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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/27/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: FL0719
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   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

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>14025641</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

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

15. Descriptive Title of Applicant’s Project: Alpha House - A Path for Families

16. Congressional District(s):
   a. Applicant: FL-016, FL-014, FL-015, FL-012
      (for multiple selections hold CTRL key)
   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: X

21. Authorized Representative

Prefix: Ms.
First Name: Antoinette
Middle Name: D. Hayes
Last Name: Triplett
Suffix:
Title: Chief Executive Officer

Telephone Number: (Format: 123-456-7890) (813) 274-6998
Fax Number: (Format: 123-456-7890) (813) 223-6178
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: $342,046.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Alpha House - A Path for Families 601 E. Kennedy Blvd. Tampa Florida

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
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</tr>
<tr>
<td>NA</td>
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</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/27/2019</td>
</tr>
</tbody>
</table>
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: X

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

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

Date Signed: 07/26/2019
### 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:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| 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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g.            | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

#### 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 documentation is true and accurate. 

---

Renewal Project Application FY2019

Page 12

09/27/2019
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

Applicant: Tampa Hillsborough Homeless Initiative, Inc.
Project: Alpha House - A Path for Families
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 Official: Considered signed upon submission in e-snaps.
Date Signed: 09/27/2019
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   Project has not completed its first year therefore no APR has been due yet

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

   Project began on 7/1/19 and is still in first month and quarter of operation; project is expected to have at least quarterly drawdowns

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? *No*

   "If "No" click on "Next" or "Save & Next" below to move to the next screen."
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $319,088

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawning Family Services, Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$319,088</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Dawning Family Services, Inc.

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

c. Employer or Tax Identification Number: 59-2655523

d. Organizational DUNS: 838471951

 e. Physical Address
  Street 1: 6718 N. Armenia Avenue
  Street 2:
  City: Tampa
  State: Florida
  Zip Code: 33604

f. Congressional District(s): FL-014
   (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: $319,088

j. Contact Person
  Prefix: Mrs.
  First Name: Patricia
  Middle Name: J.
  Last Name: Langford
Suffix:

Title: Chief Executive Officer

E-mail Address: plangford@dawningfs.org

Confirm E-mail Address: plangford@dawningfs.org

Phone Number: 813-875-2024

Extension:

Fax Number:
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: FL0719
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-501 - Tampa/Hillsborough County CoC
2b. CoC Collaborative Applicant Name: Tampa Hillsborough Homeless Initiative

3. Project Name: Alpha House - A Path for Families

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

Dawning Family Services' (DFS) Rapid Rehousing Program for families on the Coordinated Entry System list and rapid exit focus adheres to the Housing 1st model of homeless services: helping families access/sustain permanent rental housing as quickly as possible; promoting housing stability on an as-needed, voluntary basis; and employing a std lease agreement.

DFS is requesting funding in the amount of $342,046 to continue employment of 1 FTE Housing Case Manager (CM) and 1 FTE Housing Locator; cover their mileage costs; provide rental assistance/utility deposits; and offset admin costs. The direct cost of providing RRH services per participant family is estimated at $10,204; some participants will need less assistance and others more. The overall cost of providing RRH services per family is estimated at $16,288.

DFS will provide RRH services to 21 program participant families during the grant term. Knowing some families will achieve sustainability earlier, thereby freeing up resources to help others, it is expected that our RRH Program will serve even more than 21 families for the duration of this contract. RRH participants will choose (given availability) of efficiency, 1, or 2-bedroom apts depending on the size and composition of their families.

The project outcome targets are: 85% of families served will exit to a permanent housing situation; 50% will move into housing within 60 days or less; 10% of adults will increase earned income; and 25% of adults will increase total income.

The Housing Locator will be responsible for building relationships by marketing our RRH program to property managers and help locate rental units that will provide families with affordable housing options. Following the Housing 1st model, the Housing CM will be responsible for providing housing guidance, support - including building skills to increase income -, and resources to families experiencing or about to experience homelessness, all to ensure sustainability and stability.

DFS RRH program participants will be eligible to locate housing of their choice in the private rental market. The Housing Locator will be certified in HUD Housing Quality Standards (HQS) and will ensure that the housing units meet Rent Reasonableness Stds.

DFS partners with 100+ nonprofit and govt agencies to deliver no-cost services for our homeless neighbors, including those made as part of this proposal. Community partners include The Centre, Feeding Tampa Bay, Bay Area Legal, Gracepoint, Children’s Board, Early Learning Coalition, The Spring, Crisis Center, Hillsborough County Schools, United Way, and others. Faith communities/civic groups also provide financial and volunteer support.

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. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Other (Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>Failure to make progress on a service plan</th>
<th>Loss of income or failure to improve income</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
### 4A. Supportive Services for Participants

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

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

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

3a. 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: 21
Total Beds: 62

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>21</td>
<td>62</td>
</tr>
</tbody>
</table>
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: 21
   b. Beds: 62

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: 6718 N. Armenia Avenue
Street 2:
   City: Tampa
   State: Florida
   ZIP Code: 33604

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   129057 Hillsborough County
5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adults over age 24</th>
<th>Persons ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>18</td>
<td>0</td>
<td>32</td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Households with Only Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>0</td>
<td>32</td>
<td>0</td>
<td>62</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>53</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

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

Describe the unlisted subpopulations referred to above:

The unlisted subpopulations referred to above include Households With Children who are included on the Coordinated Entry System list. For the most part, their incomes are Extremely-Low, Very-Low, or Low. While these households may present with another characteristic, such as substance...
abuse/mental health, persons with HIV/AIDS, physical disability, or developmental disability, these are not the basis for participation in the program. We expect to serve a small population of persons fleeing domestic violence, as indicated in 3B, Q2a.

Notable about the population of Adults Ages 18 – 24 (the heads of households of these RRH program participants) is that they are parenting adults, often without education or skill-set to appreciably increase their incomes. They tend to struggle to find and maintain work, especially taking into consideration that they are trying to coordinate appropriate child care for their babies and to access transportation to potential/current employment. To its credit, DFS has a decades' long history – dating back to 1981 - of successfully working with this discrete population, helping young parents to navigate their paths to full adulthood.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Housing and Urban Development</td>
<td>10%</td>
<td>$127,762</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term: 1 Year

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

   Rental Assistance X
   Supportive Services X
   HMIS

Applicant: Tampa Hillsborough Homeless Initiative, Inc.
Project: Alpha House - A Path for Families
6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>FL - Tampa-St. Petersburg-Clearwater,...</td>
<td>21</td>
<td>$214,284</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $214,284
Total Units: 21
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

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

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td>$574</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>3</td>
<td>$765</td>
<td></td>
<td>12</td>
<td>$27,540</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>16</td>
<td>$842</td>
<td></td>
<td>12</td>
<td>$161,664</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>2</td>
<td>$1,045</td>
<td></td>
<td>12</td>
<td>$25,080</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td></td>
<td>$1,373</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>$1,656</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>$1,904</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$2,153</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>$2,401</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>$2,650</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>$2,898</td>
<td></td>
<td>12</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 21

**Grant Term:** 1 Year

**Total Request for Grant Term:** $214,284

Click the 'Save' button to automatically calculate totals.
6D. 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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$85,512</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$85,512</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   - Yes
   - Cash
   - Government
   - Dawning Family Ser...
   - 08/30/2019
   - $85,512
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: Dawning Family Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/30/2019
6. Value of Written Commitment: $85,512
6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$214,284</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$97,373</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$311,657</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$30,389</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$342,046</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$85,512</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$85,512</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$427,558</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Nonprofit Documen...</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Indirect Cost App...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>HUD 2880</td>
<td>09/05/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Indirect Cost Approval

Attachment Details

Document Description: HUD 2880
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
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<tbody>
<tr>
<td>2A. Subrecipients</td>
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<th>Part 3 - Project Information</th>
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<td>3B. Description</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
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<th>Part 5 - Participants and Outreach Information</th>
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<tr>
<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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<th>Part 6 - Budget Information</th>
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<td>6A. Funding Request</td>
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<td>6C. Rental Assistance</td>
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</tr>
<tr>
<td>6D. Match</td>
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<tr>
<td>6E. Summary Budget</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- The name of the organization has changed FROM Alpha House of Tampa TO Dawning Family Services.
- The street address has changed FROM 201 S. Tampania Avenue TO 6718 N. Armenia Avenue. The zip code has changed FROM 33609 TO 33604.
- The CEO's email changed FROM plangford@alphahouseoftampa.org TO plangford@dawningfs.org.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
### 8B Submission Summary

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<thead>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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Renewal Project Application FY2019  
Page 48  
09/27/2019
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<td>1F. SF-424 Declaration</td>
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<td>1G. HUD-2880</td>
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<tr>
<td>1H. HUD-50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>Renewal Grant Consolidation</td>
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<td>3B. Description</td>
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<td>4A. Services</td>
<td>08/22/2019</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/22/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/26/2019</td>
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<td>5B. Subpopulations</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/22/2019</td>
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<td>6C. Rental Assistance</td>
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<td>6D. Match</td>
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<td>08/29/2019</td>
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<tr>
<td>Submission Without Changes</td>
<td>08/22/2019</td>
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RE: 501c3 Tax Exempt Status Letter

On January 31, 2002, the IRS issued a 501c3 letter to Alpha House of Tampa with federal ID number 59-2655523.

On January 31, 2019, Alpha House of Tampa changed its name to Dawning Family Services, with Florida Department of State Division of Corporations recognizing this on February 1, 2019.

The federal ID number and the agency’s new name are both included on the document issued by Sunbiz.org Division of Corporations.

Currently we are waiting on the issuance of a 501c3 letter which will include the new name – Dawning Family Services – and the original federal ID number 59-2655523. This will occur after the completion of Form 990 and corresponding documents.

The following documents reflect the aforementioned activity.

If you have any questions, please contact me at plangford@dawningfs.org.

Patricia J. Langford
Chief Executive Officer
Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in September 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.
Alpha House of Tampa, Inc.
59-2655523

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GE
Customer Account Services
February 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAWNING FAMILY SERVICES, INC.
201 S. TAMPAIA AVE
TAMPA, FL 33609US

Re: Document Number N13858

The Articles of Amendment to the Articles of Incorporation of ALPHA HOUSE OF TAMPA, INC. which changed its name to DAWNING FAMILY SERVICES, INC., a Florida corporation, were filed on January 31, 2019.

This document was electronically received and filed under FAX audit number H19000021693.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Susan Tallent
Regulatory Specialist II
Division of Corporations

Letter Number: 419A00002348

P.O BOX 6327 – Tallahassee, Florida 32314
State of Florida
Department of State

I certify from the records of this office that DAWNING FAMILY SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on March 17, 1986.

The document number of this corporation is N13858.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on March 20, 2019, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of March, 2019

Secretary of State

Tracking Number: 7631368101CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication
# Detail by Entity Name

**Florida Not For Profit Corporation**  
**DAWNING FAMILY SERVICES, INC.**

### Filing Information
- **Document Number**: N13858  
- **FEI/EIN Number**: 59-2655523  
- **Date Filed**: 03/17/1986  
- **State**: FL  
- **Status**: ACTIVE  
- **Last Event**: AMENDMENT AND NAME CHANGE  
- **Event Date Filed**: 01/31/2019  
- **Event Effective Date**: NONE

### Principal Address
- **6718 N. ARMENIA AVENUE**  
  **TAMPA, FL 33604**  
  
  Changed: 01/31/2019

### Mailing Address
- **6718 N. ARMENIA AVENUE**  
  **TAMPA, FL 33604**  
  
  Changed: 01/31/2019

### Registered Agent Name & Address
- **LANGFORD, PATRICIA JEX. DIR**  
- **201 S. TAMPA SUB AVE**  
  **TAMPA, FL 33609**  
  
  Name Changed: 10/21/2010  
  Address Changed: 03/21/2005

### Officer/Director Detail
- **Name & Address**
  - **Title Treasurer**  
  - **Kumpu, Janet**  
    - **1101 Channelside Drive**  
    - **100**  
    - **TAMPA, FL 33602**
Title CEO

LANGFORD, PATRICIA J
6718 N. Armenia Ave
Tampa, FL 33604

Title President

Dumar, Tina
4307 W. Swann Avenue
Tampa, FL 33609

Title VP

Palmer, Debra
4508 Oak Fair Drive
Tampa, FL 33610

Title Secretary

Grinstead, Lindsay
11904 Madevilla Court
Tampa, FL 33626

Annual Reports

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Document Images

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<td>ANNUAL REPORT</td>
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<td>ANNUAL REPORT</td>
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<td>04/18/2003</td>
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Dear Sir or Madam:

We are in receipt of your request for a 180 day extension of time to submit the financial statement for your renewal.

Chapter 496.407(3), Florida Statutes, effective July 1, 2014, states that upon showing of good cause, the department may extend the time for filing of a financial statement by up to 180 days during which time the registration shall remain active, if an application was submitted and compliant. You must provide the department a completed financial statement on or before January 8, 2020. To ensure proper handling when submitting your financial statement, please reference DTN 3194173. Failure to provide a financial statement by the date shown above will result in the suspension of the registration and may result in fines or penalties as allowed by law. The financial statement must be submitted in one of the following formats:

1. Department's prescribed form;
2. Internal Revenue Service Form 990 and all attached schedules;
3. Internal Revenue Service Form 990-EZ and Schedule O.

Upon receipt of your financial statement, it may be necessary for the department to adjust the fee that was submitted with the renewal statement (application). If additional fees are due, they must be received by the department within fifteen (15) days of the notification to you. If a refund is due, a refund request form will be prepared within fifteen (15) days which you should sign and return to the department.

Please note, the annual renewal statement (application) and applicable fee must be received in this office on or before the expiration date provided on your renewal notice. An extension of time does not apply to any renewal statement. Failure to provide a timely renewal statement may result in fines or penalties as allowed by law.

Thank you for your cooperation. If we may be of further assistance, please contact this office.

Sincerely,

Rashauntah Jackson
Rashauntah Jackson
Regulatory Consultant
850-410-3745
Fax: 850-410-3804
E-mail: rashauntah.jackson@freshfromflorida.com
July 15, 2019

DAWNING FAMILY SERVICES, INC
PO BOX 310525
TAMPA, FL 33680-0525

RE: DAWNING FAMILY SERVICES, INC
REGISTRATION#: CH1994
EXPIRATION DATE: July 12, 2020

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Rashauntah Jackson
Rashauntah Jackson
Regulatory Consultant
850-410-3743
Fax: 850-410-3804
E-mail: rashauntah.jackson@freshfromflorida.com
Employer ID number: 59-2655523
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Apr. 16, 2019, about your tax-exempt status.

We issued you a determination letter in September 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show 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 you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

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

Thank you for your cooperation.

Sincerely yours,

[Signature]

Stephen A. Martin
Director, EO Rulings & Agreements
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,

Lisa Abell  
Budget Director
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

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