stewart *Carl Schewing*

*ACTING*  
Title: City Manager

Signature: 

Date: 3/19/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1) : <b>3</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: <b>FL 14B40-3006</b> PIN Number: <b>FL14050</b>
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Title: Senior Planner		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
<b>13. Project Name: Comprehensive Care Program</b>		14. Project's location 6-digit Geographic Code:	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: City: State: Zip:		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District 14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) <b>The Salvation Army, A Georgia Corporation</b>		22. Sponsor's DUNS Number: <b>01-346-1600</b>	
21. <input checked="" type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: <b>10291 McGregor Boulevard</b> City: <b>Fort Myers</b> State: <b>Florida</b> Zip: <b>33919</b>		24. Sponsor's Employer Identification Number (EIN): <b>58-0660607</b>	
25. Contact person of Project Sponsor (if different from Applicant) Name: <b>Meg M. Geltner</b> Phone number: <b>(239) 278-1551</b> Title: <b>General Manager</b> Fax number: <b>(239) 278-9028</b> Email Address: <b>meg_geltner@uss.salvationarmy.org</b>			



**Part B: Project Summary Budget**  
**B1. Supportive Housing Program (SHP)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box) <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TH <input type="checkbox"/> PH <input checked="" type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH			
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
23. Acquisition			
24. Rehabilitation			
25. New Construction			
26. Subtotal (Lines 1 through 3)			
27. Real Property Leasing From Leasing Budget Chart			
28. Supportive Services From Supportive Services Budget Chart	\$1,224,959	\$319,939	\$1,544,898
29. Operations From Operating Budget Chart			
30. HMIS From HMIS Budget Chart			
31. SHP Request (Subtotal lines 4 through 8)	\$1,224,959	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
32. Administrative Costs (Up to 5% of line 9)	\$61,248.00		
33. Total SHP Request (Total lines 9 and 10)	\$1,286,207	\$319,939	\$1,606,146

**Part C: Point in Time Housing and Participants Chart**

<b>4. Housing Type*</b> (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units			
Number of Bedrooms			
Number of Beds			
<b>3. Participants</b>	18		18
a. Number of Families with Children (Family Households)			
i. Number of adults in families	18		18
ii. Number of children in families	36		36
iii. Number of disabled in families	7		7
b. Number of Single Individuals and Other Households w/o children	86		86
i. Number of disabled individuals	68		68
ii. Number of chronically homeless	17		17

\*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

1. Homeless Subpopulations	2. Approximate Percentages (%)
<b>Chronically Homeless (as defined by HUD)</b>	11%
<b>Severely Mentally Ill</b>	0%
<b>Chronic Substance Abusers</b>	66%
<b>Veterans</b>	7%
<b>Persons with HIV/AIDS</b>	.5%
<b>Victims of Domestic Violence</b>	9%
<b>Unaccompanied Youth (Under 18 years of age)</b>	0%

**Part E: Discharge Policy (Only State & Local Government Applicants)**

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring homeless assistance for such persons in your jurisdiction?
---	---

**Part F: Project Leveraging Chart (All Projects)**

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs.

**Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Volunteer Hours	In-Kind Services	P	FY 2005	\$202,336.64
Shelter Nights	The Salvation Army	P	FY 2005	\$819,286.21
Medical Services	In-Kind Volunteers	P	FY 2005	\$190,980.00
Medical	Prescriptions	P	FY 2005	\$ 28,121.63
Crossroads Budget	The Salvation Army	P	FY 2005	\$730,362.94
Interim Care Clinic Budget	The Salvation Army	P	FY 2005	\$259,540.23
State Non-Secure Program	Dept. of Corrections	G	FY 2005	\$722,799.72
SHP-CCP Support Budget	The Salvation Army	P	FY 2005	\$195,023.06
Bonita Budget	The Salvation Army	P	FY 2005	\$81,250.00
Transitional Housing	The Salvation Army	P	FY 2005	\$43,835.87
Transitional Housing Shelter Nights	The Salvation Army	P	FY 2005	\$78,487.14
Furniture & Fixtures	The Salvation Army	P	FY 2005	\$24,588.98
Residential Advisor	The Salvation Army	P	FY 2005	\$ 6,000.00
Housing Assistance	LIFT	G	FY 2005	\$10,000.00
Relapse Prevention Counseling	In-Kind Sponsors	P	FY 2005	\$18,200.00
Dental	The Salvation Army	P	FY 2005	\$40,600.00
GED Training	The Salvation Army	P	FY 2005	\$27,000.00
<b>*Government sources are appropriated dollars.</b>			<b>TOTAL:</b>	<b>\$3,478,412.42</b>

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06/2004</b> (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe. <hr/> <hr/> <hr/>
2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: <input type="checkbox"/> Number of persons served: from _____ to _____. <input type="checkbox"/> Number of units: from _____ to _____. <input type="checkbox"/> Location of project sites. <input checked="" type="checkbox"/> <b>Line item or cost category budget changes more than 10%.</b> <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: <b><u>10% Budget Change: Mental Health – decrease due to insufficient funds for day care and financial assistance to individuals. Day Care – increase due to increased need in families residing in residential program. Financial Assistance to Individuals – increase due to lack of affordable housing and low employment rate.</u></b>

**H: Renewal Performance (Continued)**

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.  N/A

**3. Permanent Housing (PH) Performance (Not Applicable).** Complete the following chart using data based on the preceding operating year from APR Questions 12(a) and 12(b):

**4. Transitional Housing (TH) Performance (Not Applicable)**

**5. Supportive Services - Mainstream Programs and Employment Chart**

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
271	a. SSI	15	5.54%
271	b. SSDI	8	2.95%
271	c. Social Security	4	1.48%
271	d. General Public Assistance	2	0.74%
271	e. TANF	4	1.48%
271	f. SCHIP	6	2.21%
271	g. Veterans Benefits	1	0.37%
271	h. Employment Income	161	59.41%
271	i. Unemployment Benefits	3	1.11%
271	j. Veterans Health Care	3	1.11%
271	k. Medicaid	28	10.33%
271	l. Food Stamps	40	14.76%
271	m. Other (please specify)	4	1.48%
271	n. No Financial Resources	66	24.35%

## Section II: Project Budgets

### Part I: SHP Project Budgets (All SHP Projects as Applicable)

#### 11. SHP Leasing Budget (Not Applicable)

#### 12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity:				
<b>3. Life Skills (outside of case management)</b> Quantity:				
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity:				
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	\$1,224,959			\$1,224,959
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	\$319,939			\$319,939
*** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.				

**12. SHP Supportive Services Budget (All SHP Projects as Applicable)**

Supportive Services Cost	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Staff Salaries</b>				
Life Skills Instructor 1.00 FTE, 40 hours per week	36,679.93			36,679.93
Medical Administrative Assistant 1.00 FTE, 40 hours per week	30,900.70			30,900.70
Medical Respite Unit Case Manager 1.00 FTE, 40 hours per week	39,264.48			39,264.48
Medical Services Director .0921FTE 36 hours per week HUD (.90 FTE CCP) (.03 FTE 1 hour per week Match)	60,577.57 1,649.22			60,577.57 1,649.22
Medical Services LPN (P/T) 0.20 FTE, 8 hours per week	16,005.98			18,005.98
Medical Services LPN (P/T) 0.20 FTE, 8 hours per week	23,091.94			23,091.94
Medical Unit Assistant 1.00 FTE, 40 hours per week	24,155.09			24,155.09
Mental Health/Data Technician 1.0 FTE, 40 hours per week	26,818.90			26,818.90
Monitor Tech III (.05 FTE 2 hours per week Match)	6,390.48			6,390.48
Monitor Technician I 0.725 FTE, 29 Hours per week	19,170.47			19,170.47
Monitor Technician I (P/T) 0.50 FTE, 20 hours per week	18,972.86			16,972.86
Monitor Technician I (P/T) (11) positions, 0.45 FTE, 18 hours per week Match	81,014.46			81,014.46
Monitor Technician I (P/T) 0.625 FTE, 25 hours per week	16,088.69			16,088.69
Outreach Case Manager 1.00 FTE, 40 hours per week	38,965.85			38,965.85
Outreach Nurse 1.00 FTE, 40 hours per week	42,338.89			42,338.89
Patient Care Coordinator 1.00 FTE, 40 hours per week	35,749.10			35,749.10
Patient Services Liaison 0.40 /FTE, 16 hrs per week	11,899.58			11,899.58
Primary Care Clinic Coordinator/Medication Nurse 1.00 FTE, 40 hours per week	40,464.70			40,464.70
Security Unit Manager .005 FTE, 2 hours per week (0.95 FTE, 38 hours per week Match)	1,865.35 13,663.31			1,865.35 13,663.31
Senior Housing Case Manager 1.00 FTE, 40 hours per week	42,012.20			42,012.20
Social Services Director 0.76 FTE, 30.40 hours per week	53,250.84			53,250.84
Social Worker 1.00 FTE, 40 hours per week	39,888.68			39,888.68
STATE ADDICTIONS COUNSELOR (.15 FTE 6 hours per week Match)	4,716.22			4,716.22

**12. SHP Supportive Services Budget (All SHP Projects as Applicable)**

Supportive Services Cost	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Staff Salaries</b>				
Addictions Counselor 1.00 FTE, 40 hours per week	38,063.58			38,063.58
Administrative/Crisis Management Coordinator 0.05 FTE, 2 hours per week	2,124.09			2,124.09
Central Intake Clinician 0.64 FTE, 10 hours per week HUD (0.25 FTE CCP) 15.60 hours per week Match (.039 FTE Match)	9,322.27 14,205.24			9,322.27 14,205.24
Cleaner (HELP) 1.00 FTE, 40 hours per week	19,322.39			19,322.39
Client Transporter 0.925 FTE, 37 hours per week	22,687.27			22,687.27
Clinical Programs Manager 1.0 FTE, 40 hours per week	45,889.32			45,889.32
Comprehensive Care Program Data Technician 1.00 FTE, 40 hours per week	34,039.28			34,039.28
CSRC COUNSELOR (.80 FTE 32 hours per week Match)	29,463.16			29,463.16
CSRC COUNSELOR SR. (.80 FTE 32 hours per week Match)	33,962.56			33,962.56
CSRC DIRECTOR (.75 FTE 30 hours per week Match)	41,696.78			41,696.78
CORRECTIONS UNIT MANAGER (.05 FTE 2 hours per week Match)	1,342.27			1,342.27
Crisis Management Specialist 0.10 FTE, 4 hours per week	2,983.99			2,983.99
Crisis Management Worker (HELP) 1.00 FTE, 40 hours per week	19,372.39			19,372.39
Distribution Clerk (HELP) 1.00 FTE, 40 hours per week	19,322.39			19,322.39
Domestic Violence/Mental Health Clinician 1.0 FTE, 40 hours per week	38,121.16			38,121.16
Family Services Case Manager 1.00 FTE, 40 hours per week	35,434.38			35,434.38
Family Unit Case Manager .95 FTE 6.40 hours per week, HUD (0.16 FTE) (.79 FTE, 31.6 hours per week Match)	5,319.32 28,887.63			5,319.32 28,887.63
Food Service Worker (HELP) 1.00 FTE, 40 hours per week	19,372.39			19,372.39
Food Service Worker (HELP) 1.00 FTE, 40 hours per week	19,372.39			19,372.39
General Manager 0.16 FTE, 6.40 hours per week	13,573.26			13,573.26
Housing & Employment Case Manager 1.0 FTE, 40 hours per week	32,057.64			32,057.64
Housing, Employment and Life Skills Coordinator 0.60 FTE, 4 hours per week HUD, (0.10 FTE CCP) (.90 FTE, 36 hours per week Match)	4,836.17 46,095.37			4,836.17 46,095.37



**12. SHP Supportive Services Budget (All SHP Projects as Applicable)**

Supportive Services Cost	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Staff Salaries</b>				
Transporter/Day Care Aide (P/T) 0.63 FTE, 25 hours per week	17,762.23			17,762.23
STATE PROGRAM MANAGER (.05 FTE 2 hours per week Match)	1,845.44			1,845.44
Vocational Evaluator 1.00 FTE, 40 hours per week	37,145.06			37,145.06
WAREHOUSE SUPERVISOR (.80 FTE 32 hours per week Match)	15,006.94			15,006.94
<b>Total Salaries</b>	<b>1,374,241.85</b>			<b>1,374,241.85</b>
<b>2. Other Services</b>				
Mental Health 7.58 clients/week @ \$72/client	22,000.00			22,000.00
Daycare 5.72 children/week @ \$60/week	25,322.05			25,322.05
Meals 88.92 meals/day @\$2.36/meal	76,600.00			76,600.00
Educational Modular Lease \$686.17 per month	8,234.04			6,234.04
Supplies \$375 per month	4,500.00			4,500.00
Transportation \$1166.67 per month	14,000.00			14,000.00
Medical Assistance to Individuals \$416.68 per month	5,000.16			5,000.16
Financial Assistance to Individuals \$916.67 per month	15,000.00			15,000.00
<b>Total Other Services</b>	<b>170,656.25</b>			<b>170,656.25</b>
<b>3. Total Supportive Services Budget</b>	<b>1,544,898.10</b>			<b>1,544,898.10</b>
<b>4. Total SHP supportive services dollars requested:</b>	<b>1,224,959.00</b>			<b>1,224,959.00</b>
<b>5. Total cash match to be spent on SHP eligible supportive services activities. Match (Line 3 minus Line 4)</b>	<b>319,939.10</b>			<b>319,939.10</b>

**13. SHP Operating Budget (Not Applicable)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Maintenance/Repair</b> Quantity:				
<b>2. Staff</b> (position, salary, % time, fringe benefits)				
<b>3. Utilities</b> Quantity:				
<b>4. Equipment (lease/buy)</b> Quantity:				
<b>5. Supplies</b> Quantity:				
<b>6. Insurance</b> Quantity:				
<b>7. Furnishings</b> Quantity:				
<b>8. Relocation</b> Quantity: (number of persons)				
<b>9. Food</b> Quantity:				
<b>10. Other Operating Activity: *</b> Quantity:				
<b>11. Total SHP operating dollars requested in lines 1 to 10 above: **</b>				
*If not specified, the costs will be removed from the budget. ** Total of Line 11 must match line 7 column e. on the Project Summary Budget.				
<b>12. Total cash match to be spent on SHP eligible operating activities. ***</b>				
*** Cash Match can be spent on any SHP eligible activity. The amount you enter in line 12 (total SHP cash match) must be at least 33.33% of the amount entered in line 11 (SHP operating dollars requested), for each year of the grant. The total of Line 12 must match line 7, column f. on the Project Summary Budget.				

**15. SHP HMIS Budget (All SHP Projects with HMIS Costs)**

# Logic Model

eLogic Model™ Applicant Name: Lee County BoCC		Project Name: Salvation Army ComprehensiveCare		Period:		Component Name: SHP	
TERM:		Total		Start Date:	End Date:	Pre	Post
HUD Goals	Policy Priority	Continuum of Care	Service or Activities/Output	Pre	Post	Outcomes	Evaluation Tools
1		3		4	5	6	7
C	f	Programming	Case Management-all	Measure Participants 300	Impact Homeless participants obtained employment-all	Measure Participants 150	Accountability
		Case Management-chronic	Case Management-chronic	Participants 30	Homeless participants obtained employment - chronic	Participants 10	A. Tools for Measurement
				#N/A		#N/A	Intake log
				#N/A		5	Mgt. Info. System-automated Database
				#N/A		#N/A	
				#N/A		10	B. Where Data Maintained
				#N/A		#N/A	Agency database
				#N/A		#N/A	Individual case records
				#N/A		#N/A	
				#N/A		#N/A	C. Source of Data
				#N/A		#N/A	Referrals
				#N/A		#N/A	Work plan reports
				#N/A		#N/A	Progress reports
				#N/A		#N/A	
				#N/A		#N/A	D. Frequency of Collection
				#N/A		#N/A	Upon incident
				#N/A		#N/A	
				#N/A		#N/A	E. Processing of Data
				#N/A		#N/A	Computer spreadsheets
				#N/A		#N/A	Other: AIMS Database
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	

# 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: 58-0660607
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). <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

(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: THE SALVATION ARMY, A GEORGIA CORPORATION <i>H. Al Ward</i>	Date: (mm/dd/yyyy) APR 12 2006
---	-----------------------------------

# 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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(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: Jim Humphrey

Title: MAYOR

Signature: BY Jim Humphrey

Attest Marie Adams  
City Clerk

Date: 4-4-2006

# 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 *Carl Schwartz*

*Acting*  
Title: City Manager

Signature: *[Handwritten Signature]*

Date: 3/29/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>4</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: FL14B40-3002 PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901:		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>Fresh Start-I Transitional Housing</b>		14. Project's location 6-digit Geographic Code:129071,120402, 120966	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2535, 2517,2527 Dixie Pkwy & 2516 Grand Ave City: Fort Myers State: FL Zip:33901		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): 14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) Southwest Florida Addiction Services, Inc		22. Sponsor's DUNS Number: 59-1965820	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: 2101 McGregor Blvd City: Fort Myers State: FL Zip:33901		24. Sponsor's Employer Identification Number (EIN): 36-227-7869	
25. Contact person of Project Sponsor (if different from Applicant) Name: Rosemary Boisvert Phone number: 239-338-2977 Title: Program Director Fax number: 239-338-2988 Email Address: r_boisvert@swfas.org			



**Part B: Project Summary Budget**

**B1. Supportive Housing Program (SHP)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box)	
<b>b. Component Types (Check only one box)</b> <input checked="" type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
34. Acquisition			
35. Rehabilitation			
36. New Construction			
37. Subtotal (Lines 1 through 3)			
38. Real Property Leasing From Leasing Budget Chart			
39. Supportive Services From Supportive Services Budget Chart	41,130	10,282	51,412
40. Operations From Operating Budget Chart	44,269	14,756	59,025
41. HMIS From HMIS Budget Chart			
42. SHP Request (Subtotal lines 4 through 8)	85,399	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
43. Administrative Costs (Up to 5% of line 9)	4,270		
44. Total SHP Request (Total lines 9 and 10)	\$89,669	25,038	114,707

**Part C: Point in Time Housing and Participants Chart**

(All Projects Except SSO and Dedicated HMIS Projects)

<b>5. Housing Type*</b> (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input checked="" type="checkbox"/> Congregate Facility		1b. <input type="checkbox"/> Scattered Site <input checked="" type="checkbox"/> Project Based
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units	21		21
Number of Bedrooms	21		21
Number of Beds	33		33
<b>3. Participants</b>			
a. Number of Families with Children (Family Households)			
i. Number of adults in families			
ii. Number of children in families			
iii. Number of disabled in families			
b. Number of Single Individuals and Other Households w/o children	30	50	80
i. Number of disabled individuals	30	50	80
ii. Number of chronically homeless	2	10	12
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	15%
Severely Mentally Ill	
Chronic Substance Abusers	100%
Veterans	10%
Persons with HIV/AIDS	5%
Victims of Domestic Violence	5%
Unaccompanied Youth (Under 18 years of age)	

**Part E: Discharge Policy (Only State & Local Government Applicants) (Not Applicable)**

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
State Contract Sub Abuse	State Contract	G	10/1/05	\$126,554
Rents and fees	Patients/clients	P	4/19/06	\$248,900
Treatment Funding	TANF	G	3/27/06	\$164,600
Restricted Donation	TLC Donations	P	3/27/06	\$23,700
Mental health Sup Serv	PATH	G	3/27/06	\$93,471
Medical Services	Salvation Army	P	5/1/06	\$9,500
<b>*Government sources are appropriated dollars.</b>			<b>TOTAL:</b>	<b>\$666,725</b>

**Part G: Project Participation In Homeless Management Information Systems (HMIS)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09/04 (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

<p>1. <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.</p>
<p>2. <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>Are there any significant changes that you propose in the project since the last funding approval? Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of persons served: from _____ to _____.</li> <li><input type="checkbox"/> Number of units: from _____ to _____.</li> <li><input type="checkbox"/> Location of project sites.</li> <li><input type="checkbox"/> Line item or cost category budget changes more than 10%.</li> <li><input type="checkbox"/> Change in target population.</li> <li><input type="checkbox"/> Change in project sponsor.</li> <li><input type="checkbox"/> Change in component type.</li> <li><input checked="" type="checkbox"/> Other: ** Including the Continuing Care data in the APR that will more accurately reflect program data.</li> </ul>

**H: Renewal Performance (Continued)**

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.  N/A

**3. Permanent Housing (PH) Performance (Not Applicable).**

**4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).**

Complete the following chart using data based on the preceding operating year from APR Question 14:

a. Number of participants who <b>exited</b> TH project(s)—including unknown destination	65
b. Number of participants who <b>moved to PH</b> —from any destination identified as permanent housing	21
c. Of the number of participants who left TH, what <b>percentage</b> moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	32%

**5. Supportive Services - Mainstream Programs and Employment Chart**

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
65	a. SSI	1	1.5%
65	b. SSDI	1	1.5%
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
65	<b>h. Employment Income</b>	17	6%
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
65	n. No Financial Resources	47	72%

## Section II: Project Budgets

### Part I: SHP Project Budgets (All SHP Projects as Applicable)

#### 12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity: \$22,000 x .50 x 1.238	13,626			13,627
<b>3. Life Skills (outside of case management)</b> Quantity:				
<b>4. Alcohol and Drug Abuse Services</b> Quantity: \$28,000 x .40 x 1.239	13,878			13,877
<b>5. Mental Health and Counseling Services</b> Quantity: \$44,000 x .25 x 1.238	13,626			13,627
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	41,130			41,130
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	10,282			10,282
*** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.				

**I3. SHP Operating Budget (All SHP Projects with Operating Costs)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Maintenance/Repair</b> Quantity:				
<b>6. Staff program manager</b> <b>52,000 x .40</b> (position, salary, % time)	20,869			22869
<b>3. Utilities</b> Quantity:				
<b>4. Equipment (lease/buy)</b> Quantity:				
<b>5. Supplies</b> Quantity:				
<b>6. Insurance</b> Quantity:				
<b>7. Furnishings</b> Quantity:				
<b>8. Relocation</b> Quantity: (number of persons)				
<b>9. Food</b> Quantity:				
<b>10. Other Operating Activity: Kitchen trainee</b> <b>Stipends: 4 trainees @ \$7.50/hr x 30 hr/week x</b> <b>26 weeks</b> Quantity:	23,400			21,460
<b>11. Total SHP operating dollars</b> <b>requested in lines 1 to 10 above: **</b>	44,269			44,269
*If not specified, the costs will be removed from the budget. ** Total of Line 11 must match line 7 column e. on the Project Summary Budget.				
<b>12. Total cash match to be spent on SHP</b> <b>eligible operating activities. ***</b>	14,756			14,756
*** Cash Match can be spent on any SHP eligible activity. The amount you enter in line 12 (total SHP cash match) must be at least 33.33% of the amount entered in line 11 (SHP operating dollars requested), for each year of the grant. The total of Line 12 must match line 7, column f. on the Project Summary Budget.				





# 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): 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 Transitional Housing	4. Amount of HUD Assistance Requested/Received \$89,669
5. State the name and location (street address, City and State) of the project or activity: 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 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
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 %)

(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 <u>Kev. B. Lewis</u>	Date: (mm/dd/yyyy) <u>04/19/06</u>
--------------------------------------	---------------------------------------

# 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 Transitional 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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification of Consistency  
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Southwest Florida Addiction Services Transitional 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: Jim Humphrey

Title: MAYOR

Signature: *Jim Humphrey*

Date: 4-4-2008

Attest: *Marie Adams*  
*City Clerk*

**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 Transitional  
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 *Carl Schwiny*

*ACTIN 07*  
Title: City Manager

Signature: 

Date: 3/29/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>:5</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: FL142003-001 PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>San Souci/Licata Village</b>		14. Project's location 6-digit Geographic Code: 120966	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 1334-1354 San Souci Drive City: Ft. Myers State: FL Zip 33919		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): 14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) Renaissance Manor, Inc.		22. Sponsor's DUNS Number: 342362519	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: 1401 16 <sup>th</sup> Street City: Sarasota State: FL Zip: 34236		24. Sponsor's Employer Identification Number (EIN): 65-0869993	
25. Contact person of Project Sponsor (if different from Applicant) Name: Mr. Scott Eller Phone number: 941-365-4177 Title: Executive Director Fax number: 941-365-4188 Email Address: seller99@aol.com			

**Part B: Project Summary Budget**  
**B1. Supportive Housing Program (SHP)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box) <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TH <input checked="" type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH			
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
45. Acquisition			
46. Rehabilitation			
47. New Construction			
48. Subtotal (Lines 1 through 3)			
49. Real Property Leasing From Leasing Budget Chart			
50. Supportive Services From Supportive Services Budget Chart	28,800	7,200	36,000
51. Operations From Operating Budget Chart	21,656	7,219	28,875
52. HMIS From HMIS Budget Chart			
53. SHP Request (Subtotal lines 4 through 8)	50,456	<b>Total Cash Match</b>	<b>Total Budget Request + Total Cash Match</b>
54. Administrative Costs (Up to 5% of line 9)	2,523		
55. Total SHP Request (Total lines 9 and 10)	\$52,979	14,419	67,398

**Part C: Point in Time Housing and Participants Chart**

(All Projects Except SSO and Dedicated HMIS Projects)

<b>7. Housing Type*</b> (Check all that apply)	<b>1a.</b> <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	<b>1b.</b> <input type="checkbox"/> Scattered Site <input checked="" type="checkbox"/> Project Based	
<b>2. Units, Bedrooms, Beds</b>	<b>a. Current Level</b> (Point-in-Time)	<b>b. New Effort or Change in Effort</b> (If Applicable)	<b>c. Projected Level</b> (column a + col. b)
Number of Units	6		
Number of Bedrooms	6		
Number of Beds	6		
<b>3. Participants</b>			
a. Number of Families with Children (Family Households)			
i. Number of adults in families			
ii. Number of children in families			
iii. Number of disabled in families			
b. Number of Single Individuals and Other Households w/o children			
i. Number of disabled individuals	6		6
ii. Number of chronically homeless	2		2
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

<b>1. Homeless Subpopulations</b>	<b>2. Approximate Percentages (%)</b>
<b>Chronically Homeless (as defined by HUD)</b>	
<b>Severely Mentally Ill</b>	100
<b>Chronic Substance Abusers</b>	
<b>Veterans</b>	
<b>Persons with HIV/AIDS</b>	
<b>Victims of Domestic Violence</b>	
<b>Unaccompanied Youth (Under 18 years of age)</b>	

**Part E: Discharge Policy (Only State & Local Government Applicants) (Not Applicable)**

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Rental Income	Tenants	P	Varies	\$12,240
Partnering for Results	Lee County	G	Pending	\$17,500
*Government sources are appropriated dollars. (Yearly)			<b>TOTAL:</b>	\$29,740

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ / _____ (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.
2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: <input checked="" type="checkbox"/> Number of persons served: from _____ to _____. <input type="checkbox"/> Number of units: from _____ to _____. <input type="checkbox"/> Location of project sites. <input type="checkbox"/> Line item or cost category budget changes more than 10%. <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: _____ _____ _____



**H: Renewal Performance (Continued)**  
 (For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.  N/A

**3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).** Complete the following chart using data based on the preceding operating year from APR Questions 12(a) and 12(b):

f. Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	2
g. Number of participants who <b>did not leave</b> the project(s)—APR Question 12 (b)	4
h. Of those who <b>exited</b> , how many stayed 7 months or longer in PH—APR Question 12(a)	2
i. Of those who <b>did not leave</b> , how many stayed 7 months or longer in PH—APR question 12(b)	3
j. Percentage of <b>all</b> participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	83%

**4. Transitional Housing (Not Applicable).**  
 33

**5. Supportive Services - Mainstream Programs and Employment Chart**  
 (To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
2	a. SSI	2	100.00%
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

## Section II: Project Budgets

### Part I: SHP Project Budgets

#### 12. SHP Supportive Services Budget

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity:	5,000			15,000
<b>3. Life Skills (outside of case management)</b> Quantity:	23,800			71,400
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity:				
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity:				
<b>11. Transportation</b> Quantity:				
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)</b> Quantity:				
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	28,800.			28,800
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	7,200.			7,200.
*** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.				

**13. SHP Operating Budget (All SHP Projects with Operating Costs)**

<b>Operating Costs</b>	<b>SHP Dollars Requested</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>1. Maintenance/Repair</b> Quantity:	3,398.00			3,398.00
<b>2. Staff</b> (position, salary, % time, fringe benefits)	5,630.00			5,630.00
<b>3. Utilities</b> Quantity:	2,954.00			2,954.00
<b>4. Equipment (lease/buy)</b> Quantity:	484.00			484.00
<b>5. Supplies</b> Quantity:	2,091.00			2,091.00
<b>6. Insurance</b> Quantity:	3,115.00			3,115.00
<b>7. Furnishings</b> Quantity:	1,088.00			1,088.00
<b>8. Relocation</b> Quantity: (number of persons)				
<b>9. Food</b> Quantity:				
<b>10. Other Operating Activity: *</b> Quantity:	2,896.00			2,896.00
<b>11. Total SHP operating dollars requested in lines 1 to 10 above: **</b>	21,656.00			21,656.00
*If not specified, the costs will be removed from the budget.				
** Total of Line 11 must match line 7 column e. on the Project Summary Budget.				
<b>12. Total cash match to be spent on SHP eligible operating activities. ***</b>	7,219			7,219
*** Cash Match can be spent on any SHP eligible activity. The amount you enter in line 12 (total SHP cash match) must be at least 33.33% of the amount entered in line 11 (SHP operating dollars requested), for each year of the grant. The total of Line 12 must match line 7, column f. on the Project Summary Budget.				



# 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 <sup>th</sup> Street, Sarasota, FL (941) 365-8645	2. Social Security Number or Employer ID Number: 65-0869993
3. HUD Program Name COC SHP- Renewal	4. Amount of HUD Assistance Requested/Received \$52,979
5. State the name and location (street address, City and State) of the project or activity: 1334-1354 San Souci Drive, Ft. Myers, FL 33919	

## 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
	t		

(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) 05/02/2006
--	----------------------------------

# 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  
(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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Supportive 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: \_\_\_\_\_

Title: \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

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

Applicant Name: Lee County Board of County Commissioners

Project Name: Renaissance Manor Supportive 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 *Paul Schwing*

*ACTING*  
Title: City Manager

Signature: *[Handwritten Signature]*

Date: 3/29/04



## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>:6</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: FL14B503003 PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>Living Independently for Today (LIFT)</b>		14. Project's location 6-digit Geographic Code: 129071. 120966 120402	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2440 Thompson Street City: Fort Myers State: FL Zip: 33901		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area 17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?		19. Project Congressional District(s): FL14	
20. Project Sponsor's Organization Name (If different from Applicant) Same as Applicant		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Same as Applicant Phone number: Title: Fax number: Email Address:			

**Part B: Project Summary Budget**

**B1. Supportive Housing Program (SHP) (All SHP Projects)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box)	
<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TH <input type="checkbox"/> PH <input checked="" type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
56. Acquisition			
57. Rehabilitation			
58. New Construction			
59. Subtotal (Lines 1 through 3)			
60. Real Property Leasing From Leasing Budget Chart			
61. Supportive Services From Supportive Services Budget Chart	\$ 114,021	\$ 35,915	\$ 149,936
62. Operations From Operating Budget Chart			
63. HMIS From HMIS Budget Chart			
64. SHP Request (Subtotal lines 4 through 8)		<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
65. Administrative Costs (Up to 5% of line 9)	\$ 5,701		
66. Total SHP Request (Total lines 9 and 10)	\$ 119,722		
		\$ 35,915	\$ 155,637

**Part C: Point in Time Housing and Participants Chart** (All Projects Except Dedicated HMIS Projects)

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Chronically Homeless Veterans or Severely Mentally Ill Persons with Chronic Substance Abuse etc.), you may place overlapping approximate percentages on the appropriate lines.

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	5%
Severely Mentally Ill	0%
Chronic Substance Abusers	50%
Veterans	5%
Persons with HIV/AIDS	5%
Victims of Domestic Violence	40%
Unaccompanied Youth (Under 18 years of age)	

**Part E: Discharge Policy** (Only State & Local Government Applicants)

1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring homeless assistance for such persons in your jurisdiction?
--	---

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	<b>CDBG</b>	<b>G</b>	<b>2/15/06</b>	<b>\$10,000</b>
Program staff support salaries	Lee County BoCC	G	3/30/06	\$5,000
Transportation (van, mileage)	Lee County BoCC	G	3/30/06	\$5,000
Participant rent/utilities	Lee County BoCC	G	3/30/06	\$120,000
Residential Services	Act	P	03/27/06	\$591,400
Program Match Funds	Lee County BoCC	G	3/30/06	\$35,915
*Government sources are appropriated dollars.			<b>TOTAL:</b>	<b>\$757,315</b>

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>05</u> / <u>06</u> (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.  _____ _____ _____
2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: <input type="checkbox"/> Number of persons served: from _____ to _____. <input type="checkbox"/> Number of units: from _____ to _____. <input type="checkbox"/> Location of project sites. <input type="checkbox"/> Line item or cost category budget changes more than 10%. <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: _____ _____ _____

**H: Renewal Performance (Continued)**

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions.  N/A

**3. Permanent Housing (PH) Performance (Not Applicable)**

**4. Transitional Housing (TH) Performance (Not Applicable).**

**5. Supportive Services - Mainstream Programs and Employment Chart**

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
41	a. SSI	2	4.9%
41	b. SSDI	0	0
41	c. Social Security	3	7.3%
41	d. General Public Assistance	0	0
41	e. TANF	2	4.9%
41	f. SCHIP	0	0
41	g. Veterans Benefits	0	0
41	<b>h. Employment Income</b>	<b>28</b>	<b>68.3%</b>
41	i. Unemployment Benefits	1	2.4%
41	j. Veterans Health Care	0	0
41	k. Medicaid	14	34.1%
41	l. Food Stamps	12	29.3%
41	m. Other: Edu Grant, Disaster pay	3	7.3%
41	n. No Financial Resources	6	14.6%

## Section II: Project Budgets

### Part I: SHP Project Budgets (All SHP Projects as Applicable)

#### 12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:				
<b>2. Case Management</b> Quantity: 1 FTE Salary/Fringe @ \$45,236	16,821			16,821
<b>3. Life Skills (outside of case management)</b> Quantity:				
<b>4. Alcohol and Drug Abuse Services</b> Quantity:				
<b>5. Mental Health and Counseling Services</b> Quantity:				
<b>6. HIV/AIDS Services</b> Quantity:				
<b>7. Health Related &amp; Home Health Services</b> Quantity:				
<b>8. Education and Instruction</b> Quantity:				
<b>9. Employment Services</b> Quantity:				
<b>10. Child Care</b> Quantity: 5 children @\$100 x 11 weeks=\$5,500	0			0
<b>11. Transportation</b> Quantity: 30 monthly bus passes @ \$30	900			900
<b>12. Transitional Living Services</b> Quantity:				
<b>13. Other (must specify *)a) Permanent Housing Start Up Costs @ FMV</b> Quantity: 40 move-in costs (1 <sup>st</sup> month's rent, security, utility deposits, last month's rent) @ an average of \$2,157.50	86,300			86,300
<b>b) Basic Assistance to Individuals (Home Furnishings, health care, etc.)</b> Quantity: 12 Households @ avg. \$1,000 = \$12,000	10,000			10,000
<b>14. Total SHP supportive services dollars requested in lines 1 to 13: **</b>	114,021			114,021
*If not specified, the costs will be removed from the budget. ** Total of Line 14 must match line 6 column e. on the Project Summary Budget.				
<b>15. Total cash match to be spent on SHP eligible supportive service activities. ***</b>	35,915			35,915
*** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 15 (total SHP cash match) must be at least 25% of the amount entered in line 14 (SHP supportive services dollars requested), for each year of the grant. The total of Line 15 must match line 6, column f. on the Project Summary Budget.				

Logic Model

eLogic Model™ Applicant Name: Lee County BoCC		Project Name: Living Independently for Today		Period:		Component Name: SHP	
CLVP		TERN:		Start Date:	End Date:	Pre	Post
HUD Goals	Policy Priority	HUD Program	Service or Activities/Output	Pre	Post	Outcome	Evaluation Tools
1	c	2	3	4	5	6	7
	f	HUD Program	Continuum of Care	Measure	Impact	Measure	Accountability
		Homeless individuals lack the skills and income to obtain and maintain their permanent housing.	Housing placement-all	Participants	Homeless participants moved to permanent housing - all	Participants	
			Case Management-all	40	Homeless participants moved to permanent housing - all	40	A. Tools for Measurement Database
			Child care-all	40	Homeless participants moved to permanent housing - all	40	Interviews
			Transportation-all	5	Homeless participants moved to permanent housing - all	5	Phone log
				10	Homeless participants moved to permanent housing - all	10	B. Where Data Maintained
				#N/A		#N/A	Specialized database
				#N/A		#N/A	Individual case records
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	C. Source of Data
				#N/A		#N/A	Lease agreements
				#N/A		#N/A	Payment vouchers
				#N/A		#N/A	Progress reports
				#N/A		#N/A	Other: Home Visits
				#N/A		#N/A	D. Frequency of Collection
				#N/A		#N/A	Upon incident
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	E. Processing of Data
				#N/A		#N/A	Computer spreadsheets
				#N/A		#N/A	Other: AIMS Database
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	
				#N/A		#N/A	

Form HUD 96010(2/2006)

©The Center for Applied Management Practices, Inc., 2005.

# 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: 59-6000702
3. HUD Program Name 2006, 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: Living Independently for Today (LIFT) Department of Human Services, 2440 Thompson Street, Fort Myers, FL 33903	

## Part I Threshold Determinations

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

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

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

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

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

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

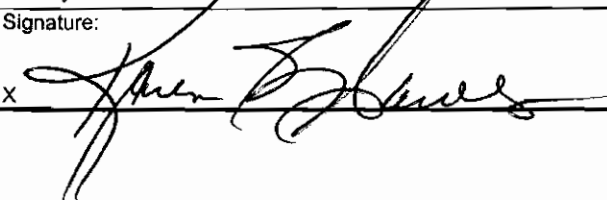
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

## Certification

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

I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 4/17/06
--	-------------------------------



# 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: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(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: \_\_\_\_\_

Title: \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(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 *Carl Schwüing*

Title: ACTING  
City Manager

Signature: *[Handwritten Signature]*

Date: 3/29/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>:7</b>	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: FL14B50-3005 PIN Number: FL14109
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>Homeless Management Information System (HMIS Dedicated Project)</b>		14. Project's location 6-digit Geographic Code: 120966	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2440 Thompson Street City: Fort Myers State: FL Zip: 33901		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): 14	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

**Part B: Project Summary Budget**

**B1. Supportive Housing Program (SHP) (All SHP Projects)**

<b>a. <input checked="" type="checkbox"/> SHP Program</b>		<b>c. Grant Term (New Projects must be 2 or 3 years; Renewals or HMIS projects can be 1, 2 or 3 years)</b> (Check only one box) <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
<b>b. Component Types (Check only one box)</b> <input type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input checked="" type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH			
<b>d. Proposed SHP Activities</b>	<b>e. SHP Dollars Request</b>	<b>f. Cash Match</b>	<b>g. Totals (Col. e + Col. f)</b>
67. Acquisition			
68. Rehabilitation			
69. New Construction			
70. Subtotal (Lines 1 through 3)			
71. Real Property Leasing From Leasing Budget Chart			
72. Supportive Services From Supportive Services Budget Chart			
73. Operations From Operating Budget Chart			
74. HMIS From HMIS Budget Chart	176,107.00	51,235.00	227,342.00
75. SHP Request (Subtotal lines 4 through 8)	176,107.00	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
76. Administrative Costs (Up to 5% of line 9)	4,403.00		
77. Total SHP Request (Total lines 9 and 10)	180,510.00	51,235.00	231,745.00

**Part E: Discharge Policy (Only State & Local Government Applicants)**

1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring homeless assistance for such persons in your jurisdiction?
--	---

**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	<b>CDBG</b>	<b>G</b>	<b>2/15/06</b>	<b>\$10,000</b>
Cash Match	Lee County General Funds	G	03/28/2006	51,235.00
Internet Connectivity	Lee County General Funds	G	03/28/2006	1,200.00
Training Room	Lee County General Funds	G	03/28/2006	1,000.00
Information and Referral	United Way of Lee County	P		270,000.00
Salaries	Salvation Army	P	03/27/2006	51,719.05
Salaries	Abuse Counseling and Treatment	P	03/27/2006	53,042.49
*Government sources are appropriated dollars.			<b>TOTAL:</b>	<b>\$428,196.54</b>

**Part H: Renewal Performance (All Renewal Projects)**

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.
	_____ _____ _____
2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: <input type="checkbox"/> Number of persons served: from _____ to _____. <input type="checkbox"/> Number of units: from _____ to _____. <input type="checkbox"/> Location of project sites. <input checked="" type="checkbox"/> Line item or cost category budget changes more than 10%. <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: Line items were modified to reflect the projected needs of the Homeless Management Information System.

## Section II: Project Budgets

### 15. SHP HMIS Budget (All SHP Projects with HMIS Costs)

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>Equipment</b>				
1. Central Server(s)				
2. Personal Computers and Printers	22,050			22,050
3. Networking				
4. Security				
<b>Subtotal:</b>	22,050			22,050
<b>Software</b>				
5. Software/User Licensing	35,775			35,775
6. Software Installation				
7. Support and Maintenance				
8. Supporting Software Tools	3,000			3,000
<b>Subtotal:</b>	38,775			38,775
<b>Services</b>				
9. Training by Third Parties	4,500			4,500
10. Hosting/Technical Services				
11. Programming: Customization				
12. Programming: System Interface	1,200			1,200
13. Programming: Data Conversion	1,000			1,000
14. Security Assessment and Setup				
15. On-line Connectivity (Internet Access)	9,900			9,900
16. Facilitation				
17. Disaster and Recovery				
<b>Subtotal:</b>	16,600			16,600
<b>Personnel</b>				
18. Project Management/Coordination 1 FTE Database Administrator @ \$56,400 plus 33% fringe benefits	75,000			75,000
19. Data Analysis Consultant to be paid for data analysis	10,000			10,000
20. Programming				
21. Technical Assistance and Training				
22. Administrative Support Staff 6% of Office Manager and 5% of Administrative Assistant to assist with System Administration, data entry, training, and other program support	7,182			7,182
<b>Subtotal:</b>	92,182			92,182
<b>HMIS Space and Operations</b>				
23. Space Costs				
24. Operational Costs	6,500			6,500
<b>Subtotal:</b>	6,500			6,500
<b>25. Total SHP HMIS dollars requested in lines 1 to 24 above: *</b>	176,107	0	0	176,107

<b>* Total of Line 25 must match line 8 column e. on the Project Summary Budget.</b>			
<b>26. Total cash match to be spent on SHP eligible HMIS activities: **</b>	51,235		51,235
<p>** Cash Match can be spent on any SHP eligible activity (see the chart in Section III.A.3. of the NOFA for these activities). The amount you enter in line 26 (Total HMIS cash match) must be at least 25% of the amount entered in line 25 (Total SHP HMIS operating dollars requested), for each year of the grant. The total of Line 16 must match line 8, column f. on the Project Summary Budget.</p>			





# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 08/31/2006)

**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: 596-00-0702
3. HUD Program Name 2006 Continuum of Care, Supportive Housing Program	4. Amount of HUD Assistance Requested/Received \$180,510.00
5. State the name and location (street address, City and State) of the project or activity: 2440 Thompson Street, Fort Myers, FL33901	

## 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	562-24-8019	Software License and support	\$41,620 (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) 4/21/2006
---	---------------------------------

# 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: Lee County Board of County Commissioners

Certifying Official  
of the Jurisdiction  
Name: \_\_\_\_\_

Title: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification of Consistency  
with the Consolidated Plan**

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

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(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: Jim Humphrey

Title: MAYOR

Signature: By Jim Humphrey

Attest: Marie Adams  
City Clerk

Date: 4-4-2006

# 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 Cape Coral

Certifying Official

of the Jurisdiction

Name: Terrance Stewart *Carol Schwinnig*

Title: ACTING  
City Manager

Signature: 

Date: 3/29/06

## Section I: Project Summary Information

### Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <b>8</b>	2. New Project x Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN)	Previous Grant Number: FL14C903006 PIN Number:
4. HUD-Defined CoC Name: Ft Myers/Cape Coral/Lee County CoC		5. CoC Number: FL603	
6. Applicant's Organization Name (Legal Name from SF-424) Lee County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 01-346-1611	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 2440 Thompson Street City: Fort Myers State: FL Zip:33901		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000702	
11. Contact person of Project Applicant: (From SF-424) Name: Richard Lloyd Faris Phone number: (239) 533-7930 Title: Senior Planner Fax number: (239) 533-7630 Email Address: farisrl@leegov.com		12. Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: <b>Ruth Cooper Center - Shelter Plus Care</b>		14. Project's location 6-digit Geographic Code:120971	
15. Project Address (S+C SRAs, if multiple sites list all addresses including) Street:2789 Ortiz Avenue City: Ft. Myers State: FL Zip:33905		18. X Check box if Energy Star is used in this project	
16. Check box if project is located in a Rural Area		19. Project Congressional District 14	
17. If project contains housing units, are these units: Leased? X Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. Check box if Project Sponsor is a Faith-Based Organization X Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) S Street:2789 Ortiz Avenue City: Ft. Myers State: FL Zip:33905:		24. Sponsor's Employer Identification Number (EIN): 59-1287693	
25. Contact person of Project Sponsor (if different from Applicant) Name: Karen Erickson Title:		Phone number: (239) 275-3222 Fax number: (239) 275-9083 Email Address:ericksok@rcbhc.org	

**Part B: Project Summary Budget**

**B2. Shelter Plus Care (S+C) (All S+C Projects)**

<b>a. <input checked="" type="checkbox"/> S+C Program</b>	<b>c. Grant Term (Renewals are 1 year only)</b>		
<b>b. Component Types (Check only one box)</b>	<b>(Check only one box)</b>		
<b><input checked="" type="checkbox"/></b> <b>TRA   SRA   PRA   PRAR   S+C/SRO</b>	<b><input checked="" type="checkbox"/> Renewal 1 Year</b>	<b><input type="checkbox"/> New 5 Years</b>	<b><input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years</b>
<b>1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart</b>	<b>\$81,120.00</b>		

**Part C: Point in Time Housing and Participants Chart**

(All Projects Except SSO and Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. x Multi-family Single-family Congregate Facility		1b. x Scattered Site Project Based
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	9		9
Number of Bedrooms	15		15
Number of Beds	15		15
3. Participants a. Number of Families with Children (Family Households)	2		2
i. Number of adults in families	2		2
ii. Number of children in families	4		4
iii. Number of disabled in families	2		2
b. Number of Single Individuals and Other Households w/o children	13		13
i. Number of disabled individuals	13		13
ii. Number of chronically homeless	0	1	1
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

**Part D: Targeted Subpopulations**

(All Projects Except Dedicated HMIS Projects)

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	1
Severely Mentally Ill	100
Chronic Substance Abusers	50
Veterans	1
Persons with HIV/AIDS	1
Victims of Domestic Violence	1
Unaccompanied Youth (Under 18 years of age)	0

**Part E: Discharge Policy** (Only State & Local Government Applicants) (Not Applicable)



**Part F: Project Leveraging Chart (All Projects)**

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Program Match	Ruth Cooper Ctr	P	3/28/06	\$81,120
*Government sources are appropriated dollars.			<b>TOTAL:</b>	\$81,120

**Part G: Project Participation In Homeless Management Information Systems (HMIS) (All Projects Except Dedicated HMIS Projects)**

XYes      No 06_2004____ (mm/year)	Is this project participating in the HMIS? If "Yes," what date did this project begin participating in the HMIS? If "No," enter the date the project anticipates beginning participation.
XYes      No	Will client-level data be included in the HMIS for all persons served by this project?

**Part H: Renewal Performance (All Renewal Projects)**

1. Yes      x No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe. _____
2. Yes      x No	Are there any significant changes that you propose in the project since the last funding approval? Check all that apply: Number of persons served: from _____ to _____. Number of units: from _____ to _____. Location of project sites. Line item or cost category budget changes more than 10%. Change in target population. Change in project sponsor. Change in component type. Other: _____ Please explain changes: _____ _____

**H: Renewal Performance (Continued)**

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

**3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).** Complete the following chart using data based on the preceding operating year from APR Questions 12(a) and 12(b):

a. Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	9
b. Number of participants who <b>did not leave</b> the project(s)—APR Question 12 (b)	12
c. Of those who <b>exited</b> , how many stayed 7 months or longer in PH—APR Question 12(a)	4
d. Of those who <b>did not leave</b> , how many stayed 7 months or longer in PH—APR question 12(b)	5
e. Percentage of <b>all</b> participants in PH projects staying 7 months or longer $[(c + d) \text{ divided by } (a + b)] \times 100 = e$ . Example: $[(16 + 15) \text{ divided by } (20 + 20)] \times 100 = 77.5\%$	49%

**4. Transitional Housing (Not Applicable)**

**5. Supportive Services - Mainstream Programs and Employment Chart**

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
9	a. SSI	4	44%
9	b. SSDI	4	44%
9	c. Social Security		
9	d. General Public Assistance		
9	e. TANF		
9	f. SCHIP		
9	g. Veterans Benefits		
9	<b>h. Employment Income</b>	3	33%
9	i. Unemployment Benefits		
9	j. Veterans Health Care		
9	k. Medicaid	5	56%
9	l. Food Stamps		
9	m. Other (please specify)	3	33%
9	n. No Financial Resources	2	22%

## Section II: Project Budgets

### Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

#### J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

<b>a. Check the box to indicate the type of program:</b> S+C    Section 8 SRO				
<b>b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:</b> Ft Myers Cape Coral FL				
<b>c. Check the appropriate box that relates your rent to the published FMR*:</b> 93 1% to 99% of FMR X100% of FMR 101% to 110% of FMR (PHA approval letter must be attached). Greater than 110% (HUD approval letter must be attached).				
<b>d. Size of Units</b>	<b>e. Number Of Units</b>	<b>f. FMR or Actual Rent</b>	<b>g. Number of Months</b>	<b>h. Total</b>
SRO	x	x	12=	
0 Bedroom	1x	592x	12=	\$7,104
1 Bedroom	2x	639x	12=	\$15,336
2 Bedrooms	4x	728x	12=	\$34,944
3 Bedrooms	2x	989x	12=	\$23,736
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
<b>i. Total</b>	9x	x	=	\$81,120

*\*Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are approved, which may be higher or lower than the FMRs listed above.*

#### J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget (Not applicable)



**2880 Form Applicant/Recipient Disclosure**

# 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 x

1. Applicant/Recipient Name, Address, and Phone (include area code): Ruth Cooper Center for Behavioral Healthcare, Inc. 2789 Ortiz Avenue Ft. Myers, FL 33905 (239) 275-3222	2. Social Security Number or Employer ID Number: 59-1287693
3. HUD Program Name Shelter Plus Care	4. Amount of HUD Assistance Requested/Received \$81,120
5. State the name and location (street address, City and State) of the project or activity: Shelter Plus Care, 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). x <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes x <input type="checkbox"/> No.
---	--

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

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

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

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

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

## Certification

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

I certify that this information is true and complete.

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

**2991 Certifications of Consistency**

**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: Ruth Cooper Shelter Plus Care Program (Renewal)

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

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

Name of  
Certifying Jurisdiction: Lee County Board of County Commissioners

Certifying Official  
of the Jurisdiction  
Name: \_\_\_\_\_

Title: Chairwoman, Lee County Board of County Commissioners

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Certification of Consistency  
with the Consolidated Plan**

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

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

Applicant Name: Lee County Board of County Commissioners

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

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

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: Jim Humphrey

Title: MAYOR

Signature: *Jim Humphrey*

Date: 4-4-2006

Attest: *Mare Adams*  
*City Clerk*

# 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: Ruth Cooper Shelter Plus Care Program (Renewal)

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

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

Title: Acting City Manager

Signature: 

Date: 3/29/06

 Carl Schwinn  
ACTING C.M.