

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

	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: The Spring of Tampa Bay - Rapid Rehousing

172836

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: The Spring of Tampa Bay - 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? (For further information, see 24 CFR Sec. 4.3). Yes

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: \$354,054

Organization	Type	Sub-Award Amount
The Spring of Tampa Bay	M. Nonprofit with 501C3 IRS Status	\$354,054

2A. Project Subrecipients Detail

a. **Organization Name:** The Spring of Tampa Bay

b. **Organization Type:** M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. **Employer or Tax Identification Number:** 59-1777135

	* d. Organizational DUNS:	619764475	PLUS 4:	
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e. Physical Address

Street 1: P.O. Box 5147

Street 2:

City: Tampa

State: Florida

Zip Code: 33675

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:** \$354,054

j. Contact Person

Prefix: Ms.

First Name: Donna

Middle Name:

Last Name: Vento

Suffix:

Title: Contracts Manager

E-mail Address: dvento@thespring.org

Confirm E-mail Address: dvento@thespring.org

Phone Number: 813-247-5433

Extension: 340

Fax Number: 813-247-2930

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 (project applicant) 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.

The Spring of Tampa Bay (project subrecipient) has extensive experience managing federal, state and local government grants. In June 2015, due to the increased demand for emergency shelter in Hillsborough County, The Spring built a new shelter building that added 26 beds, leveraging \$540,000 in state funding with an additional \$400,000 in private funding. In addition, major accomplishments in the last seven years include securing a three-year private grant in 2013 to create a Health & Wellness Champion program; identifying funding in 2014 to build an Outreach Services Center adjacent to its thrift store that serves as the public location for victims seeking both walk-in and scheduled services; partnering with the Children's Board of Hillsborough County (local children's services council) to expand staffing at the Outreach Services Center to serve more survivors and to increase capacity to process Injunctions for Protection to keep kids and survivors safe; winning new funding from United Way Suncoast in 2014 to create the Shelter University program; accepting new federal funding of over \$600,000 for Economic Justice and IFP Project Attorney programs in 2017-18 and securing the required local match; significantly increasing the grant award we receive from federal Victims of Crime Act funding

and securing the required match; and securing capital grants from the county (matched by private dollars) to provide much-needed renovations to an existing shelter building and its Incredible Kids school facility. The SPRING OF TAMPA BAY has the proven administrative, programmatic and fiscal capacity necessary to manage the proposed project. For over 40 years The Spring has been the only state-certified domestic violence center in Hillsborough County, providing safe emergency shelter and supportive services for victims of domestic violence and their children. In addition to a safe haven, supportive services such as safety planning, case management, community referrals, support groups, on-site childcare and K5 school, transportation assistance, and free legal representation by Florida Bar licensed attorneys are available to those it serves. The Spring is extensively monitored by the state to ensure it follows Standards for Certification within Florida Statute developed as statewide best practice and is also monitored by city, county, and multiple other funders, all of whom will attest to the quality of its comprehensive programs. In addition, The Spring has a licensed childcare center and is also licensed to operate a food service program preparing daily meals for the 1,200+ people who live in shelter throughout the year.

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

THHI's 60 plus years of combined experience, and over 20 years 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. Most of The Spring's public dollars having matching requirements, and The Spring is very effective in leveraging these Federal, State and local public dollars with private sector funds from individuals and private foundations, as well as corporate donors and special fundraising events. Current major funders of The Spring of Tampa Bay are the Florida Coalition Against Domestic Violence (includes federal TANF, FVPSA, VOCA and state funds), Victims of Crime Act (VOCA) funding through the Florida Office of the Attorney General, City of Tampa and Hillsborough County Emergency Solutions Grants (ESG), Department of Agriculture National School Breakfast & Lunch Program through the State of Florida Department of Education, Department of Homeland Security – FEMA Emergency Food & Shelter Program (EFSP) administered by the Tampa Bay Network to End Hunger, Children's Board of Hillsborough County (CBHC), Hillsborough County Board of County Commissioners (BOCC) and Clerk of the Circuit Court, United Way Suncoast, and multiple private and corporate foundations.

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 administers various HUD and 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, and HPRP. THHI has also managed various local grants from the State of Florida, Hillsborough County (FL) and City of Tampa. For 10 years, the accounting staff at THHI 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 Hillsborough County, accounting staff has assisted THHI Program Managers in monitoring subrecipients' financial administration and is responsible for providing technical assistance to member agencies when needed.The Spring of Tampa Bay is governed by a 15-person Board of Directors representing a variety of professions, races, ethnicities,including survivors of domestic violence and members of law enforcement. The Board holds the CEO responsible for the operation and performance of the agency. The Spring is led by CEO Mindy Murphy; Chief Program Officer (CPO) Roseanne Cupoli, CFO Steve Costner, and Chief Advancement Officer. CEO, Mindy Murphy has led The Spring for 7 years. She serves on the board of directors for THHI, and is a member of numerous organizations working to advance the status of women and improve the lives of children and families. CPO Roseanne Cupoli will be responsible for implementation and supervision of this project. She regularly participates in the THHI CoC, and is a recognized expert in the provision of empowerment-based, trauma informed, participant-focused services for survivors of DV. She ensures the accuracy of programmatic data we report to funders from our Osnum WS participant database. The Spring is currently responsible for reporting deliverables and making fiscal reports to over 16 public and private funders. CFO Steve Costner leads a finance team and ensures the accuracy of the data we report to funders from our Abila MIP Fund Accounting financial management software. Finance team members make themselves familiar with the cost reimbursement provisions of each grant. During the budgeting phase of all grants, the finance team works closely with the CEO, the CPO and the program managers to make certain requested funds are reasonable, cost effective and most importantly, provide the most benefit for the participants. The Spring is audited annually by a local CPA firm. In FY 2018 there were no findings related to compliance or internal control under GAAP or Government Auditing Standards. Management is very intentional about building external relationships and aligning with agencies doing similar work to minimize duplicative efforts and directly benefit the children and adults the agency serves each day

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: The Spring of Tampa Bay - 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?

3B. Project Description

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

The Spring of Tampa Bay Rapid Rehousing Project is a new project designed to rapidly re-house survivors of DV and their children who are homeless due to danger posed by an abusive partner. It is estimated that women who experience DV are almost 4x more likely to report housing instability than those not experiencing DV (Pavao, J. et al, 2007). The majority of homeless households (HHs) will come from our 1) 128-bed emergency shelter, 2) Tampa and Plant City Outreach Services Centers which provide services similar to emergency shelter for survivors who are on the verge of homelessness (planning their escape, already doubled up with friends or family for safety, living out of their cars, in temporary situations in motels), or 3) our Injunction for Protection Project attorneys. The remainder of the HHs will be referred by other homeless services providers to whom the families have self-identified. Survivors seeking our services will be informed of the RRH Project as part of the initial intake w/ their assigned advocate at shelter or outreach, or during their initial consultation with an injunction for protection attorney. If they are interested in pursuing RRH services, their advocate will discuss their unique circumstances and help them determine whether RRH might be a safe option for them/their families. If they decide to move forward with RRH, they will be connected with an RRH Advocate who will work with the HH to identify a permanent housing unit that meets their needs; is located near their social supports, school/work; and is affordable for them both with the rental/financial assistance to be provided and after on their goals. Their assigned RRH Advocate will provide case management and as much or as little support as the survivor desires throughout their participation in the RRH Project. In addition to the RRH services, survivors can also choose to receive additional services from The Spring, including outreach services like support groups and legal services (representation in injunctions for protection). By design, The Spring maintains low barriers for accessing all services with 1 universal requirement - anyone seeking our services must identify as a survivor of DV. Participants are not required to meet additional criteria before we offer access to housing. We know survivors of DV may need a bit longer in the RRH program to achieve long-term stability. We have built flex funds into this budget as we know survivors often need additional support to maintain their stability. The goal for RRH is 12 months, understanding we may extend, as needed. The budget indicates serving 23 households we expect to serve 25, as not all 23 may need 12 months of assistance.

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 requested in this project application. If a milestone is not applicable, leave

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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?	45			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
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 checked="" 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 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.

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.

Survivors of domestic violence will have trained advocates who understand how the trauma of abuse grows, & can guard against ways in which systems can continue traumatizing survivors, reinforcing the mistaken belief they are to blame for their abuse. Survivors will have advocates who understand effective safety planning & that survivors are the experts regarding their abusers. The advocates are there to ask the right questions & help survivors make informed decisions about their safety & their households' future plans. When these skills are present in an advocate who is trained to assist domestic violence victims in finding safe, affordable housing, and this advocacy is coupled with access to meaningful cash assistance for longer periods of time, then our community & the CoC are creating the best possible solution for helping quickly re-house fleeing survivors, and we are increasing the likelihood more survivors will maintain permanent housing even once the financial assistance ends.

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?

All staff members working in our RRH program will complete SOAR training within 60 days of their hire date in an effort to assist any RRH participants SOAR services. Also, in addition to case management and support groups, The Spring has a number of services to assist survivors with increasing their employment and/or their income. Our Shelter University offers classes to help participants prepare for self-sufficiency. The Spring's Health and Wellness program connects survivors to health services, facilitates wellness groups, and

coordinates health services for participants. Through the provision of supportive services, participants are often linked with community supports. According the National Domestic Violence Resource Center, survivors linked with community resources tend to be safer over time than survivors not linked with community resources. In FY 18-19, 190 of 206 (92%) survivors surveyed in our residential programs and 706 of 720 (98%) survivors surveyed in our non- residential programs reported an increase in their knowledge of community resources.

**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	Subrecipient	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Subrecipient	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	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 Yes

provided by the applicant, a subrecipient, or partner agency?

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: 23

Total Beds: 45

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	23	45

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: 23

b. Beds: 45

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: P.O. Box 5147

Street 2:

City: Tampa

State: Florida

ZIP Code: 33675

***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

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	18	5	0	23
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	15	4		19
Persons ages 18-24	3	1		4
Accompanied Children under age 18	40		0	40
Unaccompanied Children under age 18				0
Total Persons	58	5	0	63

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							15			
Persons ages 18-24							3			
Children under age 18							40			
Total Persons	0	0	0	0	0	0	58	0	0	0

Click Save to automatically calculate totals

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							4			
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	5	0	0	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

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? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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%	140,369

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
- Supportive Services

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.

Total Request for Grant Term:			\$230,544
Total Units:			23
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Tampa-St. Petersburg-Clearwater,...	23	\$230,544

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	0 x	\$574 x	12	\$0
0 Bedroom	2 x	\$765 x	12	\$18,360
1 Bedroom	21 x	\$842 x	12	\$212,184

2 Bedrooms	0	x	\$1,045	x	12	=	\$0
3 Bedrooms	0	x	\$1,373	x	12	=	\$0
4 Bedrooms	0	x	\$1,656	x	12	=	\$0
5 Bedrooms	0	x	\$1,904	x	12	=	\$0
6 Bedrooms	0	x	\$2,153	x	12	=	\$0
7 Bedrooms	0	x	\$2,401	x	12	=	\$0
8 Bedrooms	0	x	\$2,650	x	12	=	\$0
9 Bedrooms	0	x	\$2,898	x	12	=	\$0
Total Units and Annual Assistance Requested	23						\$230,544
Grant Term							1 Year
Total Request for Grant Term							\$230,544

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
1. Assessment of Service Needs		
2. Assistance with Moving Costs	avg \$70/household for moving truck costs, applications fees x 26 households	\$1,820
3. Case Management	Wages/Fringe for 1 FT Program Manager @ \$20/hr x 2080= 41,600+benefits/fringe @ 23% of salary= \$9568. 1 FT RRH Advocate @ \$16/hr= 33,280+ benefits/fringe@23% of salary= \$7654. Annual mileage for 2 staff x\$1200 ea. = \$2400 Cellphones w/ hotspots for 2 staff @ \$70/mo x 12 months = \$1680. Laptops for 2 RRH staff x\$1,500 each=\$3000	\$99,182
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Fuel, bus passes, transportation costs for participants	\$448
16. Utility Deposits	\$200/household x 26 households	\$5,200
17. Operating Costs		\$0
Total Annual Assistance Requested		\$106,650
Grant Term		1 Year
Total Request for Grant Term		\$106,650

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:	\$92,728
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$92,728

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	FCADV and VOCA - ...	08/28/2019	\$53,708
Yes	Cash	Government	FCADV IFP Legal V...	08/28/2019	\$39,020

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: FCADV and VOCA - Salary & Fringe for Shelter and Outreach Advocates Case Management staff (Be as specific as possible and include the office or grant program as applicable) funded by FCADV and VOCA

5. Date of Written Commitment: 08/28/2019

6. Value of Written Commitment: \$53,708

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: FCADV IFP Legal VOCA grant - Salary and fringe for IFP Project Attorney funded through (Be as specific as possible and include the office or grant program as applicable) FCADV IFP Legal VOCA grant

5. Date of Written Commitment: 08/28/2019

6. Value of Written Commitment: \$39,020

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	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$230,544	1 Year	\$230,544
4. Supportive Services	\$106,650	1 Year	\$106,650
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$337,194
8. Admin (Up to 10%)			\$33,719
9. Total Assistance Plus Admin Requested			\$370,913
10. Cash Match			\$92,728
11. In-Kind Match			\$0
12. Total Match			\$92,728
13. Total Budget			\$463,641

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501c3 Letter	08/29/2019
3) Other Attachment(s)	No	Indirect Cost App...	09/26/2019
2) Other Attachment(s)	No	HUD 2880	09/05/2019

Attachment Details

Document Description: IRS 501c3 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.

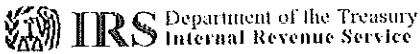
8B. Submission Summary

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

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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2019
1E. SF-424 Compliance	08/22/2019
1F. SF-424 Declaration	08/22/2019
1G. HUD 2880	08/22/2019
1H. HUD 50070	08/22/2019
1I. Cert. Lobbying	08/22/2019
1J. SF-LLL	08/22/2019
2A. Subrecipients	09/26/2019
2B. Experience	09/24/2019
3A. Project Detail	08/28/2019
3B. Description	09/27/2019
3C. Expansion	08/28/2019
4A. Services	08/30/2019
4B. Housing Type	09/26/2019
5A. Households	09/26/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/26/2019
6E. Rental Assistance	09/26/2019
6F. Supp Srvcs Budget	09/27/2019
6I. Match	09/27/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/26/2019
7D. Certification	08/30/2019



Department of the Treasury
Internal Revenue Service

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

In reply refer to: 4077552646
June 01, 2010 LTR 4168C 0
59-1777135 000000 00

00029460

BODC: TE

THE SPRING OF TAMPA BAY INC
PO BOX 5147
TAMPA FL 33675-5147



046982

Employer Identification Number: 59-1777135
Person to Contact: Gregory Renier
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 15, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1978.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.



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**

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 (%)
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%