

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

Blue Sheet No. 20060-788

6/7/2006

1. ACTION REQUESTED/PURPOSE: 1) Approve submission of Lee County's Homeless Continuum of Care Challenge Grant Florida FY 2007 to the State of Florida Office on Homelessness, Tallahassee, 2) Authorize Chairwoman to sign Cover Letters and Certifications and, 3) Adopt minor revision to Lee County Continuum of Care HUD FY 2006.

2. WHAT ACTION ACCOMPLISHES: Allows Lee County to apply for state funding for local homeless projects by the Department of Human Services and local non-profit agencies.

3. MANAGEMENT RECOMMENDATION:
Staff recommends approval.

4. Departmental Category: 05 **C5B** **5. Meeting Date:** 6/27/06 **Date Critical**

6. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	7. Requirement/Purpose: (specify) <input type="checkbox"/> Statute <input type="checkbox"/> Ordinance <input type="checkbox"/> Admin. Code <input checked="" type="checkbox"/> Other Part VI Chapter 420 Florida Stat	8. Request Initiated: Commissioner _____ Department Human Services Division na By: Karen B. Hawes, Dir. <div style="text-align: right; margin-top: 10px;"> 6/14/06 </div>
---	---	---

9. Background:
The State Office on Homelessness, Florida Department of Children and Families, has invited competitive application for grant funds for homeless services and housing. The Department of Human Services, Board of County Commissioners, is the designated lead agency in the Lee County catchment area for this application and solicits and submits applications from agencies that provide services to the homeless.

Attachments:
 Cover Letter
 Challenge Grant Consistency Letter
 Challenge Grant Application

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services			County Manager/P.W. Director
<i>Am</i>	N/A	N/A	N/A	<i>Adria</i>	Analyst	Risk	Grants	
				<i>Tarek</i>	<i>6/12/06</i>	<i>6/14/06</i>	<i>6/17/06</i>	<i>HS</i>

11. Commission Action:

- Approved**
- Deferred**
- Denied**
- Other**

Rec. by CoAtty

Date: 6/12/06

Time: 8:30 AM

Forwarded To: _____

RECEIVED BY
COUNTY ADMIN. *PL*

6/12/06 12:30 PM

COUNTY CLERK
FORWARDED TO: *PL*

6/12/06
10 AM

10.10

GRANT APPLICATION DATA FORM

SUBMITTING DEPARTMENT/DIVISION: Department of Human Services

Contact Person: Richard Faris

Telephone #: 533-7930

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: State Office On Homelessness Challenge Grant

GRANTOR AGENCY: State Office On Homelessness. Department of Children and Families

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

DEADLINE FOR SUBMITTAL: 6/30/2006

GRANT AMOUNT: \$150,000

MATCHING REQUIREMENTS (Include how the matching will be met):
No Match required

PURPOSE OF GRANT: Homeless Services

IMPACT STATEMENTS

Please describe the benefit of this grant to the community.
Homeless residents receive housing and services

Please describe the operational impact to Lee County Government.
Human Services contracts sub-recipients

Department Grant Administrator/designee

[Signature]
Department Director

Date 6/13/2006

6/9/06
Date 6/13/2005



LEE COUNTY

SOUTHWEST FLORIDA

HOMELESS

CHALLENGE GRANT

**Florida State Office on Homelessness
Florida FY 2007 Grant Application**

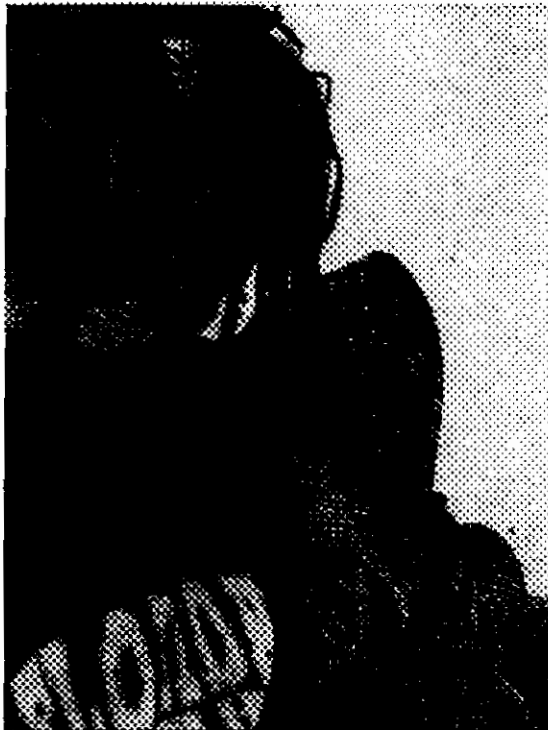
Prepared in Conjunction with:

Lee County Coalition for the Homeless
State of Florida District 8 Department of Children and Families

Submitted by:

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

Submitted: June 27, 2006



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

Lee County • Challenge Grant • Florida FY 2007

Table of Contents

Section 1	Board of County Commissioners Cover Letter	Page 1
2	Budget – EXHIBIT: F, G	2
3	Certification: Consistency with the Continuum of Care Plan as Amended	5
	Documentation: Consistency	6
4	Narrative	7
5	Quality of Service Narrative - EXHIBIT C	
5.1	Homeless Goals/Strategy: Past Performance	9
5.2	Continuum of Care Governing Process	9
5.3	Continuum of Care Project Review and Selection	9
5.4	Project Performance – Employment Income	10
5.5	Project Performance – Food Stamp Benefits	10
5.6	Project Performance – SSI	10
5.7	Project Performance – SSDI	10
5.8	Project Performance – Permanency of Housing	10
5.9	Project Performance – Transition to Permanent Housing	11
5.10	Homeless Management Information System Coverage	12
5.11	Homeless Population Shelter Coverage	
5.12	Expanded Continuum Catchment Area - NA	
5.13	Unexecuted Grants - NA	
-	Certification-Quality of Service	
	Documentation: Quality of Service	
	Leverage of McKinney Act and Private Funds - EXHIBIT D	14
6	Certification-Leverage	24
	Documentation: Leverage	
7	Homeless Need – EXHIBIT E	26
	Certification-Need	
.	Documentation: Need	43
8	Performance Measures	45
9	Ability to Complete Narrative	50

Attachment: Lee County Homeless Continuum of Care as Amended 6/27/2006

BOARD OF COUNTY COMMISSIONERS

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

Bob Janes
District One

June 27, 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

Mr. Tom Pierce
Executive Director
Department of Children and Families
Office on Homelessness
1317 Winewood Boulevard
PDHO, Building 3, Room 325
Tallahassee, FL 32399-0700

SUBJECT: LEE COUNTY CHALLENGE GRANT Florida FY 2007

Dear Mr. Pierce:

Please find enclosed the Lee County application for the Challenge Grant of the Florida State Office on Homelessness. The maximum funding requested for the coordinated activities is \$150,000 or other amount as determined by the State Office on Homelessness. The Board of County Commissioners of Lee County is proud of its record of supporting services and housing to eliminate homelessness in our county.

Attached you will find the Lee Challenge Grant Application for homeless programs consisting of: a program by Renaissance Manor to support permanent housing for the chronically homeless, a program of Southwest Florida Addiction Services for homeless medications and services, a Salvation Army program which delivers emergency food, clothing, and furniture for homeless persons; and a program of the Lee County Department of Human Services "LIFT" program, which facilitates permanent housing for homeless persons.

If you have questions, please utilize our point of contact Richard Faris, Senior Planner, of the Department of Human Services at (239) 533-7930, fax (239) 533-7960

Sincerely,

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

Encl: Budget, Certifications, and Amendments

C: Karen B. Hawes, Director, Department of Human Service

BUDGET FORM / EXHIBIT F

Budget at \$150,000 Award

No	Grant Activity/Use	\$ Amount Requested	Agency/ Provider Name	Service Location	Existing Service/ New Service (all Activ.-Existing)	No. of Homeless Persons to be Served
A1	Permanent Housing Chronic Homeless	\$37,500	Renaissance Manor	Broadway Place	This is an existing 2006 project. <i>Population of Homeless Served:</i> This activity serves 3 Chronically Homeless persons at a point in time. Chronically homeless individuals are provided furniture and appliances in this Permanenet Housing Project. Individuals have serious mental illness and may have co-occurring disorders.	
B1	Homeless medications and services Homeless Case Managcment	\$37,500	SWFAS	Transitional Living Center (TLC) 2516 Grand Ave. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 22 Homeless individuals with medications and 38 homeless Individuals with intensive case management. Individuals have substance abuse or co-occurring disorders.	
C1	Emergency Shelter Food/ Soup Kitchen Meals Clothing and Furniture	\$37,500	The Salvation Army	2476 Edison Ave. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 1250 homeless or potentially homeless individuals with meals and 250 homeless or potentially homeless individuals with emergency clothing and furniture. Individuals may have disabilities or co-occurring disorders.	
D1	Services to facilitate homeless housing.	\$37,500	Department of Human Services, Lee County Living Independently for Today (LIFT)	2440 Thompson St. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 25 Homeless persons. This activity provides move-in costs (rent, security, last month's rent), utility payments and deposits, housewares, furniture and/or clothing. Individuals may have substance abuse and/or domestic violence disabilities.	
	TOTAL GRANT	\$150,000			Total Persons to be Served 1,588 (unduplicated, approx: 1343)	

EXPENDITURE SCHEDULES / EXHIBIT G

Schedule for \$150,000 Award

No.	Grant Activity/Use	\$ Budgeted	Estimate Draw By Quarter Ending		
			12/31/06	3/31/07	6/30/07
A1	Perm. Housing	\$37,500	\$18,750	\$9,375	\$9,375
B1	Medications, Services	\$37,500	\$18,750	\$9,375	\$9,375
C1	Meals, Clothing, Furn.	\$37,500	\$18,750	\$9,375	\$9,375
D1	Housing Assistance	\$37,500	\$18,750	\$9,375	\$9,375
	TOTAL GRANT	\$150,000	\$75,000	\$37,500	\$37,500

ALL GRANT FUNDS SHALL BE OBLIGATED, AND SERVICES PROVIDED BY JUNE 30, 2007. FURTHER, ALL CHALLENGE GRANT FUNDS SHALL BE DRAWN PRIOR TO JUNE 30, 2007

BUDGET FORM / EXHIBIT F

Budget at \$100,000 Award

No	Grant Activity/Use	\$ Amount Requested	Agency/ Provider Name	Service Location	Existing Service/ New Service (all Activ.-Existing)	No. of Homeless Persons to be Served
A2	Permanent Housing Chronic Homeless	\$25,000	Renaissance Manor	Broadway Place	This is an existing 2006 project. <i>Population of Homeless Served:</i> This activity serves 3 Chronically Homeless persons at a point in time. Chronically homeless individuals are provided furniture and appliances in this Permanent Housing Project. Individuals have serious mental illness and may have co-occurring disorders.	
B2	Homeless medications and services Homeless Case Management	\$25,000	SWFAS	Transitional Living Center (TLC) 2516 Grand Ave. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 15 Homeless individuals with medications and 25 homeless Individuals with intensive case management. Individuals have substance abuse or co-occurring disorders	
C2	Emergency Shelter Food/ Soup Kitchen Meals Clothing, Furniture	\$25,000	The Salvation Army	2476 Edison Avenue Fort Myers, FL	<i>Existing or New Service:</i> This is an existing service. <i>Population of Homeless Served:</i> This activity serves 834 homeless or potentially homeless individuals with meals and 167 homeless or potentially homeless individuals with emergency clothing and furniture. Individuals may have disabilities or co-occurring disorders.	
D2	Services to facilitate homeless housing.	\$25,000	Department of Human Services, Lee County Living Independently for Today (LIFT)	2440 Thompson St. Fort Myers, FL	<i>Existing or New Service:</i> This is an existing service. <i>Population of Homeless Served:</i> This activity serves 17 Homeless persons. This activity provides move-in costs (rent, security, last month's rent), utility payments and deposits, housewares, furniture and/or clothing. Individuals may have substance abuse and/or domestic violence disabilities.	
	TOTAL GRANT	\$100,000			Total Persons to be Served 1,061 (unduplicated, approx: 889)	

EXPENDITURE SCHEDULES / EXHIBIT G

Schedule for \$100,000 Award

No.	Grant Activity/Use	\$ Budgeted	Estimate Draw By Quarter Ending		
			12/31/06	3/31/07	6/30/07
A2	Perm. Housing	\$25,000	\$12,500	\$6,250	\$6,250
B2	Medications, Services	\$25,000	\$12,500	\$6,250	\$6,250
C2	Meals, Clothing, Furn.	\$25,000	\$12,500	\$6,250	\$6,250
D2	Housing Assistance	\$25,000	\$12,500	\$6,250	\$6,250
	TOTAL GRANT	\$100,000	\$50,000	\$25,000	\$25,000

ALL GRANT FUNDS SHALL BE OBLIGATED, AND SERVICES PROVIDED BY JUNE 30, 2007. FURTHER, ALL CHALLENGE GRANT FUNDS SHALL BE DRAWN PRIOR TO JUNE 30, 2007

BUDGET FORM / EXHIBIT F

Budget at \$60,000 Award

No	Grant Activity/Use	\$ Amount Requested	Agency/ Provider Name	Service Location	Existing Service New Service (all Activ.-Existing)	No. of Homeless Persons to be Served
A3	Permanent Housing for Chronic Homeless	\$15,000	Renaissance Manor	Broadway Place	This is an existing 2006 project. <i>Population of Homeless Served:</i> This activity serves 3 Chronically Homeless persons at a point in time. Chronically homeless individuals are provided furniture and appliances in this Permanent Housing Project. Individuals have serious mental illness and may have co-occurring disorders.	
B3	Homeless medications and services Homeless Case Management	\$15,000	SWFAS	Transitional Living Center (TLC) 2516 Grand Ave. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 9 Homeless individuals with medications and 15 homeless Individuals with intensive case management. Individuals have substance abuse or co-occurring disorders	
C3	Emergency Shelter Food/ Soup Kitchen Meals Clothing Furniture	\$15,000	The Salvation Army	2476 Edison Avenue Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 500 homeless or potentially homeless individuals with meals and 100 homeless or potentially homeless individuals with emergency clothing and furniture. Individuals may have disabilities or co-occurring disorders.	
D3	Services to facilitate homeless housing.	\$15,000	Department of Human Services, Lee County Living Independently for Today (LIFT)	2440 Thompson St. Fort Myers, FL	This is an existing service. <i>Population of Homeless Served:</i> This activity serves 10 Homeless persons. This activity provides move-in costs (rent, security, last month's rent), utility payments and deposits, housewares, furniture and/or clothing. Individuals may have substance abuse or domestic violence disabilities..	
	TOTAL GRANT	\$60,000			Total Persons to be Served 637 (unduplicated, approx: 539)	

EXPENDITURE SCHEDULES / EXHIBIT G

Schedule for \$60,000 Award

No.	Grant Activity/Use	\$ Budgeted	Estimate Draw By Quarter Ending		
			12/31/06	3/31/07	6/30/07
A3	Perm. Housing	\$15,000	\$7,500	\$3,750	\$3,750
B3	Medications, Services	\$15,000	\$7,500	\$3,750	\$3,750
C3	Meals, Clothing, Furn.	\$15,000	\$7,500	\$3,750	\$3,750
D3	Housing Assistance	\$15,000	\$7,500	\$3,750	\$3,750
	TOTAL GRANT	\$60,000	\$30,000	\$15,000	\$15,000

ALL GRANT FUNDS SHALL BE OBLIGATED, AND SERVICES PROVIDED BY JUNE 30, 2007. FURTHER, ALL CHALLENGE GRANT FUNDS SHALL BE DRAWN PRIOR TO JUNE 30, 2007

BOARD OF COUNTY COMMISSIONERS

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

Bob Janes
District One

June 27, 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

Mr. Tom Pierce
Executive Director
State Office on Homelessness
Department of Children and Families
1317 Winewood Boulevard,
PDHO, Building 3, Room 325
Tallahassee, FL 32399-0700

SUBJECT: CERTIFICATION OF CONSISTENCY
Lee County Homeless Challenge Grant Florida FY 2007 Application

Dear Mr. Pierce:

The Board of County Commissioners of Lee County hereby Certifies that the Lee County Homeless Challenge Grant Florida FY 2007 Application as submitted herewith is consistent with the Lee County Homeless Continuum Of Care Strategic Plan, HUD FY 2006 (2006 CoC) as amended and attached herewith. The Amendment was publicly noticed and approved on June 27, 2006. Each use proposed is contained within the Strategic Plan as previously submitted or as amended herewith.

The Lee County Challenge Grant Application for homeless programs noted in the above 2006 Plan consists of a program by Renaissance Manor to support permanent housing for the chronically homeless noted on page 12, a program of Southwest Florida Addiction Services for homeless medications and services noted on page 11, a Salvation Army program which delivers emergency food, clothing, and furniture for homeless persons noted on page 8; and a program of the Lee County Department of Human Services "LIFT" program, which facilitates permanent housing for homeless persons noted on page 7.

Please find attached Citations identifying the location of proposed uses within the Strategic Plan. If you have questions, please contact Richard Faris, Senior Planner of the Department of Human Services, at (239) 533-7930, fax (239) 533-7960.

Sincerely,

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

Encl: Citations
Lee County Homeless Continuum of Care HUD FY 2006 as Amended

C: Karen B. Hawes, Director, Department of Human Services

CITATIONS FROM LEE COUNTY CONTINUUM OF CARE HUD FY 2006

(A) Renaissance Manor - HUD 2006 CoC -I Lee County – Page 12

Lee County – Page 12
 HUD 40090-1-

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 <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
					A	B	Family Units	Family Beds	Individual /CH Beds	
Inventory Under Development		Anticipated Occupancy Date								
Renaiss. Manor	Broadway PI 2005	2007		120966	SM				8/8	8
Renaiss. Manor	Broadway PI 2006	2008		120966	SM				3/3	3

(B) SWFAS - HUD 2006 CoC -I Lee County – Page 11

Lee County – Page 11
 HUD 40090-1-

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
					A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.						
SWFAS	TLC	5	35		120966	SMF				35

(D) LIFT - HUD 2006 CoC-H Lee County – Page 7

(C) Salvation Army - HUD 2006 CoC-H Lee County – Page 8

Note: the addition of Florida Award funds for each project is shown in the attached Amended 2006 Continuum of Care document.

SECTION 3- Certification of Consistency with Continuity of Care Plan

Lee County - Page 7
 H: 2 4 0 9 4 4 1 1 H

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						
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

Lee County - Page 8
 H: 2 4 0 9 4 4 1 1 H

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

CoC-H

DOCUMENTATION: 2006 CONTINUUM OF CARE AMENDMENT

CITATIONS FROM LEE COUNTY CONTINUUM OF CARE HUD FY 2006



LEE COUNTY

SOUTHWEST FLORIDA

2006 HOMELESS

CONTINUUM OF CARE

STRATEGIC PLAN

AMENDED JUNE 27, 2006

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

DOCUMENTATION: 2006 CONTINUUM OF CARE AMENDMENTS
Lee County – CoC 2006 Amended

Amended Exhibit 2-
2006 Lee County Continuum of Care
Project Leveraging Charts

Amended Exhibit 2 - Page 4 Part F Broadway Place Project Leveraging Chart

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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$674,159

Amended Exhibit 2 Page 21 - Part F: Fresh Start II Project Leveraging Chart

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	5/15/06	\$30,000
Support Services	County Contract	G	5/19/06	\$115,720
Support Services	State DC&F Mental Health Contract	G	4/24/06	\$16,246
Support Services	PATH HHS	G	2/6/06	\$46,735
	SHIP	G	1/24/06	\$239,331
Housing	CDBG	G	8/10/04	\$120,828
Supportive services	Challenge grant	G	10/16/05	\$33,600
Support services	Salvation Army	P	5/15/06	\$ 4,200
Educational	Hi Tech	P	5/12/06	\$ 3,100
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$609,760

SECTION (3)- Certification of Consistency with Continuum of Care Plan

Amended Exhibit 2 Page 33 - Part F: Salv. Army – Comp Care Project Leveraging Chart

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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$3,478,412.42

Amended Exhibit 2 Page 70- Part F: LIFT Project Leveraging Chart ()

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$757,315

(A) Permanent Housing Furniture and Appliances (Renaissance Manor)

Renaissance Manor, Inc. will use the funds to purchase furniture and appliances for duplexes they are building at Broadway Place in Ft. Myers. These 3-bedroom new duplexes will provide permanent housing for homeless people with mental illness. Up to 3 homeless people will be served at one time. Per duplex, award level will determine the amount and combination of appliances and furniture selected. Appliances include a refrigerator, a microwave, a washer/dryer combination, a stove and an overhead vent hood. Furnishing include one living room set (chair, sofa, end table(s) and lamp(s) and a bedroom room set per person that includes a bed, mattress, small side table, lamp and dresser. Project outcome will be residential stability for chronic homeless individuals

(Services at \$150,000 Grant Level: Services as above will be provided to 3 homeless individuals

(Services at \$100,000 Grant Level: Services as above will be provided to 3 homeless individuals

(Services at \$60,000 Grant Level: Services as above will be provided to 3 homeless individuals

(B) Emergency Medications and Homeless Case Management (SWFAS)

The SWFAS funds requested would be used to enhance treatment for the homeless and chronic homeless patients in SWFAS residential treatment, transitional and permanent supportive housing through the provision of psychotropic medication and intensive homeless case management. Psychiatric evaluation, transitional and permanent supportive housing will be provided by other sources of support – this would alleviate a critical resource gap for homeless individuals with co-occurring disorders. Specialized case management efforts are geared to move the homeless into permanent housing as well as aiding those who have moved into permanent supportive housing to address issues that have contributed to the homeless cycle. This program will enhance individual's ability to access needed services in the community and assist in successfully transitioning out of homelessness. Project outcomes will be improved health and independent living conditions for medication clients and improved access to housing and retention of housing once attained for previously homeless clients.

(Services at \$150,000 Grant Level: Services as above will be provided to 22 homeless persons for psychotropics and 38 homeless persons for intensive homeless case management

(Services at \$100,000 Grant Level: Services as above will be provided to 15 homeless persons for psychotropics and 25 homeless persons for intensive homeless case management)

(Services at \$60,000 Grant Level: Services as above will be provided to 9 homeless persons for psychotropics and 15 homeless persons for intensive homeless case management)

(C) Emergency Shelter Food/Soup Kitchen Meals (The Salvation Army)

Emergency Shelter/Soup Kitchen Meals will be supplied to unduplicated homeless or potentially homeless persons who request a meal through The Salvation Army feeding programs. Meals are provided daily at the Outreach Services Center on The Salvation Army, Edison Avenue Campus. Women and children who stay in our overnight shelter are provided meals. During the day, meals are provided to anyone presenting at The Salvation Army for services through our Crisis Management program or who may be waiting to be seen by our Intake Specialist. Meals are budgeted at a cost of \$2.36 each and each unduplicated person provided a meal is counted as an outcome. In addition, 250 homeless or potentially homeless individuals will be supplied with emergency clothing and furniture. Individuals may have disabilities or co-occurring disorders. Project outcome will be improved living environment for homeless individuals.

(Services at \$150,000 Grant Level: Services as above will be provided to 1,250 unduplicated homeless or potentially homeless persons for meals and 250 homeless or potential homeless individuals for clothing and furniture)

(Services at \$100,000 Grant Level: Services as above will be provided to 834 unduplicated homeless or potentially homeless persons for meals and 167 homeless or potentially homeless individuals for clothing and furniture)

(Services at \$60,000 Grant Level: Services as above will be provided to 500 unduplicated homeless or potentially homeless persons for meals and 100 homeless or potentially homeless individuals for clothing and furniture)

(D) Services to facilitate homeless housing. LIFT

(Dept. of Human Services)

Challenge funds will be used to move homeless individuals and families with children into housing. Services will include first month's rent, last month's rent (if necessary), security deposit, utility payments/deposits, household furniture and wares and school/work clothes. Individuals and family members will be served and that there will be some persons with substance abuse and domestic violence disabilities served. Grant-term outcomes will be the acquisition of housing and basic essentials by homeless persons

(Services at \$150,000 Grant Level: Services as above will be provided to 25 homeless persons)

(Services at \$100,000 Grant Level: Services as above will be provided to 17 homeless persons)

(Services at \$60,000 Grant Level: Services as above will be provided to 10 homeless persons)

QUALITY OF SERVICE: CERTIFICATION

1. Chronic Homeless Goals/ Strategies: Past Performance

Using information from your 2006 Exhibit 1 Continuum of Care Plan, HUD 40090-1 CoC-V form, Chronic Homeless Progress Chart complete the following calculation.

New PH beds for Chronic Homeless (2/1/05 to 1/31/06)	17 Beds
Number of Permanent Beds for Chronic Homeless 2005	43 Beds

Divide the Number of New Beds (17) by the Total Permanent Beds in 2005 (43) to calculate the percentage change in Beds (37.20%).

Documentation Required.

- Attach to this form, HUD 40090-1, CoC-V. - *attached*

2. Continuum of Care Governing Process

Using information from form 40090-1, CoC-E, CoC Governing Process Chart, indicate the number of standards achieved by your Continuum of Care governing process.

Checked "Yes" on 7 of the seven standards listed. (questions 1 through 7)

Documentation Required.

- Attach HUD form 40090-1, CoC-E- *attached*

3. Continuum of Care Project Review and Selection

Using information from HUD form 40090-1, CoC-F, Project Review and Selection Chart, section 3, Voting/Decision System, indicate the number of methods or processes used by your continuum.

Checked 4 number of the seven methods/processes, listed in (a) to (g)

Documentation Required

- HUD form 40090-1, CoC-F, - *attached*

4. Past Performance: Employment Income

Using information reported in your 2006 Exhibit 1 Plan, form HUD 40090-1, CoC-X, Mainstream Programs and Employment Project Performance Chart, enter the percentage of clients in all your renewal projects who gained access to “employment income” at exit from the renewal projects. This data is reported as “h. employment income” under Income Source, with the percentage calculation reported in column 4, “% with income at exit”.

52.9% of Adults with Employment Income at Exit
_____ Check here if your continuum reported having no applicable renewal projects on the form.

Documentation Required

- Form HUD , CoC-X, Mainstream Programs and Employment Project Performance Chart. - *attached*

5. Project Performance: Food Stamp Benefits

Using information reported in your 2006 Exhibit 1 Plan, form HUD 40090-1, CoC-X, Mainstream Programs and Employment Project Performance Chart, enter the percentage of clients in all your renewal projects who gained access to “Food Stamps” at exit from the renewal projects. This data is reported as “L. Food Stamps” under Income Source, with the percentage calculation reported in column 4, “% with income at exit”.

13.2 % of Adults with Food Stamps at Exit.
_____ Check here if your continuum reported having no applicable renewal projects on the form.

Documentation Required: Same as for 3 above. One copy only required.

- HUD 40090-1, CoC-X, Mainstream Programs and Employment Project Performance Chart. – *attached*
-

6. Project Performance-SSI

From your 2006 Exhibit 1 plan, report the percentage of clients in all your renewal projects who had SSI income upon exit from the project. On HUD form 40090-1, CoC-X, report the percentage data as reported in “a. SSI” under Income Source, with the percentage calculation reported in column 4, “% with income at exit.”

6.1% of adults with SSI income at exit
_____ Check here if your continuum reported having no applicable renewal projects on this form.

Documentation Required

- HUD form 40090-1, CoC-X, Mainstream Programs and Employment Project Performance Chart. One copy only required for this form from 3 above- ***attached***.

Project Performance- SSDI

Using the HUD form 40090-1, CoC-X, from your 2006 Exhibit 1 plan, report the percentage of clients in all your renewal projects who had SSDI income upon exit from the project. Report the percentage data as required in 'b. SSDI' under Income Source, with the percentage calculation reported in column 4, "% with income at exit."

3.5 % of adults with SSDI income at exit.

Check here if your continuum reported having no applicable renewal projects on this form.

Documentation Required

- HUD form 40090-1, CoC-X, Mainstream Programs.
(Same as required for items 3, 4, and 5 above. One copy only required) *-attached*

8. Project Performance: Permanency of Housing

From your 2006 Exhibit 1 Plan, report the percentage of the clients served with permanent housing who remained in this permanent housing for seven months or longer. Using data reported on HUD 40090-1, CoC-W, Housing Performance Chart, enter the percentage number reported in section 1, Permanent Housing, item "e" [Percentage of all participants in permanent housing project(s) staying seven months or longer].

46.8 % of Participants who stayed 7 months or longer.
 Check here if your continuum reported having no applicable permanent housing renewal projects.

Documentation Required

- Form HUD 40090-1, CoC-W, Housing Performance Chart-*attached*

9. Project Performance: Transition to Permanent Housing

Based on your 2006 Exhibit 1 Plan, report the percentage of all Transitional Housing clients who moved to a permanent housing living arrangement. Using the data reported on form HUD 40090-1, CoC-W, Housing Performance Chart, enter the percentage number reported in section 2, Transitional Housing, item "c" [Percentage of participants in transitional housing projects who moved to permanent housing]

32.0% of participants in transitional housing who moved to permanent housing.
 Check here if your continuum reported having no applicable transitional housing renewal projects.

Documentation Required: Same as for 5 above, only one copy is required.

- HUD 40090-1, CoC-W, Housing Performance Chart-*attached*

10. Homeless Management Information Systems (HMIS) Coverage.

Using information contained in your 2006 Exhibit 1 Plan's Housing Inventory Charts (HUD 40090-1, CoC-I), fill in the following table, and calculate the percentage of all year round units/beds in emergency shelter, transitional housing and permanent supportive housing that are covered by HMIS, as defined in the instructions to the HUD form.

Housing Category	HMIS Covered # Year Round Beds			Year – Round Units/Bed TOTAL Year Round
	Individual Column 1	Family Col. 2	Total Col. 3 (1+2)	Column. 4
A. Emergency Shelter	54	98	152	180
B. Transitional Housing	183	10	193	235
C. Perm. Supportive Housing	73	8	81	89
D. TOTALS	310	116	426	504

Divide column 3, Total HMIS Covered Year Round Beds, by column 4, Total Year Round Beds, to calculate the percentage of all year round beds for all housing categories that are covered by HMIS.

Line D. Column 3 426 divide by Line D. Column 4 504 equals **84.5%** of Year Round Beds Covered by HMIS (ALL HOUSING CATEGORIES).

Documentation Required

- HUD 40090-1, CoC-I, Permanent Supportive Housing - *attached*
- HUD 40090-1, CoC-I, Emergency Shelter - *attached*
- HUD 40090-1, CoC-I, Transitional Housing - *attached*

2. Homeless Population Shelter Coverage

Using information reported in your 2006 Exhibit 1 Plan's Homeless Population and Sub-population Chart, complete the calculation below for the percentage of your homeless population that is sheltered in emergency and transitional

housing facilities from HUD form 40090-1, CoC-K, enter the data below and complete the percentage calculation.

2,078 Total Homeless Population (Individuals and Persons in Families sheltered and unsheltered).

706 Total Homeless Population Sheltered in Emergency and Transitional housing (both Individuals and Persons in Family).

Divide the Total Homeless Population Sheltered 706 by the Total Homeless Population 2,078 to determine the 34.01% percentage of the Total Homeless Population that is sheltered.

Documentation Required

- HUD form 40090-1, CoC-K. -*attached*

3. Expanded Continuum of Care Catchment Area

If your 2006 Exhibit 1 Plan has expanded its catchment area by one or more counties that were not covered by a continuum of care catchment area designated by the Office on Homelessness in 2005, please identify the county(s) added.

13. Past Performance: Unexecuted HUD Grants.

Using the information reported on form HUD 40090-1, CoC-Z in your 2006 Exhibit 1 Plan, report below the number of HUD McKinney-Vento Act awards announced prior to 2005 that are not yet under contract (i.e. signed grant agreement or executed ACC).

-0- Total Number of McKinney-Vento Act awards Not Yet Under Contract.

Documentation Required

- HUD 40090-1, CoC-Z. *-attached*
-

Lead Agency Certification

I hereby attest that all information reported above is true and accurate, based upon the evidence and documentation attached hereto, and made a part of this certification.

Name of Continuum of Care	Ft Myers/Cape Coral/Lee County CoC
Name of Lead Agency	Board of County Commissioners, Lee County
Name of Certifying Official	Tammara H. Hall, Chairwoman
Signature of Certifying Official	_____
Date Signed	6/27/06

QUALITY OF SERVICE: CERTIFICATION-DOCUMENTATION

1. Chronic Homeless Goals/ Strategies: Past Performance

Documentation Required.

- Attach to this form, HUD 40090-1, CoC-V.

HUD 40090-1-V

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	43 (62)*					
(2006)	(318)	60*	17 beds Acq/Constr	\$400,000	\$249,000	\$130,000	\$500,000
			(17- Acq/Constr/plus Operating for 1 yr	\$441,000	\$249,000	\$145,000	\$535,800

(5) Changes in the total number of the chronically homeless between 2005 and 2006:

Although a count of Chronic Homeless is not required until 2007, a supplementary count in 2006 produced a figure of 318. It is predicted that in addition to occupancy of permanent housing the Lee County Chronic Homeless count will continue to decrease from increasingly accurate reporting verified by the HMIS

*
Some non-HUD-funded CH beds were lost after the 2005 inventory leaving the final FY 2005 Chronic Homeless bed count at 43 beds. Later in 2005/06; 17 additional Chronic Homeless beds were established and the 2006 total is 60. This keeps the Continuum on target with the 2004 performance measure of 60 beds in 2006. In addition, 8 new Chronic Homeless Beds were funded in 2005 and over 20 new Chronic Homeless beds are in the pipeline for occupancy in 2007 and 2008.

CoC-V

SECTION 5 – QUALITY OF SERVICE

EXHIBIT C- REQUIRED DOCUMENTATION

2. Continuum of Care Governing Process
Documentation Required.

HUD 40090-1-E

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

3. Continuum of Care Project Review and Selection

Documentation Required

HUD 40090-1-FG

F: CoC Project Review and Selection Chart

1. Open Solicitation			
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"/>		
2. Objective Rating Measures and Performance Assessment			
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"/>		
3. Voting/Decision System			
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

4. Past Performance: Employment Income

Documentation Required

HUD 40090-1-X

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 II 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)
395	a. SSI	24	6.1%
395	b. SSDI	14	3.5%
395	c. Social Security	9	2.3%
395	d. General Public Assistance	2	0.5%
395	e. TANF	6	1.5%
395	f. SCHIP	6	1.5%
395	g. Veterans Benefits	1	0.3%
395	h. Employment Income	209	52.9%
395	i. Unemployment Benefits	4	1.0%
395	j. Veterans Health Care	3	0.8%
395	k. Medicaid	47	11.9%
395	l. Food Stamps	52	13.2%
395	m. Other (please specify)	10	2.5%
395	n. No Financial Resources	121	30.6%

CoC-X

5. Project Performance: Food Stamp Benefits

Documentation Required: see above

6. Project Performance-SSI

Documentation Required: see above

7. Project Performance- SSDI

Documentation Required: see above

8. Project Performance: Permanency of Housing
 Documentation Required

HUD 40090-1-W

W: CoC Housing Performance Chart

1. Participants in Permanent Housing		
<p>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:</p>		
<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 exited PH project(s)—APR Question 12(a)	17
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	30
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	6
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	16
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	46.8 %
2. Participants in Transitional Housing (TH)		
<p>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.</p>		
<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

9. Project Performance: Transition to Permanent Housing
 Documentation Required : (See Above)

10. Homeless Management Information Systems (HMIS) Coverage.
Documentation Required
 HUD 40090-1, CoC-I, Permanent Supportive Housing

HUD 40090-1-I

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 <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
Renaiss. Manor	Sans Souci SHP/SPC/HOME	5	21		129071	SM				21/21	21
Ruth Cooper Ctr.	Shelter Plus Care	5	27	6	129071	M		2	6	27/17	33
CDBG/LCHDC	2003 Units	2	6		120402	SMF				6/3	6
HOME/S. Hsg	2001/02 Units	2	4	0	120402	FC				4/3	4
SWFAS	2001 Units	5	8	2	129066	M		1	2	8/4	10
SUBTOTALS:			66	8	SUBTOT. CURRENT INVENTORY:		3	8	66/48	74	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SWFAS	2001 Units	5	8	0	129066	SMF				8/4	8
B. Fredericks	B. Fredericks	P	8	0	129071	SM				8/8	8
SUBTOTALS:			16	00	SUBTOTAL NEW INVENTORY:		0	0	16/12	16	
Inventory Under Development			Anticipated Occupancy Date								
Renaiss. Manor	Broadway PI 2005	2007			120966	SM				8/8	8
Renaiss. Manor	Broadway PI 2006	2008			120966	SM				3/3	3
HOME Supp Hsg	2004/05 Units	2007			129071	SMF				18/4	18
SWFAS	2004 Units	2007			120966	SMF				9/9	9
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	38/24	38	
							TOTALS:	3	8	120/84	128
Unmet Need							38	95	312/258	407	
1. Total Year-Round Individual PH Beds:			81	4. Total Year-Round Family Beds:			8				
2. Year-Round Individual PH Beds in HMIS:			73	5. Year-Round Family PH Beds in HMIS:			8				
3. HMIS Coverage Individual PH Beds: <small>(Divide line 2 by line 1 and multiply by 100. Round to a whole number.)</small>			90(%)	6. HMIS Coverage Family PH Beds: <small>(Divide line 5 by line 4 and multiply by 100. Round to a whole number.)</small>			100%				

HUD 40090-1, CoC-I, Emergency Shelter
Documentation Required

HUD 40090-1-I

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 <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Eternal Homes	We Care Outreach	1	15	6	120966	M		2	6	15	21	0	5
Healthy Choice	Healthy Choice	1	6	0	120966	YMF		0	0	6	6	0	0
Abuse Counsel/Treat	ACT Shelter – FM	1	6	29	120966	M	DV	6	29	6	35		4
FM Rescue Mission	Mission	N	0	0	120971	M		4	10	18	28		10
Salv. Army Ft Myers	Edison	5	24	43	120966	M		6	43	24	67	10	
SUBTOTALS:			51	78	SUBTOT. CURRENT INVENTORY:			18	88	69	157	10	19
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Abuse Counsel/Treat	ACT Shelter – CC	1	3	20	120402	M	DV	1	20	3	23		3
SUBTOTALS:			3	20	SUBTOTAL NEW INVENTORY:			1	20	3	23		3
Inventory Under Development		Anticipated Occupancy Date											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		
TOTALS:								19	108	72	180		
Unmet Need								22	55	543	598		
1. Total Year-Round Individual ES Beds:			72	4. Total Year-Round Family Beds:			108						
2. Year-Round Individual ES Beds in HMIS:			54	5. Year-Round Family ES Beds in HMIS:			98						
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			75(%)	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.			91(%)						

HUD 40090-1, CoC-I, Transitional Housing
Documentation Required

HUD 40090-1-I

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	
Current Inventory			Ind.	Fam.							
SWFAS	TLC	5	35		120966	SMF				35	35
FMRM	Mission	N			120971	M		1	3	39	42
Salvation Army	Edison	5	95	6	120966	M			6	95	101
After the Rain – SWFL	After the Rain -	1	15		120402	SF				15	15
Garden Foundation	Garden Foundation	1	15	2	120966	M		1	2	15	15
Healthy Choice	Healthy Choice	1	10	2	120402	M		1	2	10	12
Eternal Home	Eternal Home	1	10		120402	SM				10	10
Ruth Cooper Center	Serenity House	5	3		120966	SMF				3	3
SUBTOTALS:			183	10	SUBTOT. CURRENT INVENTORY:		4	13	222	235	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		0	0	0	0	
Inventory Under Development		Anticipated Occupancy Date									
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	
TOTALS:							4	13	222	235	
Unmet Need							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: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			82(%)	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.			77(%)				

11. Homeless Population Shelter Coverage
Documentation Required

HUD 40090-1-K

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 (Next HUD required count – 2007)

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
(Add Lines Numbered 1 & 2) Total Persons:	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: Point-in-time count **OR** Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	█	█	█
Of this total, enter the number of evacuees homeless prior to Katrina	Not available	█	█

*Optional for Unsheltered

CoC-K

12. Expanded Continuum of Care Catchment Area

If your 2006 Exhibit 1 Plan has expanded its catchment area by one or more counties that were not covered by a continuum of care catchment area designated by the Office on Homelessness in 2005, please identify the county(s) added.- *NA*

13. Past Performance: Unexecuted HUD Grants.

Documentation Required

HUD 40090-1-YZ

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
<i>na</i>			
		Total:	

CoC-Z

EXHIBIT D LEVERAGED FUNDING

A. McKinney-Vento Homeless Assistance Act Grants

List each grant award claimed separately under the McKinney-Vento Program.

	Program	Grant Amount	Grant Award # / Reference	Date of Grantor Executed Award Letter	Ref. Doc. Code
1	<i>Homeless Veterans Reintegration</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>
2	Health Care for the Homeless	\$415,642	3H80 CS 00185	6/1/2006	2
3	PATH (SWFAS)	\$125,963	HD004	4/1/2006	3
4	Education for Homeless Children	\$85,000	360-1276A-6CH01	10/17/05	4
5	Emergency Shelter Grant	\$94,631	S-05-UC120023	10/08/05	5
6	Shelter Plus Care	\$81,120	FL14C50-3006	4/07/2006	6
7	Supportive Housing Program Renaissance Manor	\$132,789	FL14B50-3001	5/10/06	7.1
7	Supportive Housing Program SWFAS	\$89,669	FL14B50-3002	5/3/06	7.2
7	Supportive Housing Program Salv. Army ACP	\$1,286,207	FL14B50-3004	5/3/06	7.3
7	Supportive Housing Program LIFT	\$119,722	FL14B50-3003	5/3/06	7.4
7	Supportive Housing Program HMIS	\$180,509	FL14B50-3005	5/3/06	7.5
8	<i>Section 8 Moderate Rehab., SRO</i>	<i>na</i>	<i>na</i>	<i>na</i>	<i>na</i>
9	Emergency Food & Shelter	\$184,603	24-1654-00	5/18/06	9
	TOTAL GRANTS	\$2,795,855			

(Copies of Grant Awards attached)

B. Private Cash for Services to Homeless Persons

Participating Continuum Agency	Cash Received	Source Documentation	Code
SWFAS	\$123,958	Letter	10
Salvation Army	\$527,224	Letter	11
LIFT Program	\$3,500	Letter	12
ACT	\$878,520	Letter	13
Renaissance Manor	\$25,000	Letter	14
TOTAL PRIVATE MONEY 2	\$1,558,202		

(Documentation attached)

TOTAL LEVERAGE CLAIMED

TOTAL LEVERAGE CLAIMED		
A	McKinney Act Grants	\$2,795,855
B	Private Money	\$1,558,202
	TOTAL LEVERAGE	\$4,354,057

Lead Agency Certification:

I hereby attest that the above sources of grant and private money claimed as leverage for this Challenge Grant application, is true and accurate, and that the lead agency has documented the receipt of the grant award(s) and private money leveraged by their continuum of care.

Name of Continuum of Care Ft Myers/Cape Coral/Lee County CoC

Name of Lead Agency Board of County Commissioners, Lee County

Name of Certifying Official Tammara H. Hall, Chairwoman

Signature of Certifying Official _____

Date Signed 6/27/06

Leverage Ratio Calculations:

- | | | |
|--------------------------|---|---------------------------------------|
| 1. \$2,795,855 | + 441 | = \$6,339.81 /1000 population |
| Total McKinney Act Grant | + Population of Catchment Area in 1000s | = Ratio |
| 2. \$1,558,202 | + 441 | = \$3,533.34 / 1000 population |
| Total Private Cash | + Population of Catchment Area in 1000s | = Ratio |

(Grant awards executed, or the private money received, between the dates of July 1, 2005 and June 30, 2006)

Leverage Documentation for Healthcare for the Homeless. Code #2

Family Health Centers
OF SOUTHWEST FLORIDA, INC.

Lalai S. Hamric
President and
Chief Executive Officer

Mike Ellis
Executive Vice President
Chief Operating Officer

Kevin S. Kearns
Chief Executive
Health Choice Network
Chief Financial Officer
Family Health Centers

James H. Taylor, DO
Vice President and
Chief Medical Officer

Frank Mazzeo Jr., DDS
Vice President and
Chief Dental Officer

John Koehler
Director Human Resources

Suzanne Pittman
Director of Finance and
Information Technology

Bob Johns
Director of Development and
Special Projects

MAILING ADDRESS:
P.O. BOX 1357
FORT MYERS, FL 33902

EXECUTIVE OFFICES:
2256 HEFTMAN ST
FORT MYERS, FL
239.278.3600

*A private not for profit
healthcare corporation
Joint Commission on
Accreditation of Healthcare
Organizations*

June 1, 2006

Mr. Richard Faris
Department of Human Services
Lee County Board of County Commissioners
2440 Thompson Street
Fort Myers, Florida 33901

RE: 2005-2006 Healthcare for the Homeless Funds received by Family Health Centers of Southwest Florida, Inc.

Dear Mr. Faris:

Family Health Centers of Southwest Florida, Inc., in partnership with The Salvation Army of Lee County, received \$415,642.00 from the U.S. Department of Health and Human Services Bureau of Primary Health Care to operate the Health Care for the Homeless Program from July 1, 2005 through June 30, 2005. These funds were received under the Catalogue of Federal Domestic Assistance (CFDA) Section 93.224 Health Care for the Homeless (HCH) grant program.

I hope that this information will meet your needs for the Lee County Homeless Continuum of Care reporting requirements. Thank you for overseeing this aspect of the health care services being provided to the homeless in Lee County.

Sincerely,

For Lalai S. Hamric, President/CEO
Family Health Centers of Southwest Florida, Inc.
Bob Johns, Director of Development & Special Projects

SECTION (6)- Leverage of McKinney Act and Private Funds

Leverage Documentation for PATH
Code#3

Performance Contract
SAMH Services Program

EXHIBIT G STATE FUNDING BY PROGRAM, ACTIVITY, & COST CENTER										
Agency Name Date		FW FL Addiction Services 4/1/2006				Contract # Revision #		HD004 0002		
Activity / Cost Center	Adult Mental Health					Children's Mental Health				
	TANF \$7 X = Yes	Non- TANF Flex. %	Unit Rate	Non-TANF Units Only (col 8 / 4)	Non-TANF Funding Only	TANF \$7 X = Yes	Non- TANF Flex. %	Unit Rate	Non-TANF Units Only (col 11 / 8)	Non-TANF Funding Only
1	2	3	4	5	6	7	8	9	10	11
Community Support Services										
07. Drop-In/Self Help Centers (No-TANF) Unit: facility day										
08. In-Home and On Site Unit: direct staff hour										
15. Outreach Unit: non-direct staff hour		30%	\$43.20	302.02	\$13,096					
16. Prevention Unit: non-direct staff hour										
17. Prevention/Intervention - Day Unit: 4-1/2 day										
22. Respite Service Unit: contact hour										
25. Supported Employment Unit: direct staff hour		30%	\$51.98	192.34	\$10,000					
26. Supportive Housing/Living Unit: direct staff hour		30%	\$51.98	\$77.50	\$19,629					
29. Aftercare Unit: direct staff hour										
30. Information and Referral (No TANF) Unit: staff hour										
40. Mental Health Clubhouse Services Unit: Clubhouse staff hour										
				Non-TANF = \$42,715					Non-TANF = \$0	
				TANF =					TANF =	
				Total Community Support = \$43,718					Total Community Support = \$0	
FACT Teams										
34. FACT Teams (No TANF) Unit: staff hour										
				Non-TANF = \$0					Non-TANF = \$0	
				Total FACT Teams = \$0					Total TAMP = \$0	
				Total Non-TANF = \$111,531					Total Non-TANF = \$0	
				Total TANF = \$14,432					Total TANF = \$0	
				Total Mental Health Funds = \$125,963					Total Mental Health Funds = \$0	

Leverage Documentation for PATH Code#3B

03/01/08

E. Official Payee and Representatives (Names, Addresses, and Telephone Numbers):

1. The provider name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:
SOUTHWEST FLORIDA ADDICTION SERVS., Inc.
2101 McCLELLON BLVD.
FORT MYERS, FL 33901

2. The name, address, and telephone number of the contract manager for the department for this contract is:
THOMAS J. MARR
SAMH PROGRAM OFFICE
2206 VICTORIA AVENUE
FORT MYERS, FL 33901
239 398 1299

2. The name of the contact person and street address whose financial and administrative records are maintained is:
GASPAN MURICA
SOUTHWEST FLORIDA ADDICTION SERVS., Inc.
2101 McCLELLON BLVD.
FORT MYERS, FL 33901

4. The name, address, and telephone number of the representative of the provider responsible for administration of the program under this contract is:
KEVIN LEWIS EXECUTIVE DIRECTOR
SOUTHWEST FLORIDA ADDICTION SERVS., Inc.
2101 McCLELLON BLVD.
FORT MYERS, FL 33901

3. Upon change of representatives (names, address, telephone numbers) by either party, notice shall be provided in writing to the other party and the notification attached to the original of this contract.

F. All Terms and Conditions Included

This contract and its attachments, I, II, III and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

By signing this contract, the parties agree that they have read and agree to the entire contract, as described in Paragraph 8.F. above.

IN WITNESS WHEREOF, the parties hereto have caused this 7th page contract to be executed by their undersigned officials as duly authorized.

PROVIDER:

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

SOUTHWEST FLORIDA ADDICTION SERVICES, Inc.

PRINT NAME: Kevin Lewis
SIGNED BY: [Signature]
NAME: KEVIN LEWIS
TITLE: EXECUTIVE DIRECTOR
DATE: 6/18/05

PRINT NAME: PAMELA BAKER
SIGNED BY: [Signature]
NAME: PAMELA BAKER
TITLE: SAMH PROGRAM ADMINISTRATOR
DATE: 6/18/05

STATE AGENCY 28 DIGIT FLAIR CODE:
Federal EID # (or SSN): VFW-188832

Provider Fiscal Year Ending Date: 09/30

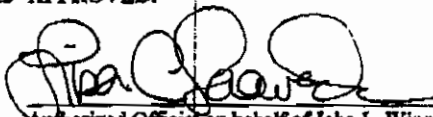
Form with multiple input fields and checkboxes, including sections for 'SOUTHWEST FLORIDA ADDICTION SERVICES, Inc.' and 'FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES'.

Leverage Documentation for Education for Homeless Children. Code #4

06/05/2006 11:51 2393351452

LEE COUNTY SCHOOLS
Florida Department of Education
Project Award Notification

PAGE 02/02

1 PROJECT RECIPIENT Lee County School District	2 PROJECT NUMBER 360-1276A-6CH01
3 PROJECT/PROGRAM TITLE Homeless Children and Youth TAPS 06A095	4 AUTHORITY 84.196A, Public Law 107-110 Title X, Part, A: Homeless Education No Child Left Behind Act of 2001
5 AMENDMENT INFORMATION Amendment Number: Type of Amendment: Effective Date:	6 PROJECT PERIODS Budget Period: 07/01/2005 - 06/30/2006 Program Period: 07/01/2005 - 06/30/2006
7 AUTHORIZED FUNDING Current Approved Budget: \$85,000.00 Amendment Amount: Estimated Roll Forward: Total Project Amount: \$85,000.00	8 REIMBURSEMENT OPTION Federal Cash Advance
9 TIMELINES <ul style="list-style-type: none"> Last date for incurring expenditures and issuing purchase orders: 06/30/2006 Date that all obligations are to be liquidated and final disbursement reports submitted: 08/20/2006 Last date for receipt of proposed budget and program amendments: 06/30/2006 Refund date of unexpended funds; mail to DOE Comptroller, 325 W. Gaines Street, 944 Turlington Building, Tallahassee, Florida 32399-0400: Date(s) for program reports: 06/30/2006 	
10 DOE CONTACTS Program: Betty Applewhite Phone: (850) 245 - 0709 Email: Betty.Applewhite@fldoe.org Grants Management: Unit A (850) 245-0496	11 DOE FISCAL DATA DBS: 40 90 20 EO: 27 Object: 720000
12 TERMS AND SPECIAL CONDITIONS <ul style="list-style-type: none"> This project and any amendments are subject to the procedures outlined in the <u>Project Application and Amendment Procedures for Federal and State Programs</u> (Green Book) and the General Assurances for Participation in Federal and State Programs. For federal cash advance projects, monthly expenditures must be submitted to the Comptroller's Office by the 20th of each month for the preceding month's disbursements utilizing the On-Line Disbursement Reporting System. 	
13 APPROVED:  Authorized Official on behalf of John L. Winn Commissioner of Education 6/17/05 Date of Signing	

DOE-200
Revised 02/05

Leverage Documentation for Emergency Shelter Grant. Code #5

Grant No.: S-05-UC120023
Official Contact Person: Mr. Richard Lloyd Paris
Telephone No: (239) 533-7930
FAX: (239) 533-7960
Email No: farisrl@leegov.com
Tax ID No: 59-6000702
Unit of Government No: 129071

FY 2005 LOCAL GOVERNMENT GRANT AGREEMENT**EMERGENCY SHELTER GRANTS PROGRAM**

This Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and, the Lee County, for FY 2004 of the Emergency Shelter Grants Program in the amount of \$93,933.00. This grant was authorized by Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11301 (1988), as amended (the "Act"). In addition, the grant operates through HUD's regulations at 24 CFR Part 576, as now in effect and as may be amended from time to time, which are incorporated as part of this Agreement.

In reliance upon the Consolidated Plan and certifications, the Secretary agrees, upon execution of the Grant Agreement, to provide the Grantee with the agreed grant funds. The grantee must comply with requirements for record keeping and annual performance reporting to HUD within 90 days after the close of its consolidated program year, as required by 24 CFR 91.520.

This includes the periodic information collected through HUD's Integrated Disbursements and Information System (IDIS). The grantee's IDIS reporting must include information on grant activities, project sponsors, project sites, and beneficiaries (including racial and ethnic data on participants). This information will be used for program monitoring and evaluation purposes.

The Grantee agrees to comply with all applicable laws and regulations in distributing funds provided under this Grant Agreement and to accept responsibility for ensuring compliance by recipient entities which may receive funding assistance.

The Grantee agrees to comply with the provisions of the environmental requirements of 24 CFR Part 58 as applicable under 24 CFR 576.57(e) with respect to funds provided under this Grant Agreement.

ESG Code 5B

The Grantee further agrees to provide sufficient detail on matching funds so as to identify the specific sources and amounts of the funds as required by 42 USC 11375(a)(1).

The following parties execute this Grant Agreement on the dates set forth below as follows:

UNITED STATES OF AMERICA
Secretary of Housing and Urban Development

By:



Maria R. Ortiz-Hill 10/07/2005
Date

Community Planning and Development Director
Title

GRANTEE

By:



Signature and Date 11/18/05

Tammy Hall
Typed Name of Signatory

Chairwoman, Lee County
Board of County Commissioners

Title

APPROVED AS TO FORM



OFFICE OF COUNTY ATTORNEY

Leverage Documentation for Supportive Housing Program. Code #6
Leverage Documentation for Supportive Housing Program. Code #7.1-7.5

Enclosure

Mr. Scott Eller
Renaissance Manor, Inc.
FL14B503001
Broadway Place
\$ 132,789

Ms. Rosemary Boisvert
Southwest Florida Addiction Services, Inc.
FL14B503002
Fresh Start
\$ 89,669

Ms. Karen Hawes
Lee County Board of County Commissioners
FL14B503003
Living Independently for Today (LIFT)
\$ 119,722

Ms. Meg M. Geltner
The Salvation Army, a Georgia Corporation
FL14B503004
Comprehensive Care Program
\$ 1,286,207

Ms. Ann Arnall
Lee County Board of County Commissioners
FL14B503005
Homeless Management Information System (HMIS)
\$ 180,510

Mr. Douglas R. St. Cerny
Lee County Board of County Commissioners
FL14C503006
Ruth Cooper - Shelter Plus Care
\$ 81,120

TOTAL AWARDED: \$ 1,890,017

Leverage Documentation for Supportive Housing Program. Code #6B



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

RECEIVED
LEE COUNTY
DEPARTMENT OF
HUMAN SERVICES

2006 APR 13 AM 11:34

April 7, 2006

Deanna Glickerson
Lee County Human Services
2440 Thompson Street
Fort Myers, FL 33901

Dear Ms. Glickerson:

Subject: Executed [Renewal] Shelter Plus Care Agreement
Shelter Plus Care Program
Project Number: FL14C50-3006
PIN Number: FL14150

I am pleased to forward three (3) executed [Renewal] Shelter Plus Care Grant Agreements under the Department of Housing and Urban Development's Shelter Plus Care Program. Please sign all three (3) and return two (2) copies to our office.

We have included in the package a copy of the financial instructions that you should share with your sponsor.

If you have any questions about how to proceed on your Shelter Plus Care grant, please contact Ronald M. Muscarella, Senior CPD Representative at (305) 536-4431 extension 2320. We look forward to working with you.

Sincerely,

Maria R. Ortiz, Director
Community Planning and
Development Division

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5B



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

RECEIVED
LEE COUNTY
DEPARTMENT OF
HUMAN SERVICES

28 MAY 30 PM 1:28

Final Approval Letter for New SHP Projects Only
Site Control Documented

May 10, 2006

Karen B. Hawes, Director
Human Services Department
Lee County
2440 Thomas Street
Fort Myers, FL 33901

Dear Ms. Hawes:

SUBJECT: Transmittal of Grant Agreements
Supportive Housing Program
Project Number: FL14B50-3001
Project Identifier Number: FL14149

Congratulations on the final selection of Broadway Place under the Supportive Housing Program. All conditions attached to your award for this project have been met.

HUD's total fund obligation for this project is \$132,789, allocated as follows:

1. Grant amount for Acquisition	<u>\$20,000</u>
2. Grant amount for Rehabilitation	<u>\$-0-</u>
3. Grant amount for New Construction	<u>\$85,000</u>
4. Grant amount for Leasing	<u>\$-0-</u>
5. Grant amount for Supportive Services	<u>\$20,000</u>
6. Grant amount for Operating Costs	<u>\$5,000</u>
7. Grant amount for HMIS	<u>\$-0-</u>
8. Grant amount for Administration	<u>\$2,789</u>

Enclosed are three copies of the Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return them to this office immediately. When the Grant Agreements are received, HUD will execute them, and one will be

HUD's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination.
www.hud.gov espaso@hud.gov

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5B



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
 Brickell Plaza Federal Building
 909 SE First Avenue, Rm. 500
 Miami, FL 33131-3042

RECEIVED
 LEE COUNTY
 DEPARTMENT OF
 HUMAN SERVICES

MAY 15 PM 1:36

copy

May 3, 2006

Karen B. Hawes, Director
 Lee County Human Services
 2440 Thompson Street
 Fort Myers, FL 33901

Dear Ms. Hawes:

SUBJECT: Transmittal of Grant Agreement
 Supportive Housing Program (SHP)
 Project Number: FL14B50-300 Z
 Project Identifier Number: FL14

Congratulations on the final selection of Project Fresh Start for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This one (1) year award will continue to support your program previously funded by HUD in 1998 further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$89,669 allocated as follows:

- | | |
|----------------------------------|-----------------|
| 1. Grant for operating | <u>\$44,268</u> |
| 2. Grant for supportive services | <u>\$41,131</u> |
| 3. Grant for leasing | <u>\$ -0-</u> |
| 4. Grant for HMIS | <u>\$ -0-</u> |
| 5. Grant for administration | <u>\$4,270</u> |

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two-2 of them to this office within two weeks of receipt of this letter.

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5B



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

May 3, 2006

Karen B. Hawes, Director
Lee County Human Services
2440 Thompson Street
Fort Myers, FL 33901

Dear Ms. Hawes:

SUBJECT: Transmittal of Grant Agreement
Supportive Housing Program (SHP)
Project Number: FL14B50-3004
Project Identifier Number: FL14053

Congratulations on the final selection of Comprehensive Care and Comprehensive After Care for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This one (1) year award will continue to support your program previously funded by HUD in 1998 further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$1,286,207, allocated as follows:

- | | |
|----------------------------------|---------------------|
| 1. Grant for operating | <u>\$-0-</u> |
| 2. Grant for supportive services | <u>\$1,224,4959</u> |
| 3. Grant for leasing | <u>\$-0-</u> |
| 4. Grant for HMIS | <u>\$-0-</u> |
| 5. Grant for administration | <u>\$61,248</u> |

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two-2 of them to this office within two weeks of receipt of this letter.

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5B



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

May 3, 2006

Karen B. Hawes, Director
Lee County Human Services
2440 Thompson Street
Fort Myers, FL 33901

Dear Ms. Hawes:

SUBJECT: Transmittal of Grant Agreement
Supportive Housing Program (SHP)
Project Number: FL14B50-3003
Project Identifier Number: FL14052

Congratulations on the final selection of Living Independently for Today LIFT for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This one (1) year award will continue to support your program previously funded by HUD in 1996, further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$119,722, allocated as follows:

- | | |
|----------------------------------|------------------|
| 1. Grant for operating | <u>\$-0-</u> |
| 2. Grant for supportive services | <u>\$114,021</u> |
| 3. Grant for leasing | <u>\$-0-</u> |
| 4. Grant for HMIS | <u>\$-0-</u> |
| 5. Grant for administration | <u>\$5,701</u> |

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two-2 of them to this office within two weeks of receipt of this letter.

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5B

copy



U.S. Department of Housing and Urban Development

Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

RECEIVED
LEE COUNTY
DEPARTMENT OF
HUMAN SERVICES

2006 MAY 22 PM 12:20

May 3, 2006

Karen B. Hawes, Director
Lee County Human Services
2440 Thompson Street
Fort Myers, FL 33901

Dear Ms. Hawes:

SUBJECT: Transmittal of Grant Agreement
Supportive Housing Program (SHP)
Project Number: FL14B50-300
Project Identifier Number: FL14

Congratulations on the final selection of Lee County HMIS for renewal grant funding under the Supportive Housing Program. All conditions attached to your award for this project have been met. This one (1) year award will continue to support your program previously funded by HUD in 2003 further contributing to our national effort to end homelessness.

Upon execution of the Renewal Grant Agreement by you and HUD, HUD will obligate the total funds for this project in the amount of \$180,510 allocated as follows:

- 1. Grant for operating \$-0-
- 2. Grant for supportive services \$-0-
- 3. Grant for leasing \$-0-
- 4. Grant for HMIS \$176,107
- 5. Grant for administration \$4,403

Enclosed are three copies of the Renewal Grant Agreement that constitutes the agreement between you and HUD. Please sign all three and return two-2 of them to this office within two weeks of receipt of this letter.

Leverage Documentation for Supportive Housing Program. Code #7.1-7.5C

The following were provided to you and processed at the time of your most recent grant award: Grantee Financial Instructions, Direct Deposit sign-Up Form (SF-1199A), LOCCS Voice Response Security Access Authorization Form (HUD-27054), and SNAP's Request Voucher for Grant Payment (HUD-27053-A). If you need additional forms for any reason, please contact us.

No funds can be disbursed to you until the Renewal Grant Agreement is fully executed.

If you have any questions, please contact Ronald M. Muscarella Senior CPD Representative, at (305) 536-4431 extension 2320. We look forward to working with you toward the successful continuation of your Supportive Housing Program project

Sincerely,



Maria R. Ortiz, Director
Community Planning and
Development Division

Leverage Documentation for Emergency Food and Shelter. Code #9

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

701 North Fairfax Street, Suite 310, Alexandria, Virginia 22314-2064

703-708-8880

http://www.efsp.unitedway.org



PLEASE READ CAREFULLY
THE AWARD TO YOUR JURISDICTION HAS CHANGED. ALL QUALIFYING JURISDICTIONS AND STATE SET-ASIDE COMMITTEES ARE RECEIVING THIS REVISED NOTIFICATION.



Phase 24
FY2006
PL 109-90

REVISED AWARD NOTIFICATION

In December, the National Board mailed award notifications to qualifying jurisdictions and State Set-Aside (SSA) Committees under Phase 24 (FY 2006) of the Emergency Food and Shelter National Board Program (EFSP). Your jurisdiction qualified and was advised of its award. Since you received your award letter, we have been notified that the EFSP budget has been reduced. Because of this reduction, your jurisdiction's revised award and maximum administrative allowance are indicated below:



24-1654-00
Lee County
Award: \$184,803 Admin Amount:
The Administrative Amount is included in the Award and NOT in addition to the Award.

Handwritten: 184803, \$3,692



Shortly after the mailing of the award notices, a one percent (1%) across-the-board cut in discretionary spending was passed by Congress and signed into law. This rescission was included in the FY2006 Department of Defense Appropriations Bill. The 1% affected all discretionary spending programs, including EFSP.



Because of the across-the-board rescission, the allocations to the jurisdictions and the administrative allowance granted the National Board have been reduced by one percent. The total funding for the EFSP was reduced by \$1,530,000 giving a revised total appropriation of \$151,470,000. This reduction affected the awards to all qualifying jurisdictions and SSA Committees, as well as the National Board's administration for EFSP.



The award materials provided with the original award notification may still be used. However, the awards made to Local Recipient Organizations (LROs) must equal this revised award amount. If you have already submitted your Phase 24 Local Board Plan, you will receive a telephone call from your regional representative to discuss changes to your Local Board Plan. Local Board Plans may still be entered over our website http://www.efsp.unitedway.org and are still due to the National Board on February 3, 2006.



Leverage Documentation for Private Cash. Renaiss. Manor Code #14

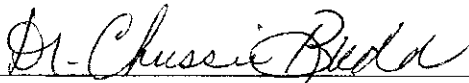
*1401 16th Street
Sarasota, Florida 34236
(941) 365-4177 (office)
(941) 365-4188 (fax)*

Renaissance Manor, Inc.

J. Scott Eller, Executive Director

Renaissance Manor, Inc. has, as of the date of this letter has agreed to fund Permit, Fess, Project Design and additional Administration costs for the property at Broadway and Solomon in Fort Myers Florida in the following estimated amounts:

Permit/Fess \$5,000, Project Design \$18,000, additional Administration fees \$2,000.



Date:

Dr. Chrissie Budd, CFRE
Projects Administrator
Authorized Official

Leverage Documentation for Private Cash. SWFAS Code #10



SWFAS

The Leader in Substance Abuse Prevention and Treatment

June 1, 2006

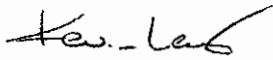
Richard L. Faris
Department of Human Services
2440 Thompson Street
Fort Myers, Florida 33901

Dear Mr. Faris:

In conjunction with the Lee County Challenge Grant application I certify that Southwest Florida Addiction Services, Inc. will receive \$123,958 in cash to support services to homeless individuals. These monies support supportive housing programming, including counseling and related services.

Thanks for your efforts to assure Lee County continues to address the multiple needs of our homeless citizens, and that we continue to seek the development of an effective human service system infrastructure as part of our continued growth.

Respectfully submitted,


Kevin Lewis, MSW, CAP
Executive Director

Leverage Documentation for Private Cash. Salv. Army Code # 11



DOING
THE MOST
GOOD

William Booth. *Founder*

John Larsson. *General*

Philip D. Needham. *Territorial Commander*

Major Steve Hedgren. *Divisional Commander*

Majors Austruberto & Debbie Flores. *Corps Officers*

May 31, 2006

Richard Farris
Department of Human Services
Lee County Board of County Commissioners
2440 Thompson Street
Fort Myers, FL 33901

Dear Mr. Farris:

We are providing \$527,224.13 in Private Cash Donation as Leverage Funding for the 2006-2007 Challenge Grant. These funds come from multiple donations of unrestricted funds received throughout the year; there are no major donors this fiscal year to be noted.

If we can be of further assistance please do not hesitate to contact us.

Sincerely,


Dalia Saraccone
Finance Director

Leverage Documentation for Private Cash. LIFT Code #12



LEE COUNTY
SOUTHWEST FLORIDA

BOARD OF COUNTY COMMISSIONERS

Writer's Direct Dial Number: (239) 533-7916

Bob Janes
District One

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Tammy Hall
District Four

John E. Albion
District Five

Donald D. Stihwell
County Manager

David M. Owen
County Attorney

Diana M. Parker
County Hearing
Examiner

June 2, 2006

RE: Lee County's Department of Human Services Homeless Programs

TO WHOM IT MAY CONCERN:

This is to certify that during the fiscal period of July 1, 2005 through June 30, 2006 this department received a private cash donation of \$3,500 designated to provide support services to homeless families.

Sincerely,

Susan Oliver, Family Self Sufficiency Program Manager
Lee County Department of Human Services

Leverage Documentation for Private Cash. ACT Code # 13



Abuse Counseling And Treatment, Inc.

P.O. Box 60401, Fort Myers, FL 33906-6401

RECEIVED
LEE COUNTY
DEPARTMENT OF HUMAN SERVICES (Hotline)
HUMAN SERVICES (Admin. & Appt.)
(239) 939-4741 (FAX)
2005 JUN 10 10:17
E-mail: act@actabuse.com
www.actabuse.com

24 Hour Hotline • Shelter • Counseling • Advocacy • Referral • Information • Education

June 5, 2006

Richard Faris, Senior Planner
Lee County Department of Human Services
2440 Thompson Street
Fort Myers, Florida 33901

Dear Mr. Faris:

This letter is to support the State of Florida Challenge grant application submitted by Lee County.

Abuse Counseling and Treatment, Inc. (ACT) provides residential and non-residential shelter and counseling to victims of domestic violence. All persons served by ACT are either homeless or at-risk of becoming homeless due to their domestic situation.

ACT's financial statement for the fiscal year ending June 30, 2005 indicates public contributions in the amount of \$536,970 and \$341,550 from fundraising efforts. These private funds were used to support prevention activities for persons at-risk of homelessness or to provide services to those already homeless.

A copy of the June 30, 2005 financial statement is attached. Should you need additional information you may reach me at 239-939-2553.

Sincerely,

Jennifer Benton,
Executive Director

2004 Population and Subpopulations Chart (Form HUD 40076 CoC-I)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	82 (N)	168(N)	1424(N)(S)	1674(S)
2. Homeless Families with Children	25(N)	7 (N)	97(N)(S)	129(S)
2a. Persons in Homeless Families with Children	88(N)	16(N)	234(N)(S)	338(S)
Total (lines 1 + 2a)	170(N)	184(N)	1658(N)(S)	2012(S)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless		75(N)	267 (S)	342(S)
2. Severely Mentally Ill		402(S)		
3. Chronic Substance Abuse		342(S)		
4. Veterans		463(S)		
5. Persons with HIV/AIDS		60(S)		
6. Victims of Domestic Violence		132(S)		
7. Youth (Under 18 years of age)		115(N)		

Legend:

Homeless Population

(A) administrative records
 (N) enumeration
 (S) statistically reliable samples
 (E) estimates

Homeless Subpopulations

(A) administrative records,
 (N) enumeration
 (S) statistically reliable samples
 (E) estimates

LEE COUNTY HUD FY 2005

Lee County - Page 14
HUD 40076 CoC-I

Exhibit 1

Continuum of Care Homeless Population and Subpopulations Chart

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

(A) administrative records.

(N) enumerations or

(S) statistically reliable samples.

(LEE COUNTY HUD FY 2006) 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 (Next HUD required count – 2007)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	36	2	81	119
3. Number of Persons in Families with Children:	125	4	309	438
4. Number of Single Individuals and Persons in Households without Children:	243	334	1,063	1,640
(Add Lines Numbered 1 & 2) Total Persons:	368	338	1,372	2,078
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
h. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	46		272	318
i. Severely Mentally Ill	146		*	429
j. Chronic Substance Abuse	312		*	919
k. Veterans	216		*	216
l. Persons with HIV/AIDS	14		*	42
m. Victims of Domestic Violence	na		*	117
n. 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: Point-in-time count OR Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees			
Of this total, enter the number of evacuees homeless prior to Katrina	Not available		

*Optional for Unsheltered

CoC-K

(LEE COUNTY HUD FY 2006)

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

(Population/Subpopulation required in 2007, Supplementary Count done in Lee in 2006)

L-1: Sheltered Homeless Population and Subpopulations

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

CoC-L-1

(Note the same Count Methodology was used in 2004,2005,2006)

(LEE COUNTY HUD FY 2006)

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – 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"/>	Public places count using probability sampling – 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"/>	Service-based count – 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"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Other – please specify:
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<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:
(6) Month and Year when next count of unsheltered homeless persons will occur: Jan. 2007	

CoC-L-2

(A) Permanent Housing Furniture and Appliances (Renaissance Manor)

Renaissance Manor, Inc. will use the funds to purchase furniture and appliances for duplexes they are building at Broadway Place in Ft. Myers. These 3-bedroom new duplexes will provide permanent housing for homeless people with mental illness. Up to 3 homeless people will be served at one time. Per duplex, award level will determine the amount and combination of appliances and furniture selected. Appliances include a refrigerator, a microwave, a washer/dryer combination, a stove and an overhead vent hood. Furnishing include one living room set (chair, sofa, end table(s) and lamp(s) and a bedroom room set per person that includes a bed, mattress, small side table, lamp and dresser. Project outcome will be residential stability for chronic homeless individuals

(Services at \$150,000 Grant Level: Services as above will be provided to 3 homeless individuals

(Services at \$100,000 Services as above will be provided to 3 homeless individuals

(Services at \$60,000 Grant Level: Services as above will be provided to 3 homeless individuals

(B) Emergency Medications and Homeless Case Management (SWFAS)

The SWFAS funds requested would be used to enhance treatment for the homeless and chronic homeless patients in SWFAS residential treatment, transitional and permanent supportive housing through the provision of psychotropic medication and intensive homeless case management. Psychiatric evaluation, transitional and permanent supportive housing will be provided by other sources of support – this would alleviate a critical resource gap for homeless individuals with co-occurring disorders. Specialized case management efforts are geared to move the homeless into permanent housing as well as aiding those who have moved into permanent supportive housing to address issues that have contributed to the homeless cycle. This program will enhance individual's ability to access needed services in the community and assist in successfully transitioning out of homelessness. Project outcomes will be improved health and independent living conditions for medication clients and improved access to housing and retention of housing once attained for previously homeless clients.

(Services at \$150,000 Grant Level: Services as above will be provided to 22 homeless persons for psychotropics and 38 homeless persons for intensive homeless case management

(Services at \$100,000 Grant Level: Services as above will be provided to 15 homeless persons for psychotropics and 25 homeless persons for intensive homeless case management)

(Services at \$60,000 Grant Level: Services as above will be provided to 9 homeless persons for psychotropics and 15 homeless persons for intensive homeless case management)

(C) Emergency Shelter Food/Soup Kitchen Meals (The Salvation Army)

Emergency Shelter/Soup Kitchen Meals will be supplied to unduplicated homeless or potentially homeless persons who request a meal through The Salvation Army feeding programs. Meals are provided daily at the Outreach Services Center on The Salvation Army, Edison Avenue Campus. Women and children who stay in our overnight shelter are provided meals. During the day, meals are provided to anyone presenting at The Salvation Army for services through our Crisis Management program or who may be waiting to be seen by our Intake Specialist. Meals are budgeted at a cost of \$2.36 each and each unduplicated person provided a meal is counted as an outcome. In addition, 250 homeless or potentially homeless individuals will be supplied with emergency clothing and furniture. Individuals may have disabilities or co-occurring disorders. Project outcome will be improved living environment for homeless individuals.

(Services at \$150,000 Grant Level: Services as above will be provided to 1,250 unduplicated homeless or potentially homeless persons for meals and 250 homeless or potential homeless individuals for clothing and furniture)

(Services at \$100,000 Grant Level: Services as above will be provided to 834 unduplicated homeless or potentially homeless persons for meals and 167 homeless or potentially homeless individuals for clothing and furniture)

(Services at \$60,000 Grant Level: Services as above will be provided to 500 unduplicated homeless or potentially homeless persons for meals and 100 homeless or potentially homeless individuals for clothing and furniture)

**(D) Services to facilitate homeless housing. LIFT
(Dept. of Human Services)**

Challenge funds will be used to move homeless individuals and families with children into housing. Services will include first month's rent, last month's rent (if necessary), security deposit, utility payments/deposits, household furniture and wares and school/work clothes. Individuals and family members will be served and that there will be some persons with substance abuse and domestic violence disabilities served. Grant-term outcomes will be the acquisition of housing and basic essentials by homeless persons

(Services at \$150,000 Grant Level: Services as above will be provided to 25 homeless persons)

(Services at \$100,000 Grant Level: Services as above will be provided to 17 homeless persons)

(Services at \$60,000 Grant Level: Services as above will be provided to 10 homeless persons)

Table 9 Lee Continuum Florida FY 2006 Challenge Grant - Ability to Complete Activities

Task Category	Agency	12//3106	3/31/07	6/30/07	9/07
Critical Task Timelines					
	Lead Agency - DHS	Sponsor discussions			
	Renaissance Manor				
	SWFAS	Clearance w/ DHS			
	-Salvation Arm Y-	Clearance w/ DHS			
	LIFT	Clearance w/ DHS			
Lead Agency Spend. Plan					
	Lead Agency - DHS	Submit on Awd.			
	Renaissance Manor	1/2d draw	1/4draw	¼ Final draw 6/1	
	SWFAS	1/2d draw	1/4draw	¼ Final draw 6/1	
	-Salvation Arm Y-	1/2d draw	1/4draw	¼ Final draw 6/1	
	LIFT				
Lead Agency Reporting					
	Lead Agency - DHS				Outcomes Rep.
	Renaissance Manor				Outcomes Rep.
	SWFAS				Outcomes Rep.
	-Salvation Arm Y-				Outcomes Rep.
	LIFT				
Selection of Providers					
	Lead Agency - DHS	na			
	Renaissance Manor	complete			
	SWFAS	complete			
	-Salvation Arm Y-	complete			
	LIFT				
Status of Subcontracts					
	Lead Agency - DHS	DCF Contract 11/06			
	Renaissance Manor	DhsContract 11/06			
	SWFAS	DhsContract 11/06			
	-Salvation Arm Y-	DhsContract 11/06			
	LIFT	DhsContract 11/06			
Identification of Clients					
	Lead Agency - DHS				
	Renaissance Manor	complete			
	SWFAS	complete			
	-Salvation Arm Y-	complete			
	LIFT	complete			
Timely Spending					
	Lead Agency - DHS	Plan submitted			
	Renaissance Manor	Services in place			
	SWFAS	Services in place			
	-Salvation Arm Y-	Services in place			
	LIFT	Services in place			



LEE COUNTY

SOUTHWEST FLORIDA

2006 HOMELESS

CONTINUUM OF CARE

STRATEGIC PLAN

AMENDED JUNE 27, 2006

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: 5/16/06
vers: HUD

**Amended Exhibit 2-
2006 Lee County Continuum of Care
Project Leveraging Charts**

Amended Exhibit 2 - Page 4 Part F Broadway Place Project Leveraging Chart

B. 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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$674,159

Amended Exhibit 2 Page 21 - Part F: Fresh Start II Project Leveraging Chart

C. 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	5/15/06	\$30,000
Support Services	County Contract	G	5/19/06	\$115,720
Support Services	State DC&F Mental Health Contract	G	4/24/06	\$16,246
Support Services	PATH HHS	G	2/6/06	\$46,735
	SHIP	G	1/24/06	\$239,331
Housing	CDBG	G	8/10/04	\$120,828
Supportive services	Challenge grant	G	10/16/05	\$33,600
Support services	Salvation Army	P	5/15/06	\$ 4,200
Educational	Hi Tech	P	5/12/06	\$ 3,100
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$609,760

Amended Exhibit 2 Page 33 - Part F: Salv. Army – Comp Care Project Leveraging Chart

D. 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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$3,478,412.42

Amended Exhibit 2 Page 70- Part F: LIFT Project Leveraging Chart ()

E. Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
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
CHAL GT FL 2007		G		As Awarded
*Government sources are appropriated dollars.			TOTAL:	\$757,315