

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/30/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Tampa Hillsborough Homeless Initiative

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-3651378

	c. Organizational DUNS:	140256541	PLUS 4:	
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d. Address

Street 1: 601 E. Kennedy Blvd.

Street 2: County Center, 24th Floor

City: Tampa

County: Hillsborough

State: Florida

Country: United States

Zip / Postal Code: 33602

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Antonio

Middle Name:

Last Name: Byrd

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: Tampa Hillsborough Homeless Initiative

Telephone Number: (813) 274-6991

Applicant: Tampa Hillsborough Homeless Initiative, Inc.

140256541

Project: More HEART II

154681

Extension:

Fax Number: (813) 223-6178

Email: ByrdA@THHI.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: More HEART II

16. Congressional District(s):

a. Applicant: FL-016, FL-014, FL-015, FL-012

b. Project: FL-016, FL-014, FL-015, FL-012
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Antoinette

Middle Name: D. Hayes

Last Name: Triplett

Suffix:

Title: Chief Executive Officer

Telephone Number: (813) 274-6998
(Format: 123-456-7890)

Fax Number: (813) 223-6178
(Format: 123-456-7890)

Email: TriplettA@THHI.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/30/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Tampa Hillsborough Homeless Initiative

Prefix: Ms.

First Name: Antoinette

Middle Name: D. Hayes

Last Name: Triplett

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Tampa Hillsborough Homeless Initiative

Telephone Number: (813) 274-6998

Extension:

Email: TriplettA@THHI.org

City: Tampa

County: Hillsborough

State: Florida

Country: United States

Zip/Postal Code: 33602

2. Employer ID Number (EIN): 59-3651378

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$244,863.00

(Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

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

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

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

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

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Brown, Richard	59-1860626	Agency for Community Treatment Services, Inc - More HEART and More Heart II - Subrecipient - Case Management and Leasing	\$646,293.00	96%
Dufva, Mark	59-0875805	Catholic Charities Diocese of St. Petersburg, Inc. - Hills. Pathways and Hills. Pathways II - Case Management - Rapid Re-Housing Rental Assistance	\$406,802.00	95%
Rutherford, Joseph	59-0747306	Mental Health Care, Inc - HOME 3 and PHAME - Case Management and Rental Assistance	\$1,160,865.00	96%

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Antoinette Triplett, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 10/26/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Tampa Hillsborough Homeless Initiative
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Ms.

First Name: Antoinette

Middle Name: D. Hayes

Last Name: Triplett

Suffix:

Title: Chief Executive Officer

Telephone Number: (813) 274-6998
(Format: 123-456-7890)

Fax Number: (813) 223-6178
(Format: 123-456-7890)

Email: TriplettA@THHI.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/30/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: Tampa Hillsborough Homeless Initiative

Name / Title of Authorized Official: Antoinette Triplett, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 10/30/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Tampa Hillsborough Homeless Initiative

Street 1: 601 E. Kennedy Blvd.

Street 2: County Center, 24th Floor

City: Tampa

County: Hillsborough

State: Florida

Country: United States

Zip / Postal Code: 33602

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Antoinette

Middle Name: D. Hayes

Last Name: Triplett

Suffix:

Title: Chief Executive Officer

Telephone Number: (813) 274-6998
(Format: 123-456-7890)


Fax Number: (813) 223-6178
(Format: 123-456-7890)

Email: TriplettA@THHI.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/30/2017

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$244,863

Organization	Type	Sub-Award Amount
Agency for Community Treatment Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$244,863

2A. Project Subrecipients Detail

a. Organization Name: Agency for Community Treatment Services, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 59-1860626

	* d. Organizational DUNS:	172117764	PLUS 4:	
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e. Physical Address

Street 1: 4612 N. 56th Street

Street 2:

City: Tampa

State: Florida

Zip Code: 33610

f. Congressional District(s): FL-015
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$244,863

j. Contact Person

Prefix: Ms.

First Name: Jana

Middle Name: L

Last Name: Balicki

Suffix:

Title: Chief Housing Division Administrator

E-mail Address: jbalicki@actsfl.org

Confirm E-mail Address: jbalicki@actsfl.org

Phone Number: 813-246-4899

Extension: 233

Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Tampa Hillsborough Homeless Initiative (THHI), formerly the Homeless Coalition of Hillsborough County, began when the Florida called for all large communities to form a group to collaboratively address homelessness. The organization was incorporated in 2000 and began to function as the lead for the Tampa/Hillsborough County community to become the recognized CoC lead agency. THHI staff are all experienced and knowledgeable of the homeless population in our community, the resources available, unmet needs, and the challenges of assisting sub-populations. As the Lead Agency, THHI is responsible for development of the community's plan for ending homelessness and regular meetings with community stakeholders provides the venue to evaluate our progress toward ending homelessness. Technical assistance is provided to assist organizations in their efforts to implement solutions and provide effective programs. Through partnerships with community organizations THHI seeks new resources to support services and housing development.

THHI has been the direct recipient of federally funds for CoC PSH (HOME2, HOME3, SPAH), HPRP, VHPD and SSVF and the sub-recipient of CoC PSH (Plant City – Mixed and Chronic). All programs included sub-recipients with experience and expertise to carry out the activities proposed in the application with THHI assisting in developing P&P, processing rental assistance, providing TA and monitoring. As the grantee monitors the projects regularly via data quality and APR reviews, review of eligibility documentation, frequent TA, detailed review of reimbursement requests, and desk and on-site monitoring activities.

ACTS currently operates 30 site based and scattered site programs in the state of Florida. Through support from the community, ACTS continues to increase its services and service area to the homeless, chronically homeless populations. Through ACTS Housing Programs such as emergency shelter, bridge housing, transitional and permanent supportive housing, independent living, and Domiciliary programs, and ACTS Detoxification and Outpatient services as well as referrals from collaborating agencies, ACTS has gained a wealth of experience in accessing housing, health care, supportive services, and entitlements (ie Social Security, Non-Service and Service Connected Pensions, food stamps and Public Assistance). ACTS formerly operated a drop-in center for the homeless of Hillsborough County. The center offered a place to sit during the day and obtain basic needs: showers, mailboxes, and laundry, food, counseling, and employment assistance and referral services. Operation of this facility afforded ACTS the development of many community partners who also served the homeless. ACTS also operates Detoxification Services which is a medically supervised 24 hour program for male and female adults, intoxicated or experiencing withdrawal

from alcohol/drugs. Services include diagnostic services, counseling, AA meetings, and referral. The programs ACTS serves relating to the homeless population maintain full occupancy and have been successful in determining the eligibility of the homeless and determining supportive service needs. ACTS receives funding from the Veterans Administration, HUD, State of Florida Department of Children and Families Substance Abuse and Mental Health and Child Welfare Offices, Community Development Block Grant, and Housing Opportunities for Persons With AIDS to name a few. All of these funders provide a regular monitoring and evaluations to ensure compliance to contractual requirements and ensure that services are provided. ACTS will implement a "Housing First" philosophy, with the understanding that once housing stability is achieved, the residents will be more ready and desirous of dealing with other aspects of their lives. The terms of their lease will be carefully explained to residents. Acceptance of treatment or program participation will not be required as a condition of tenancy. The project will be defined by three principles: (1) residents deserve high-quality, stable housing, integrated in the larger community (2) residents deserve a wide array of flexible services and supports that help maximize their opportunities for success over time; and (3) residents are free to exercise choices. At any given time, individuals who are homeless are supported through programs such as Detoxification Services, Domiciliary, Independent Living, Per Diem, Transportation, and Adult Outpatient. ACTS maintains a close relationship with the Veteran's Hospital which offers specialized care of veterans. In 1998, ACTS and collaborative partners were awarded a VA Per Diem program to serve a special population of veterans- those homeless veterans who also have physical disabilities. The award funded a newly constructed transitional residential rehabilitation facility along with per diem services. In 2014, ACTS was given the opportunity to provide room, board, onsite laundry services, supervision, and shuttle services as to 20 veterans at its 131st Street facility. In 2014, ACTS opened both its HEART and More HEART providing more than 150 scattered site leasing beds to individuals who are chronically homeless in Hillsborough County, Florida. ACTS has served special populations through each of these programs to include those individuals who are homeless and veterans, those who are chronically homeless, and those with mental and /or substance use disorders. The proposed program, More HEART II, will use the same service model of ACTS' currently successful, HUD funded HEART Program, and will serve individuals who are Homeless with a disabling condition and those that are chronically homeless.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

ACTS has worked with CoCs in Central Florida to leverage an average of more than \$2 million dollars per year in federal, state, local and private sector funds over the past decade. Agencies that ACTS partners with in securing leveraged funding include: Central Florida Behavioral Health Network, Hillsborough County Bridge funding, Tenant Rent, In-kind services, Hillsborough County Health Care Plan, Tampa Family Health Centers, Housing Opportunities for Persons with AIDS, ACTS 133rd Street duplexes, and Pasco County Community Development Block Grant.

*

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Recognizing that stable housing is essential to behavioral health for those experiencing homelessness, ACTS has expanded its capacity to provide scattered-site supportive housing programs. ACTS has an annual budget of \$18 million and 250 employees. In order to develop and maintain its focus and specialty in providing supportive housing, ACTS has established a Housing Division.

ACTS Chief Executive Officer has been serving and developing responses to homeless in Hillsborough County for 32 years. In the late eighties, he served as a founding member of both the Hillsborough Coalition for the Homeless and the Florida Coalition for the Homeless. He worked to design, develop and fund many of the transitional and supportive housing programs in place today. He has maintained those programs and expanded the Agency's housing capacity by implementing a strategic planning process to include the 100-Unit, Scattered Site, Permanent Supportive Housing Program (HEART) contracted by HUD in 2014. ACTS fully integrated housing and behavioral health services, clinically and administratively, and to establish the infrastructure necessary to support a distinct Housing Division.

The Housing Division employs and supervises the support services staff. The Division has internal Agency Administrative Services Agreements for accounting and auditing, quality improvement, human resources, facilities maintenance, and technology support with other ACTS Divisions. The Division operates under the Chief Housing Administrator which serves as the asset manager, overseeing staff and internal agreements with other parts of the Agency, and is responsible for the overall success of the program. The Administrator reviews monthly performance reports for property management, property maintenance, support services and financial performance.

The support services staff represents ACTS as the service provider and is responsible for providing high quality services to the residents. Property management looks after the property and support services look after the residents. All tenants are registered and their documentation of eligibility, income certification calculations, rental agreements, payment histories, and supportive services will be recorded and tracked through the HUD recognized Unity HMIS, ACTS Electronic Health Record (Credible) and HAPPY software systems. The HAPPY software system is a major provider of software to housing agencies administering programs that manages eligibility, rent calculations and property inspections.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: FL-501 - Tampa/Hillsborough County CoC

1b. CoC Collaborative Applicant Name: Tampa Hillsborough Homeless Initiative

2. Project Name: More HEART II

3. Project Status: Standard

4. Component Type: PH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

ACTS More HEART II (Homeless Engagement And Retention in Tenancy) Project will engage 17 individuals that meet the HUD definition of homeless and chronically homeless. These individuals will be identified through street outreach, and through the Coordinated Intake Referral System. The two and a half (2.5) FTE Housing Support Staff will assist the individual to find housing of their choice and to remove and minimize barriers to housing. The program will provide supportive services to 17 households with 7 of the households being provided leased units directly through the More HEART II program and 10 households will be utilizing Housing Choice Vouchers through the Tampa Housing Authority set aside and dedicated for chronically homeless. Staff will provide direct services and linkage to community based services . The housing support specialist will provide services directly to an individual that are tailored to meet specific needs. The SOAR trained staff will assist with benefit application for disability as it applies. Individualized goals will be developed to support the individual gaining long term housing stability and self sufficiency. Retention- to make it affordable, project participants pay no more than 30% of their adjusted income towards their rent. The project is based on the Housing First and Role Recovery models. Services available to participants include, but are not limited to, matched housing options, employment assistance, transportation, primary care/health care & entitlement enrollment, linkage to "other" community support services to address their individualized needs. Participants may continue to receive assistance for as long as it is needed. It is expected that participants will reduce their reliance on this assistance over time as either their income increases or they are able to access mainstream resources. Tenancy- leasing in scattered site units for 7 households including single persons and families with children who are homeless. Assisted households income must be equal to or less than 50% of the area median income and at least one adult member of the household must have a disability which impairs their functioning level including one or more of the following, diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness limiting their ability to work or perform one or more activities of daily living. Permanent Housing placements offer one bedroom apartments. ACTS oversees the rental subsidy and provides linkage to services to help them retain housing placement, resume former roles, and increase self sufficiency. Hillsborough's annual census found 2,275 homeless, of those: 944 were living on the streets or other places, 387 were residing in emergency shelters, 578 were residing in transitional housing, and 366 were in jail. Another 12,843 are precariously housed, living doubled up with family or friends and/or in motels.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Within 30 days of award, the project will be ready to commence services.

During the 30 days prior to service, staff will be hired and trained building current work force and resources. ACTS employs experienced supervisory staff who will be available to supervise the implementation and operation of services upon award.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>

Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

. It is expected that residents will not have furniture, household items, clothing or access to a cell phone or computer. Case Managers will work with residents prior to move-in to obtain needed items for basic living from local donations and services. If the resident has been referred from another program in Hillsborough, the person's file will be reviewed so that services and appointments will continue without interruption. The UNITY homeless data management system is open to all participants facilitating the exchange of information. In order to determine the extent of the individual's need, during the first 30 days that a resident is placed, case managers will have a chance to meet and get to know them, and begin to help them to address their needs. While 30 days is not enough to build up the trust and relationships between participants and staff members that are required to make real, long-term changes, it is enough time for a needs assessment and initial goal plan to be created as a blueprint for future activities.

It will be during this period that a participant, working with staff, can determine what programs are available that would best suit the goals identified by the participant. Case Managers will handle linkage to services to include treatment, employment, benefits, or other identified needs.

Services will be maintained, intensified or modified as needed during resident stay.

Residents will have access to ACTS wide array of treatment services including ACTS Adult Addictions Receiving Facility (AARF), operating 24 hours a day, and offering inpatient detoxification, stabilization, assessment and referral services to substance dependent adults or those with co-occurring substance abuse and mental health disorders. ACTS also operates three outpatient clinics, seven residential treatment centers, and 24 hour, on call transportation for urgent situations through the transportation hub.

7. Will the PH project provide PSH or RRH? PSH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

9. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. DedicatedPLUS

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: FL0547

Eligible Renewal Grant Project Name: MORE HEART

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	36
# of units	36
# of beds	36
New effort	
# of additional persons served at a point in time that this project will provide	17
# of additional units this project will provide	17
# of additional beds this project will provide	17

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. Describe how participants will be assisted to obtain and remain in permanent housing.

ACTS Case Manager will provide case management services. The case manager will work to develop individualized goals to assist eligible households identify safe and adequate housing in close proximity to primary care, shopping, restaurants, transportation, employment opportunities, recreation, places of worship, and health and social services. The case manager will identify any adverse conditions in the area that could have a negative impact on the person's stability. The case manager designated to work with participants toward employment activities will be responsible for developing a vocation component of their plan. Staff will work with program participant on supports needed to maintain stability in housing and increase self-sufficiency. Other assistance may include preparing a budget and assisting the household in getting settled, including a review of safety and security, and providing an orientation to the neighborhood and available public transportation.

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

3. The Case Manager completes a comprehensive assessment of all households assisted and develop a service plan to address the supports needed to achieve housing stability and self sufficiency. This plan includes meaningful activities including employment, educational activities and other social activities in support of the role recovery model. The case manager working with participants on employment will also assists participants in securing GED classes, services offered through the Work Force One Stop Centers, Vocational Rehabilitation, and other Supported Employment

Programs. Initiatives offered through Workforce include Employee & Training Programs, and Workforce Centers. As part of the plan to address self sufficiency, case managers focus on increasing the participant's financial literacy and other independent living skills, including budgeting. For those who are unable to work, staff assist the participants in making application for entitlement programs for which they may be eligible including but not limited to Supplemental Security Income (SSI), Social Security Disability (SSDI), Medicaid, Medicare, Social Security Retirement, Food Stamps, and Veterans Benefits. ACTS Benefits Specialists emphasize that employment is a very important area of support for individuals who are homeless and that securing employment is a vital part of stable housing opening the door for placement in future housing that is not subsidized. While there is no limit to the time persons remain in this project, it is hoped that through increasing financial resources persons may be able to reduce their reliance on the rental subsidy, allowing the project to assist others in need, and possibly moving persons toward homeownership. Services staff work with residents who have no income at move-in to obtain entitlements and/or employment. Individuals who are homeless are many times eligible for entitlements, however they have not had the support, transportation and follow through to obtain their benefits. the program will have access to staff that have receives targeted SOAR training to increase approval rates for SSI coverage on initial application. SOAR training is highly effective with multiple groups with significant disability and services needs including homeless persons with disabilities and the chronically homeless. SOAR has a rigorously structured curriculum to train case managers in processing applications with Social Security including detailing the information to be initially presented to Social Security and comprehensive followup. Using this methodology, ACTS has been able to obtain benefits within a 6 months' time frame. ACTS works with area churches and charities to assist residents with food, toiletries, clothing and other daily living necessities.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed

Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



5b. Use of a single application form for four or more mainstream programs? Yes

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 17

Total Beds: 17

Total Dedicated CH Beds: 10

Housing Type	Units	Beds
Scattered-site apartments (...)	17	17

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 17

b. Beds: 17

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 10

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Street 1:

Street 2:

City:

State: Florida

ZIP Code:

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

129057 Hillsborough County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	16	0	16
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	12		12
Adults ages 18-24	0	4		4
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	16	0	16

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	2	0	12	1	12	1	6	1	0
Adults ages 18-24	0	0	0	2	1	2	1	1	1	0
Total Persons	0	2	0	14	2	14	2	7	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

ACTS staff will participate in Hillsborough CoC coordinated entry process and utilizes current outreach services. ACTS works closely with current outreach programs and agencies that do street outreach in Hillsborough County. ACTS actively participates in the CoC meeting and routinely works with outreach staff to assist, as needed, with engagement of hard to house individuals. The program staff will work side by side with outreach staff to engage and encourage individuals to participate in housing opportunities.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$66,780	
Grant Term:		1 Year	
Total Request for Grant Term:		\$66,780	
Total Units:		7	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
FL - Tampa-St. Pe...	7	\$66,780	\$66,780

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Tampa-St. Petersburg-Clearwater, FL MSA (1205399999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	\$501	\$0	x	12	=	\$0
0 Bedroom	0	x	\$668	\$0	x	12	=	\$0
1 Bedroom	7	x	\$795	\$795	x	12	=	\$66,780
2 Bedroom	0	x	\$992	\$0	x	12	=	\$0
3 Bedroom	0	x	\$1,319	\$0	x	12	=	\$0
4 Bedroom	0	x	\$1,575	\$0	x	12	=	\$0
5 Bedroom	0	x	\$1,811	\$0	x	12	=	\$0
6 Bedroom	0	x	\$2,048	\$0	x	12	=	\$0
7 Bedroom	0	x	\$2,284	\$0	x	12	=	\$0
8 Bedroom	0	x	\$2,520	\$0	x	12	=	\$0
9 Bedroom	0	x	\$2,756	\$0	x	12	=	\$0
Total units and annual assistance requested:	7							\$66,780
Grant term:								1 Year
Total request for grant term:								\$66,780

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	cost per move \$400 x 8=\$3200)	\$3,200
3. Case Management	1.5 FTE Case manager(salary and fringe-\$36,000X =54,000) mileage to see clt. .50x40.22X 2FTE=\$4022	\$58,022
4. Child Care		
5. Education Services		
6. Employment Assistance	55 hrs a month @\$20. hr x 12 months = \$12,000- employment services, placement, education employment incidentals (education supplies- training) (\$200 X 10 Clt=\$2000)	\$15,200
7. Food	assist with food -non income clt.s (15X \$400=6,000 annually per clt)	\$6,000
8. Housing/Counseling Services	housing counseling and assistance (20hr x 12 mthsx \$20hr =\$4800	\$4,800
9. Legal Services		
10. Life Skills	incidentals(supplies to teach life skills, educational material and supplies -15 clt x \$ 895.86=13437.9)	\$13,438

11. Mental Health Services	Mental health evaluations and medication management and medications for cit.s (\$883.34 x12 mths)	\$10,600
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	bus passes, van trans. (36.50X12mth x10 ind =4,380) gas(50mhlx\$2x12mth=1,200	\$5,580
16. Utility Deposits	Utility dep- (15X100=1500)	\$1,500
17. Operating Costs		
Total Annual Assistance Requested		\$118,340
Grant Term		1 Year
Total Request for Grant Term		\$118,340

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	repairs, cleaning, and bug treatment (not covered by lease) 15X \$700 annually=	\$10,500
2. Property Taxes and Insurance	taxes and insurance (\$50 x10 units=\$500	\$500
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	13 ckt. x \$75 ,x 12 =\$11700	\$11,700
6. Furniture	furniture and household items (\$750 x 15 =\$11250)	\$11,250
7. Equipment (lease, buy)	staff c phone computer (2 x \$100=\$1200 phone 2x \$600=\$1000	\$3,600
Total Annual Assistance Requested		\$37,550
Grant Term		1 Year
Total Request for Grant Term		\$37,550

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$29,600
Total Value of In-Kind Commitments:	\$35,000
Total Value of All Commitments:	\$64,600

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Occupancy fees - no more than 30% of clt income will go toward occupancy fees (HUD standards)

1b. Estimate the amount of program income that will be used as Match for this project: \$9,600

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	ACTS	08/25/2017	\$29,600
Yes	In-Kind	Government	Tampa Housing Aut...	08/28/2017	\$35,000

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: ACTS
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/25/2017
- 6. Value of Written Commitment: \$29,600

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Government
- 4. Name the source of the commitment: Tampa Housing Authority housing vouchers
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/28/2017
- 6. Value of Written Commitment: \$35,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$66,780	1 Year	\$66,780
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$118,340	1 Year	\$118,340
5. Operating	\$37,550	1 Year	\$37,550
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$222,670
8. Admin (Up to 10%)			\$22,193
9. Total Assistance Plus Admin Requested			\$244,863
10. Cash Match			\$29,600
11. In-Kind Match			\$35,000
12. Total Match			\$64,600
13. Total Budget			\$309,463

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ACTS Non Profit Doc.	10/25/2017
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: ACTS Non Profit Doc.

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Antoinette Triplett

Date: 10/30/2017

Title: Chief Executive Officer

Applicant Organization: Tampa Hillsborough Homeless Initiative

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/06/2017
1E. SF-424 Compliance	09/06/2017
1F. SF-424 Declaration	09/06/2017
1G. HUD 2880	09/06/2017
1H. HUD 50070	09/06/2017
1I. Cert. Lobbying	09/06/2017
1J. SF-LLL	09/06/2017
2A. Subrecipients	09/06/2017
2B. Experience	09/06/2017
3A. Project Detail	09/06/2017
3B. Description	10/25/2017
3C. Expansion	10/25/2017
4A. Services	09/06/2017
4B. Housing Type	10/25/2017
5A. Households	09/06/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/07/2017
6A. Funding Request	09/06/2017
6C. Leased Units	09/07/2017
6F. Supp Srvcs Budget	09/13/2017
6G. Operating	09/13/2017
6I. Match	09/06/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/25/2017

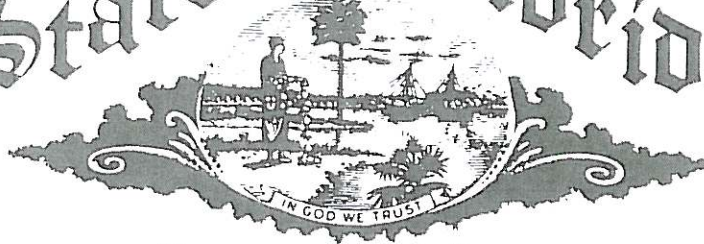
7A. In-Kind MOU Attachment

No Input Required

7D. Certification

10/10/2017

State of Florida



Department of State

I certify from the records of this office that AGENCY FOR COMMUNITY TREATMENT SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on November 2, 1978.

The document number of this corporation is 744798.

I further certify that said corporation has paid all fees due this office through December 31, 2007, that its most recent annual report/uniform business report was filed on March 28, 2007, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-eighth day of March, 2007



CR2EO22 (01-07)

A handwritten signature in cursive script, reading "Kurt S. Bratton".

Kurt S. Bratton
Secretary of State



RECEIVED

APR 04 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2007

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.
AGENCY FOR COMM. TREATMENT SVCS INC
4612 N 56TH ST
TAMPA, FL 33610 US

SUBJECT: AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

DOCUMENT NUMBER: 744798

In compliance with the request on your 2007 Annual Report/Uniform Business Report, the certificate of status for the subject corporation is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6056.

Division of Corporations

Letter No. 407A00021247

Annual Reports/Reinstatements Section