

## 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 via 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 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:** 09/27/2019

**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

	<b>c. Organizational DUNS:</b>	140256541	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

### 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:** DACCO Behavioral Health - Rapid Rehousing

172837

---

**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-6300-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:** DACCO Behavioral Health - Rapid Rehousing

**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:** 07/01/2020

**b. End Date:** 06/30/2021

**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:** 09/27/2019



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## 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:** \$370,913.00

(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 (%)
Please see attached list	Please see attached list	Please see attached list	\$2,994,445.35	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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**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:** 09/27/2019

# 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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### 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 certify that the information provided on this form and in any accompanying** X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**



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:** 09/27/2019

## **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:** 09/27/2019

# 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:** 09/27/2019

## 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: \$352,367**

Organization	Type	Sub-Award Amount
DACCO Behavioral Health	M. Nonprofit with 501C3 IRS Status	\$352,367

## 2A. Project Subrecipients Detail

**a. Organization Name:** DACCO Behavioral Health

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

**c. Employer or Tax Identification Number:** 59-1514993

	<b>* d. Organizational DUNS:</b>	078309051	<b>PLUS 4:</b>	
--	----------------------------------	-----------	----------------	--

### e. Physical Address

**Street 1:** 4422 E Columbus Drive

**Street 2:**

**City:** Tampa

**State:** Florida

**Zip Code:** 33605

**f. Congressional District(s):** FL-016, FL-014, FL-015, FL-012  
**(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:** \$352,367

### j. Contact Person

**Prefix:** Mrs.

**First Name:** Mary Lynn

**Middle Name:**

**Last Name:** Ulrey

**Suffix:**

**Title:** Chief Executive Officer

**E-mail Address:** marylynnu@dacco.org

**Confirm E-mail Address:** marylynnu@dacco.org

**Phone Number:** 813-384-4200

**Extension:**

**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 CEO and COO of THHI bring over 35 yrs of experience with managing federal, state, and local grants, including overseeing an annual budget of \$11 million when serving as the lead entity of the St. Louis City CoC.

THHI's management staff lends over 60 yrs. of combined experience administering local, state, and federal programs for persons experiencing homelessness. THHI is the lead entity for administering the county-wide response to make homelessness rare, brief and non-recurring in Tampa/Hillsborough County.

THHI, formerly the Homeless Coalition of Hillsborough County, began when the state of Florida called for all large communities to form a group to collaboratively address homelessness. The organization was incorporated in 2000 and began functioning as the leader for the Tampa/Hillsborough County community to become recognized as the CoC lead agency. THHI staff are knowledgeable with the populations experiencing homelessness in our community, what resources are available, what unmet needs are readily expressed, and the challenges of assisting sub-populations. THHI is responsible for development of the community's plan for making homelessness rare, brief and non-recurring and regularly meets with community stakeholders.

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, HPRP, VHPD and SSVF. As the grantee, THHI monitors the projects regularly via data quality and APR reviews, review of eligibility documentation, detailed review of reimbursement requests, and desk and on-site monitoring activities.

DACCO's mission is to work for a drug-free community, one person, one family at a time. We envision an image synonymous with drug-free living, setting the standard for excellence in behavioral health. We value quality services that respect the dignity of each client, employee, visitor, and volunteer; a compassionate, caring attitude that achieves high levels of service by responding to each individual in a timely, professional, and courteous manner; a positive, caring, supportive safety-first environment, and an inclusive organization where all are treated fairly.

DACCO was incorporated as a not-for-profit 501(c)(3) in 1973, through the leadership of representatives from the City of Tampa, Hillsborough County, Greater Tampa Chamber of Commerce, United Way, and other organizations. Initially, DACCO provided drug abuse planning, coordination, and monitoring for local government. In 1975, we first received funding to provide drug treatment services. Over the past 46 years, DACCO has evolved into an expansive community-based behavioral health provider that serves over 30,000 individuals in Hillsborough County annually through prevention, intervention, and treatment

of substance use disorders and co-occurring mental health issues (with a projection of impacting 40,000 when including affected families and general outreach) leveraging funding from Federal, State, and local resources.

DACCO's headquarters opened in 2008 in East Tampa & houses its administrative offices, an 88-bed women's residential program, outpatient services, medication assisted treatment with naltrexone, buprenorphine and methadone, a CLIA moderately complex licensed laboratory, multiple meeting spaces for clients, space for GED preparation in partnership with Hillsborough County Public Schools, a licensed child care center in partnership with Hillsborough County Head Start and Champions for Children, and medical clinic space integrating DACCO physicians and Tampa Family Health Centers primary care. In addition, on the main campus site are two small cottages that are available for women in treatment with space for their young children. The 126-bed men's residential facility, Quest House, is approximately one mile from the headquarters and also houses DACCO's commercial kitchen. Nearby is DACCO's Community Housing Solutions Center (CHSC) that provides transitional housing for 87 homeless men and women. Operated in partnership with Tampa Hillsborough Homeless Initiative and the County, the CHSC is a model center providing full access to supportive services to move adults into permanent housing. DACCO has a mobile outreach bus that travels throughout the County to provide prevention education, HIV and STD testing and counseling, and connection to substance misuse treatment.

DACCO programs are licensed by the Florida Department of Children and Families and have been accredited by CARF since 1994, attesting to an ongoing commitment to quality improvement. We serve the general public, including youth, adults, veterans, the elderly, and the indigent and low-income. Core DACCO substance abuse services include:

Prevention; Intervention; Residential treatment; Outpatient & Day Treatment; Medication-assisted treatment; Case Management; Recovery Support  
Specialty populations include: Pregnant Women & Infants; Trauma-Informed Care; Adolescents; Gender-specific issues; HIV/AIDS prevention/outreach. Our unique programs – family housing, onsite child care, summer camp - address the special needs of families and help to break down barriers to receiving treatment. Supportive services, such as transportation, education, and employment coaching, are also provided to help ensure clients' stability and ongoing success. With strong community connections and extensive experience in the field, DACCO has the recognized expertise to effectively utilize funds to serve the community. DACCO was awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) 2013 Science and Service Award and the 2013 iAward for Innovation in Behavioral Health Services national awards for Comprehensive Coordinated Care for opiate-addicted pregnant women.

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

THHI has 60 plus yrs. of combined staff experience, and over 20 yrs. of leveraging other Federal, State, local and private sector funds. Over the past year, THHI's CEO has leverage over \$1 million in new funding from other sources. Over 80% of THHI's budget is leveraged from other sources. DACCO's Executive Management Team provides leadership to the agency & oversees a \$20+ million annual budget. The CEO, Mary Lynn Ulrey, MS, ARNP. is an Advanced Registered Nurse Practitioner with a Masters' Degree, Clinical

Specialist in Psychiatric Mental Health Nursing and a licensed Health Care Risk Manager. She leads a staff of 300+ professionals & has served as the CEO since 2002. CFO, Colleen Alvarez has a Master of Business Administration w/a Finance Specialization & over 25 yrs. of financial leadership. She is responsible for accounting, budgeting, revenue cycle management, grant/contract performance, investments and facilities. VP of Clinical Services, Antionette Hagley, MS, LMHC/LMFT has a Master's Degree in mental health counseling, and is a Licensed Mental Health Counselor and marriage & family therapist. She has over 20 yrs. of experience and is responsible for operational oversight of all programs including prevention, clinical & treatment services. VP of Human Resources & Food Services, Jerry Peña has a Bachelor's Degree in Business Management with National Certification in Human Resources through the Society for Human Resource Management & the Human Resources Certification Institute (PHR). CAO, Deanna Obregon has a Master of Health Care Administration, is a licensed Healthcare Risk Manager and Certified Professional in Healthcare Quality. She has 20 yrs. of experience and is responsible for information management, quality improvement, risk management, contracts, corporate compliance, health information management, accreditation, and relationship with primary care services. DACCO utilizes an electronic health record system that is fully HIPAA compliant and permits staff to efficiently record & store demographic data and to collect, track and report measurable performance outcomes for all funded programs. Staff are assigned to each program that work with the respective funder to ensure compliance with the contract. DACCO's CEO, VP Finance, & volunteer Board of Trustees share overall responsibility for the financial management of the \$20M annual budget. DACCO has 46 yrs. experience in managing public dollars, including contracts & grants funded by local, state, and federal dollars; and maintains a diverse revenue portfolio to sustain and grow programs. Other funding sources include but are not limited to: US Department of HHS, SAMHSA; Florida Departments of Health, Corrections, Department of Children and Families; Hillsborough County BOCC; Administrative Office of the Courts, 13th Judicial Circuit; CFBHN; United Way; Client fees; Medicaid Managed Care; Private Insurance; and contributions/donations. DACCO is a fiscally sound non-profit agency.

**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.**

THHI's management team had administer various HUD & VA awarded grants, as either the grantee or a sub-recipient, including CoC Grants (HMIS, PSH, RRH and SSO-CE), VHPD, SSVF, HOME Investment Partnership Grants, CDBG, ESG, & HPRP. THHI has managed various local grants from the State of Florida, Hillsborough County (FL) and City of Tampa. For 10+ yrs., THHI accounting staff has been required to comply with not only Generally Accepted Accounting Principles (GAAP) but also U.S. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and Chapter 10.650 Rules of the Auditor General, state of Florida. As the lead agency in our CoC, accounting staff has assisted THHI Contract staff in monitoring subrecipients' financial administration and is responsible for providing technical assistance to partner agencies when needed. DACCO has a history of contract compliance as demonstrated by a solid history of with no penalties or sanctions ever being imposed, nor findings/convictions for fraud or any other offenses (including

pleas of nolo contendere) brought by any federal, state or regulatory agency against the agency/staff. There is no history of contract/funding cancellation due to malfeasance, bankruptcy or lawsuits relating to the provision of services. DACCO's management team analyzes each contract & develops a plan to meet contractual requirements. Key project managers for each contract meet regularly w/supervisors to review progress toward all contractual requirements & to make any necessary adjustments if needed. DACCO has an internal calendar for each contract to ensure all reporting deadlines are understood by staff & every effort is made to meet requirements. If a problem is foreseen, the Project Director and/or CEO contacts the funding agency to request additional time. We have had very few instances of needing additional time for meeting deadlines. Since its inception in 1973, DACCO has extensive experience in managing public & private funds, complying with governmental regulations, maintaining records to document services delivered, tracking measurable outcomes & preparing accurate program & fiscal reports. Ensuring compliance w/funders' requirements is a joint effort of management and program staff, Contract Manager, and key roles in our Information Systems, Finance, and Quality Improvement Departments. A variety of programmatic & financial policies and procedures are in place to ensure the proper tracking of program/client data & financial data, in accordance with applicable laws & regulations. The Board of Trustees employs a CPA Firm to perform an independent annual audit to assure compliance with internal procedures and grant requirements for Federal, State and local funding, and to ensure billing integrity across funders. The most recent audit & audits within the past 3 years did not require any corrective actions and did not identify any deficiencies in our fiscal management system.

**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:** DACCO Behavioral Health - Rapid Rehousing

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** RRH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

X
---

### 3B. Project Description

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

DACCO’s Housing Solutions Rapid Rehousing (DHS) project will focus on rapid exit strategies in alignment with the CoC’s Coordinated Entry System. DACCO will use Housing Specialists as housing stability case managers to develop individualized housing focused plans; assisting with identifying and coordinating housing options, addressing housing barriers; and providing rental and financial assistance – to include Rental application fees, security deposits, utility costs/payments and short/medium-term rental assistance – and securing additional resources for long-term success in order to assist households in rapidly exiting homelessness and the emergency shelter system. The project will focus on adult only households and may serve households with children when an adult only household is able to reunite with their children. The project will have capacity of 29 units to serve 29 households at a single time during the grant term. Recognizing that the assistance is short – medium term, the project estimates it will serve an unduplicated 50 households per grant term. When possible, the project may assist with family reunification and may therefore serve a handful of households with children.

As part of DACCO’s services through a partnership with Hillsborough County Health Care services, a SOAR specialist is located on site to assist households obtain benefits they may be eligible to receive.

DACCO has funding from other sources to assist, either directly or through referral, a wide range of supportive services needed to help ensure housing stability including: behavioral health treatment, educational assistance, primary health care, HIV/AIDS testing/referral, employment services. DACCO will utilize HMIS and their electronic health record to track clients progress.

The project proposes to achieve the following outcomes: 50% will move into PH within 60 days of their RRH project entry; 80% will exit to positive housing destination; 50% of leavers will exit with at least one of the following: Non-Cash Benefits (e.g. Food stamps, WIC, etc.) or one source of Health Insurance; and 15% will increase total income.

This project is needed in the CoC to provide needed resources to assist households to more rapidly exit homelessness; and by using a rapid exit strategy, allow for shelter beds to be turned over more quickly and more available to unsheltered persons.

This project is critical to the community's strategic plan, 560 In 560. The goal of 560 In 560 is to provide housing opportunities for 560 people in 560 days by addressing some the of top causes homelessness. The project aligns with the Rapid Exit initiative of the 560 In 560 plan.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds**

New Project Application FY2019	Page 26	09/27/2019
--------------------------------	---------	------------

**requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

**Other:** single adult only households

**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.**

N/A

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

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

### **3C. Project Expansion Information**

**1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

Following assessment of need and eligibility for housing, clients will work with their case manager to locate, apply for, and secure permanent housing that is both affordable and desirable for the client. The case manager may assist the client with budgeting, employment, negotiation of rent amount, access to landlords that accommodate the needs of this population, linkage to non-cash benefits and health insurance (Hillsborough County Health Care Insurance), and rapid re-housing funding assistance to include: application fees, security deposits, utility deposits/costs, and short and medium-term rental assistance. Once a client has moved into permanent housing, the Housing Case Manager continues to provide support and (a minimum of) monthly in-home contact to help the client maintain their housing.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Upon entry into the program, the client participates in ongoing assessments of needs (medical, educational, housing, etc.) and the case manager helps clients with coordination of care with various supportive services. These services may be provided directly by DACCO or through community referral. DACCO is able to provide, at their service location, behavioral health treatment, educational assistance, and primary health care to include HIV/AIDS testing/referral. In addition to the services offered onsite, the case managers assist clients with applying for non-cash benefits such as Food Stamps, WIC (Women, Infants, Children), and Health Insurance (Hillsborough County Health Care Plan) and

referrals to employment services and other needed supportive services. DACCO has a Hillsborough County Health Care Services funded, onsite SOAR representative that assists clients with coordinating with community programs.

**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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	Monthly
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Non-Partner	As needed
Utility Deposits	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. 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** Yes

**training in the past 24 months.**



## 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: 29**

**Total Beds: 29**

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	29	29

## 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:** 29

**b. Beds:** 29

### 3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 4422 E Columbus Drive

**Street 2:**

**City:** Tampa

**State:** Florida

**ZIP Code:** 33605

**\*4. 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, 123012 Tampa

## 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		29		29
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		25		25
Persons ages 18-24		4		4
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	29	0	29

**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										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	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										25
Persons ages 18-24										4
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	29

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										
<b>Total Persons</b>	0				0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Project targets single adult only households that may or may not fall into one of the populations listed above.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** CoC Bonus

**3. Does this project propose to allocate funds according to an indirect cost rate?** Yes

**Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.**

**Applicants with an approved indirect cost rate must submit a copy of the approval with this application.**

**a. Please complete the indirect cost rate schedule below**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Housing and Urban Development	10%	77,897

**b. Has this rate been approved by your cognizant agency?** Yes

**c. Do you plan to use the 10% de minimis rate?** Yes



**4. Select a grant term:** 1 Year

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

Rental Assistance	X
Supportive Services	X
HMIS	

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6E. Rental Assistance Budget

**The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.**

<b>Total Request for Grant Term:</b>			\$293,016
<b>Total Units:</b>			29
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Tampa-St. Petersburg-Clearwater,...	29	\$293,016

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$574	x	12	=	\$0
0 Bedroom		x	\$765	x	12	=	\$0
1 Bedroom	29	x	\$842	x	12	=	\$293,016



<b>2 Bedrooms</b>		x	\$1,045	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$1,373	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,656	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,904	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,153	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$2,401	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,650	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,898	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	29						\$293,016
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$293,016

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Rental Unit Application Fees - 10 partipants	\$500
<b>3. Case Management</b>	1.0 FTE Housing Case Manager (Salary + Fringe)	\$44,239
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>	20 Utility Deposits @ \$250/deposit	\$5,000
<b>17. Operating Costs</b>	0.05 FTE Case Manager Supervisor (Salary + Fringe); IT Needs - such as laptop, software licence	\$4,604
<b>Total Annual Assistance Requested</b>		\$54,343
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$54,343

**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:	\$100,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$100,000

**1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Central Florida B...	08/29/2019	\$100,000

## Sources of Match Detail

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** Cash

**3. Type of source:** Government

**4. Name the source of the commitment:** Central Florida Behavioral Health Network, Inc  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/29/2019

**6. Value of Written Commitment:** \$100,000

## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$293,016	1 Year	\$293,016
<b>4. Supportive Services</b>	\$54,343	1 Year	\$54,343
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$347,359
<b>8. Admin (Up to 10%)</b>			\$23,554
<b>9. Total Assistance Plus Admin Requested</b>			\$370,913
<b>10. Cash Match</b>			\$100,000
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$100,000
<b>13. Total Budget</b>			\$470,913

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Nonprofit Det...	09/25/2019
3) Other Attachment(s)	No	Indirect Cost App...	09/26/2019
2) Other Attachment(s)	No	HUD 2880	09/26/2019

## **Attachment Details**

**Document Description:** IRS Nonprofit Determination Letter

## **Attachment Details**

**Document Description:** Indirect Cost Approval

## **Attachment Details**

**Document Description:** HUD 2880

## 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 part 578 or 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.**

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.**

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 provide

**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:** 09/27/2019

**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).**

**Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

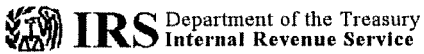
**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

New Project Application FY2019	Page 51	09/27/2019
--------------------------------	---------	------------

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/19/2019
<b>1E. SF-424 Compliance</b>	08/19/2019
<b>1F. SF-424 Declaration</b>	08/19/2019
<b>1G. HUD 2880</b>	08/19/2019
<b>1H. HUD 50070</b>	08/19/2019
<b>1I. Cert. Lobbying</b>	08/19/2019
<b>1J. SF-LLL</b>	08/19/2019
<b>2A. Subrecipients</b>	09/26/2019
<b>2B. Experience</b>	09/26/2019
<b>3A. Project Detail</b>	09/26/2019
<b>3B. Description</b>	09/27/2019
<b>3C. Expansion</b>	08/29/2019
<b>4A. Services</b>	09/27/2019
<b>4B. Housing Type</b>	09/26/2019
<b>5A. Households</b>	09/26/2019
<b>5B. Subpopulations</b>	09/27/2019
<b>6A. Funding Request</b>	09/26/2019
<b>6E. Rental Assistance</b>	09/26/2019
<b>6F. Supp Srvcs Budget</b>	09/27/2019
<b>6I. Match</b>	08/30/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/26/2019
<b>7D. Certification</b>	08/30/2019



P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077594588  
Aug. 12, 2016 LTR 4168C 0  
59-1514993 000000 00  
00031606  
BODC: TE

DRUG ABUSE COMPREHENSIVE  
COORDINATING OFFICE INC  
% DACCO  
4422 E COLUMBUS DR  
TAMPA FL 33605-3233



017865

Employer ID Number: 59-1514993  
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated July 26, 2016, regarding your tax-exempt status.

We issued you a determination letter in February 1976, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

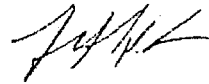
For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4077594588  
Aug. 12, 2016 LTR 4168C 0  
59-1514993 000000 00  
00031607

DRUG ABUSE COMPREHENSIVE  
COORDINATING OFFICE INC  
% DACCO  
4422 E COLUMBUS DR  
TAMPA FL 33605-3233

Sincerely yours,



Jeffrey I. Cooper  
Director, EO Rulings & Agreement



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY  
FOR COMMUNITY PLANNING AND DEVELOPMENT

January 3, 2018

Antoinette D. Hayes-Triplett  
Chief Executive Officer  
Tampa Hillsborough Homeless Initiative, Inc.  
PO Box 1110  
Tampa, FL 33601-1110

RE: Tampa Hillsborough Homeless Initiative, Inc. Indirect Cost Rate

In response to your request, we are approving Tampa Hillsborough Homeless Initiative's election to charge a de minimis rate of 10% of modified total direct costs based on 2 CFR 200, Subpart E. This letter will confirm that the Department of Housing and Urban Development is the Federal cognizant agency for Tampa Hillsborough Homeless Initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Abell", written in a cursive style.

Lisa Abell  
Budget Director

**Tampa Hillsborough Homeless Initiative - List of Interested Parties - HUD 2880  
HUD FY2019 CoC Program Competition - Applicant Profile**

<b>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</b>	<b>Social Security No. or Employee ID No.</b>	<b>Type of Participation</b>	<b>Financial Interest in Project/Activity (\$)</b>	<b>Financial Interest in Project/Activity (%)</b>
Langford, Patricia	59-2655523	Dawning Family Services (Formerly Alpha House) - A Path for Families - Case Management - Rapid Re-Housing Rental Assistance	\$ 326,851.50	95.56%
Murphy, Mindy	59-1777135	The Spring of Tampa Bay - Case Management - Rapid Re-Housing Rental Assistance	\$ 380,000.00	95.00%
Rogers, Maggie	59-0875805	Catholic Charities Diocese of St. Petersburg, Inc. - Hills. Pathways and For Youth - Case Management - Rapid Re-Housing Rental Assistance	\$ 311,206.00	95.71%
Rutherford, Joseph	59-0747306	Mental Health Care, Inc - HOME 3-PHAME - Case Management and Rental Assistance	\$ 1,202,348.00	96.60%
Terminello, Asha	59-1860626	Agency for Community Treatment Services, Inc - More HEART - Subrecipient - Case Management and Leasing	\$ 421,672.50	95.60%
Ulrey, Mary Lynn	59-151993	DACCO Behavioral Health - Case Management - Rapid Re-Housing Rental Assistance	\$ 352,367.35	95.00%