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: FL0548

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

   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:
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: Hillsborough Pathways to Housing

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: 12/01/2020  
   b. End Date: 11/30/2021

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: (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: $84,789.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Hillsborough Pathways to Housing 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>
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<td></td>
</tr>
<tr>
<td>NA</td>
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<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>09/27/2019</td>
<td></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: 08/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Tampa Hillsborough Homeless Initiative

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

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 drug free 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.

X

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

Certificate 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 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 e-snaps 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, e-snaps 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 e-snaps 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? Yes

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? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

   Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

   $4 of utility deposit funding under supportive services was unexpended at the end of the most recently expired grant term.
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? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
Renewal Grant Consolidation 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.
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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities, Diocese of St. Petersburg, ...</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$81,559</td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $81,559
2A. Project Subrecipients Detail

a. **Organization Name:** Catholic Charities, Diocese of St. Petersburg, Inc.

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

c. **Employer or Tax Identification Number:** 59-0875805

d. **Organizational DUNS:** 198227915

---

e. **Physical Address**

   Street 1: 2021 East Busch Blvd.
   City: Tampa
   State: Florida
   Zip Code: 33612

f. **Congressional District(s):** FL-005
   (for multiple selections hold CTRL key)

g. **Is the subrecipient a Faith-Based Organization?** Yes

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:** $81,559

j. **Contact Person**

   Prefix: Mrs.
   First Name: Margaret
   Middle Name: A.
   Last Name: Rogers
Suffix:
Title: Director
E-mail Address: mrogers@ccdsp.org
Confirm E-mail Address: mrogers@ccdsp.org
Phone Number: 727-542-1989
Extension:
Fax Number: 813-631-4022

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: FL0548
   (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: Hillsborough Pathways to Housing

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

Hillsborough Pathways to Housing Program provides exceptional service and provisions needed to enhance the lives of individuals we serve and make a lasting impact in our communities. The project is part of a community strategy with a focus on UAY. This program provides rapid rehousing for 7 homeless UAY (ages 18-24) and parenting youth with children experiencing homelessness over the one-year grant term; and is based on the Housing First model, with employability, stability, family supports and resources provided to clients. Eligibility is identified through the CoC's Coordinated Entry Process, which utilizes the TAY-VI-SPDAT to match persons to the most appropriate housing program. The project is committed to serving those UAY scoring 4-7 on the assessment; and will accept higher acuity scores on a case by case basis. Only those UAY meeting category 1 or 4 homelessness are eligible with priority to youth exiting foster care. Currently, there are 157 UAY on the CES BNL. Assistance may be from 3-18 months beginning with each youth being seen for a face-to-face assessment to determine eligibility. Case managers may meet UAY in the community if they are unable to travel to the office. SOAR trained case managers facilitate the development of a housing stability plan & determine the level of assistance needed. UAY are linked to resources & supports needed to retain housing and to become self-sufficient. Access to interagency programs, bus passes, educational trainings and life skill classes such as budgeting, credit a& debt repair, and English as a second language is provided. A housing specialist assists UAY to locate suitable, affordable housing with consideration given to preference & proximity to services. Housing is rent reasonable and HQS inspected. UAY must have a one-year renewable lease, may be assisted in securing utilities and making moving arrangements. Assistance with utility deposits is provided. An employment specialist is available to assist UAY who are being housed in obtaining, maintaining and increasing their employment through assistance with job search, resume writing & developing interview skills. This allows UAY to increase their income and become financially self-sufficient upon completion of the program. Provisions such as bus passes, professional attire & childcare are provided on a case by case basis to assist UAY in meeting their goals. The requested funding supports the rental assistance and staffing of 0.3 FTE case manager. 80% will exit the program to permanent, stable housing; 45 days average length of time to move in housing; 40% of adults will increase their earned income; 60% of adults will increase their total income.

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 Shared Housing initiative of the 560 In 560 plan.

2. Does your project have a specific population focus? Yes

Applicant: Tampa Hillsborough Homeless Initiative, Inc.
Project: Hillsborough Pathways to Housing
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>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>
</tbody>
</table>

Other (Click ‘Save’ to update)

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.

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

3c. 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
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
- None of the above
3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for Participants

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.

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>Monthly</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>Monthly</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>Non-Partner</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

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.  

Yes
4B. Housing Type and Location

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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.

<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>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Total Units: 7
Total Beds: 7
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: 7
   b. Beds: 7

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: 2021 East Busch Blvd.
   Street 2: 
   City: Tampa
   State: Florida
   ZIP Code: 33612

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   129057 Hillsborough County, 123012 Tampa
### 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>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</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>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Accompanied Children under age 18</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>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

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

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.

### 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 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>
</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>
</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>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>
</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 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>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</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 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>
</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>
</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>
</tr>
</tbody>
</table>
6A. Funding Request

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.

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? Yes

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>$20,529</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:

Renewal Project Application FY2019 | Page 35 | 09/27/2019
<table>
<thead>
<tr>
<th>Service</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>
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>Total Request for Grant Term:</th>
<th>$64,260</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>7</td>
</tr>
</tbody>
</table>

<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>7</td>
<td>$64,260</td>
</tr>
</tbody>
</table>

Applicant: Tampa Hillsborough Homeless Initiative, Inc.  140256541
Project: Hillsborough Pathways to Housing  172834
**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?  No

<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>x</td>
<td>$574</td>
<td>$574</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>7</td>
<td>$765</td>
<td>$765</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$842</td>
<td>$842</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,045</td>
<td>$1,045</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$1,373</td>
<td>$1,373</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$1,656</td>
<td>$1,656</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,904</td>
<td>$1,904</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$2,153</td>
<td>$2,153</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$2,401</td>
<td>$2,401</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,650</td>
<td>$2,650</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,898</td>
<td>$2,898</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 7  $64,260

**Grant Term:**  1 Year

**Total Request for Grant Term:**  $64,260

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>$21,197</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$21,197</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?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Catholic Charities...</td>
<td>08/28/2019</td>
<td>$21,197</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Catholic Charities, Diocese of St. Petersburg, Inc.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2019
6. Value of Written Commitment: $21,197
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>$64,260</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$14,069</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>$78,329</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$6,460</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$84,789</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$21,197</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$21,197</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$105,986</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>Subrecipient Non ...</td>
<td>08/01/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Indirect Cost Rat...</td>
<td>09/13/2018</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: Subrecipient Non Profit Document

Attachment Details

Document Description: Indirect Cost Rate Letter

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.
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>
<th></th>
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</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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<table>
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<th>Part 3 - Project Information</th>
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<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<table>
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<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
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<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
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</tr>
</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 project description is updated to better reflect the practices and performance of the program. The housing first questions are updated to reflect the program is a housing first program.
- Updated Subaward amount and congressional district in 2A

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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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
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Applicant: Tampa Hillsborough Homeless Initiative, Inc.  140256541
Project: Hillsborough Pathways to Housing  172834
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<td>1F. SF-424 Declaration</td>
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<td>1H. HUD-50070</td>
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<td>1l. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>2A. Subrecipients</td>
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<td>7B. Certification</td>
<td>08/29/2019</td>
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<td>Submission Without Changes</td>
<td>09/27/2019</td>
</tr>
</tbody>
</table>
Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: May 27, 2016

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 23, 2016, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the Official Catholic Directory for 2016, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the Official Catholic Directory for 2016 are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2555, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included
in your group exemption by consulting the Official Catholic Directory, the official
subordinate listing approved by you, or by contacting you directly. IRS does not verify
the inclusion of subordinate organizations under your group exemption. See IRS
Publication 4573, Group Exemption, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN.
Each subordinate organization must use its own EIN, not the EIN of the central
organization, in all filings with IRS.

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

Sincerely,

[Signature]

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements
June 1, 2016

TO: Subordinate Organizations under USCCB Group Ruling (GEN: 0928)

SUBJECT: 2016 Group Ruling

FROM: Anthony Picarello, General Counsel
       (Staff: Matthew Giuliano, Assistant General Counsel)

This memorandum relates to the annual Group Ruling determination letter issued to the United States Conference of Catholic Bishops (“USCCB”) by the Internal Revenue Service (“IRS”), the most recent of which is dated May 27, 2016, with respect to the federal tax status of subordinate organizations listed in the 2016 edition of the Official Catholic Directory (“OCD”).

As explained in greater detail below, this 2016 Group Ruling determination letter is important for establishing:

(1) exemption of subordinate organizations under the USCCB Group Ruling from federal income tax; and

(2) deductibility of contributions to such organizations for federal income, gift and estate tax purposes.

The 2016 Group Ruling determination letter is the latest in a series that began with the original determination letter of March 25, 1946. In the original 1946 letter, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been reaffirmed with respect to subordinate organizations listed in the current edition of the OCD. The annual group ruling letter clarifies important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Group Ruling letters from prior years establish tax consequences with respect to transactions occurring during those years.

Responsibilities under Group Ruling. Diocesan officials who compile OCD information for submission to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that newly-qualified organizations are listed as soon as possible.

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1 A copy of the most recent Group Ruling determination letter and this memo may be found on the USCCB website at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”

2 Catholic organizations with independent IRS exemption determination letters are listed in the 2016 OCD with an asterisk (*), which indicates that such organizations are not included in the Group Ruling.
EXPLANATION

1. **Exemption from Federal Income Tax.** The latest Group Ruling determination letter reaffirms that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions that appear in the 2016 OCD and are subordinate organizations under the Group Ruling are recognized as exempt from federal income tax under section 501(c)(3) of the Code. The Group Ruling determination letter does not cover organizations listed with asterisks or any foreign organizations listed in the 2016 OCD.

**Verification of Exemption under Group Ruling.** The latest Group Ruling determination letter indicates that most subordinate organizations under a group tax exemption are not separately listed in Exempt Organizations Select Check (“EO Select Check”) or the Exempt Organization Business Master File extract (“EO BMF”), both of which are available on www.irs.gov. As a result, many subordinate organizations included in the USCCB Group Ruling are not included in various online databases (e.g., GuideStar) that are derived from the EO BMF. This does not mean that subordinate organizations included in the Group Ruling are not tax exempt, that contributions to them are not deductible, or that they are not eligible for grant funding from corporations, private foundations, sponsors of donor-advised funds or other donors that rely on online databases for verification of tax-exempt status. It does mean that a Group Ruling subordinate may have to make an extra effort to document its eligibility to receive charitable contributions. The Group Ruling determination letter states that donors may verify that a subordinate organization is included in the Group Ruling by consulting the Official Catholic Directory or by contacting the USCCB directly. It also states that the IRS does not verify inclusion of subordinate organizations under the Group Ruling. **Accordingly, neither subordinate organizations nor donors should contact the IRS to verify inclusion under the Group Ruling.**

Subordinate organizations should refer donors, including corporations, private foundations and sponsors of donor-advised funds, to the specific language in the Group Ruling determination letter regarding verification of tax-exempt status, and to IRS Publication 4573, *Group Exemptions*, available on the IRS website at www.irs.gov.³ Publication 4573 explains that: (1) the IRS does not determine which organizations are included in a group exemption; (2) subordinate organizations exempt under a group exemption do not receive their own IRS determination letters; (3) exemption under a group ruling is verified by reference to the official subordinate listing (e.g., the Official Catholic Directory); and (4) it is not necessary for an organization included in a group exemption to be listed in EO Select Check or the EO BMF. Although not required, organizations in the Group Ruling may be included in the EO BMF, and consequently, online databases derived from it.

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³ For an illustration of how exemption verification works, refer to Information for Donors and Grantmakers on the USCCB website at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”
2. **Public Charity Status.** The latest Group Ruling determination letter recognizes that subordinate organizations included in the 2016 OCD are public charities and not private foundations under section 509(a) of the Code, but that all subordinate organizations do not share the same public charity status under section 509(a). Therefore, although the USCCB is classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i), that public charity status does not automatically extend to subordinate organizations covered under the Group Ruling.

*Verification of Public Charity Status.* Each subordinate organization in the Group Ruling must establish its own public charity status under section 509(a)(1), 509(a)(2) or 509(a)(3) as a condition to inclusion in the Group Ruling. Certain types of subordinate organizations included in the Group Ruling qualify as public charities by definition under the Code. These are:

- churches and conventions or associations of churches under sections 509(a)(1) and 170(b)(1)(A)(i) (generally limited to dioceses, parishes and religious orders);

- elementary and secondary schools, colleges and universities under sections 509(a)(1) and 170(b)(1)(A)(ii); and

- hospitals under sections 509(a)(1) and 170(b)(1)(A)(iii).

Other subordinate organizations covered under the Group Ruling may qualify under the public support tests of either sections 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2). Verification of public charity classification under either of the support tests generally can be established by providing a written declaration of the applicable classification signed by an officer of the organization, along with a reasoned written opinion of counsel and a copy of Schedule A of Form 990/EZ, if applicable. Large institutional donors, such as private foundations and sponsors of donor-advised funds, may require this verification prior to making a contribution or grant to be assured that the grantee is not a Type III non-functionally integrated supporting organization.4 A subordinate organization included in the Group Ruling may want to file Form 8940, Request for Miscellaneous Determination, with the IRS to request a determination whether it is a publicly supported charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2), or is a Type I or II supporting organization, in order to satisfy private foundations and sponsors of donor-advised funds regarding its public charity status.

3. **Deductibility of Contributions.** The latest Group Ruling determination letter assures donors that contributions to subordinate organizations listed in the 2016 OCD are deductible for federal income, gift, and estate tax purposes.

4. **Unemployment Tax.** As section 501(c)(3) organizations, subordinate organizations covered by the Group Ruling are exempt from federal unemployment tax. However, individual states may impose unemployment tax on subordinate organizations even though they are exempt from federal unemployment tax. Please consult a local tax advisor about any state unemployment tax questions.

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5. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to withhold and pay taxes under the Federal Insurance Contributions Act (FICA) for each employee. However, services performed by diocesan priests in the exercise of their ministry are not considered "employment" for FICA (Social Security) purposes. FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid directly to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

6. **Federal Excise Tax.** Inclusion in the Group Ruling has no effect on a subordinate organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please consult a local tax advisor about any excise tax questions.

7. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish a subordinate organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please consult a local tax advisor about any state or local tax exemption questions.

8. **Form 990/EZ/N.** All subordinate organizations included in the Group Ruling must file Form 990, Return of Organization Exempt from Income Tax, Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, or Form 990-N, e-Postcard, unless they are eligible for a mandatory or discretionary exception to this filing requirement. **There is no automatic exemption from the Form 990/EZ/N filing requirement simply because an organization is included in the Group Ruling or listed in the OCD.** Subordinate organizations must use their own EIN to file Form 990/EZ/N. **Do not** use the EIN of the USCCB or an affiliated parish, diocese or other organization to file a return. Form 990/EZ/N is due by the 15th day of the fifth month after the close of an organization’s fiscal year. The following organizations are not required to file Form 990/EZ/N: (i) churches and conventions or associations of churches; (ii) integrated auxiliaries; (iii) the exclusively religious activities of religious orders; and (iv) schools below college level affiliated with a church or operated by a religious order.

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5 Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.


7 I.R.C. § 1402(a)(8).


9 The penalty for failure to file the Form 990/EZ is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization’s gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A). There is no monetary penalty for failing to file or filing late a Form 990-N.

Organizations should exercise caution if they choose not to file a Form 990/EZ/N because they believe they are not required to do so. If IRS records indicate that the organization should file a Form 990/EZ/N each year (for example, the organization receives an IRS notice stating that it failed to file a return for a given year), then the organization may appear on the auto-revocation list notwithstanding its claim to being exempt from the filing requirement.

Which form an organization is required to file usually depends on the organization’s gross receipts or the fair market value of its assets.

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<th>Return required</th>
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<tr>
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<tr>
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<tr>
<td>Gross receipts ≥ $200,000, or Total assets ≥ $500,000</td>
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**Special Rules for Section 509(a)(3) Supporting Organizations.** Every supporting organization described in section 509(a)(3) included in the Group Ruling must file a Form 990 or Form 990-EZ (and not Form 990-N) each year, unless (i) the organization can establish that it is an integrated auxiliary of a church within the meaning of Treas. Reg. § 1.6033-2(h) (in which case the organization need not file Form 990/EZ or Form 990-N); or (ii) the organization’s gross receipts are normally not more than $5,000, in which case, the religious supporting organization may file Form 990-N in lieu of a Form 990 or Form 990-EZ.

**Automatic Revocation for Failure to File a Required Form 990/EZ/N.** Any organization that does not file a required Form 990/EZ/N for three consecutive years automatically loses its tax-exempt status under section 6033(j). If an organization loses its tax-exempt status under section 6033(j), it must file an application (Form 1023 or Form 1023-EZ) with the IRS to reinstate its tax-exempt status. See the IRS website (charities and non-profits) at www.irs.gov/Charities-&-Non-Profits/ for information on automatic revocation, including the current list of revoked organizations and guidance about reinstatement of exemption.

**Public Disclosure and Inspection.** Subordinate organizations required to file Form 990/EZ, Form 990-N must upon request make a copy of the form and its schedules (other than contributor lists) and attachments available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990/EZ for a particular year must be made available for a three year period

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12 Form 990-N is available for public inspection at no cost through the IRS website at [www.irs.gov](http://www.irs.gov).
beginning with the due date of the return. In addition, any organization that files Form 990/EZ must comply with written or in-person requests for copies of the form. The organization may impose no fees other than a reasonable fee to cover copying and mailing costs. If requested, copies of the forms for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.

Public Disclosure of Form 990-T. Form 990-T, Exempt Organization Unrelated Business Income Tax Return, for organizations exempt under section 501(c)(3) (which includes all organizations in the USCCB Group Ruling) is subject to rules similar to those for public inspection and copying of Forms 990/EZ.

Group Returns. USCCB does not file a group return Form 990 on behalf of any organizations in the Group Ruling. In addition, no subordinate organization under the Group Ruling is authorized to file a group return for its own affiliated group of organizations.

For more information, refer to Annual Filing Requirements for Catholic Organizations, available at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”

9. **Certification of Racial Nondiscrimination by Private Schools in Group Ruling.** Revenue Procedure 75-50 sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies with which private schools, including church-related schools, must comply as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form is available at www.irs.gov. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed by an individual school or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. Diocesan or school officials should ensure that the requirements of Rev. Proc. 75-50 are met since failure to do so could jeopardize the tax-exempt status of the school.
and, in the case of a school not legally separate from the church, the tax-exempt status of the church itself. For more information, refer to Annual Filing Requirements for Catholic Organizations, available at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”

10. **Lobbying Activities.** Subordinate organizations under the Group Ruling may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term “lobbying” includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to a subordinate organization’s exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for “insubstantial” lobbying. Please consult a local tax advisor about any lobbying activity questions. For more information, refer to Political Activity and Lobby Guidelines for Catholic Organizations, available at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”

11. **Political Activities.** Subordinate organizations under the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political campaign intervention can jeopardize the organization’s tax-exempt status. In addition to revoking tax-exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, the IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Please consult a local tax advisor about any political campaign intervention questions. For more information, refer to Political Activity and Lobby Guidelines for Catholic Organizations, available at www.usccb.org/about/general-counsel/ under “Tax and Group Ruling.”

12. **Group Exemption Number ("GEN").** The group exemption number or GEN assigned to the USCCB Group Ruling is 0928. This number must be included on each Form 990/EZ, Form 990-T, and Form 5578 required to be filed by a subordinate organization under the Group Ruling. We advise against using GEN 0928 on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in the IRS improperly including the USCCB as part of the subordinate organization's name in IRS records.

13. **Employer Identification Numbers ("EINs").** Each subordinate organization under the Group Ruling must have and use its own EIN. Do not use the EIN of the USCCB or an affiliated parish, diocese or other organization in any filings with IRS (e.g., Forms 941, W-2, 1099, or 990/EZ) or other financial documents. Subordinate organizations may not use USCCB’s EIN in order to qualify for online donations, grants or matching gifts.

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17 The IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number (0928) on their Form 990/EZ/T filings, particularly the initial filing.
The Official Catholic Directory®
Anno Domini
2016
Jubilee Year of Mercy
Most Reverend

ROBERT N. LYNCH


Pastoral Center: P.O. Box 40200, St. Petersburg, FL 33743-4020. Tel: 727-344-1611; Fax: 727-345-2143

Web: www.dosp.org

Email: communications@dosp.org

STATISTICAL OVERVIEW

Sisters. 60

Welfare
Catholic Hospitals. 725,416

Total Assisted. 43,133

Health Care Centers. 10,106

Total Assisted. 30

Homes for the Aged. 1,906

Total Assisted. 1

Day Care Centers. 927

Total Assisted. 1

Specialized Homes. 10

Total Assisted. 1

Special Centers for Social Services. 77

Total Assisted. 1

Residential Care of Disabled. 38,963

Total Assisted. 1

Total Assisted. 1

Educational
Diocesan Students in Other Seminaries. 32

Total Students. 15,800

Total Seminarians. 32

Total Students. 4

Colleges and Universities. 1

Total Students. 1,880

Total Students. 2

High Schools. 1,186

Total Students. 2

High Schools, Diocesan and Parish. 1

Total Students. 7,066

Total Students. 2

Without Resident Pastor. 7

Without Resident Pastor. 7

With Resident Pastor. 74

With Resident Pastor. 74

Resident Diocesan Priests. 54

Resident Religious Priests. 11

Without Resident Pastor. 9

Missions. 7

Professional Ministry Personnel.


Diocesan Offices

Pastoral Center—6363 Ninth Ave. N., St. Petersburg, 33710. Tel.: 727-344-1611; Fax: 727-345-2143

Mailing Address: P.O. Box 40200, St. Petersburg, FL 33743-4020.

Tribunal—6363 Ninth Ave. N, Saint Petersburg, 33710. Tel.: 727-341-6650; Fax: 727-341-6650; Web: www.dosp.org

Diocesan Curia

Vicar General—Rev. ROBERT F. MORRIS, V.G.; Mrs. MALISSA AARONSON, Exec. Sec.

Moderator of the Curia—Rev. Mgr. ROBERT F. MORRIS, V.G.

Chancellor—Mrs. JOAN G. MORGAN, Chancellor & Notary; Mrs. MARIA T. GONZALEZ, Exec. Sec.; Mrs. LISA M MOLONY, Archivist & Notary.

Vice Chancellor—Deacon RICK WELLS, J.C.L.; Notary.

Vicar Assistance Coordinator—Ms. MARTI ZETZ, M.A., 1213 16th St., St. Petersburg, 33705. Tel.: 813-289-8040; Toll Free: 888-407-4505; Fax: 813-289-8040

Secretary for Administration—Mr. FRANK V. MURPHY III, Mrs. MALISSA AARONSON, Exec. Sec.

Secretary for Clergy—Rev. LEONARD G. PROBST, J.C.L.

Secretary for Ministries—Dr. MICHAEL J. TRACE, PH.D.

The Tribunal

Judicial Vicar—Very Rev. RONALD AUBIN, J.V., J.C.L.

Coordinator of Tribunal Services—Mr. DAVID RIDENOUR, J.D., J.C.L.


Promoter of Justice—Rev. Mgr. DAVID R. DEVER, J.C.L.

Defenders of the Bond—Rev. Mgr. DAVID R. DEVER, J.C.L.

Notaries—Mrs. BARBARA OLIVER, 222 Ninth Ave. N, St. Petersburg, 33710; Mrs. KIM PAGANU, J.C.L., 193 23rd St. S, St. Petersburg, 33705

Mailing Address: P.O. Box 40200, St. Petersburg, FL 33743-4020.

For legal titles of parishes and diocesan institutions consult the Pastoral Center.

Catholic Charities Community Development Corp., 1213 16th St. N., 33705. Tel: 727-893-1313; Fax: 727-893-1307. Email: cccdc@ccdosp.org. Web: wwww.ccdosp.org.

[II] GENERAL HOSPITALS


St. Petersburg, Bon Secours-Maria Hospital, 4125 N. Lincoln Ave., 33707. Tel: 813-871-2061. Email: kmuramusa@wcccdosp.org. Mrs. Mary Ann, Mgr. Total Staff 24.

St. Petersburg, Bon Secours-Maria Hospital, 4125 N. Lincoln Ave., 33707. Tel: 813-871-2061. Email: kmuramusa@wcccdosp.org. Mrs. Mary Ann, Mgr. Total Staff 24.

[III] SCHOOLS FOR EXCEPTIONAL CHILDREN

PINELLAS PARK, Morning Star Catholic School - Pinellas Park, Inc. (1961) 4661 80th Ave. N., 33707. Tel: 727-534-4006; Fax: 727-534-0058. Email: nashold@tamaparkbyr.net. Web: www.morningstarchool.org. Mrs. Susan Conza, Pres. Total Staff 16; Children 52.


TARPON SPRINGS, St. Ignatius Early Childhood Center, ages 2-5, 725 E. Orange St., 34689-1366. Tel: 727-777-0377; Fax: 727-777-0111. Email: tsstokely@ignatius.net. Web: www.siecc.net. Mrs. Sharon Stokely, Dir.; Rev. Joseph A. Polferino. Teachers 14, Children 77.


[IV] SCHOOLS FOR THEOLOGICAL AND SPIRITUAL TRAINING


Clearwater, The Console of Our Lady of Divine Providence School of Spiritual Direction, Public Association of the Faithful, 702 S. Bayview Ave., 33751. Tel: 727-774-9505. Email: cncolch@dcdosp.org.

Web: www.divineprovidence.org. Mrs. Adrienne T. Neumann, M.D. Ed. Asst. Dir. Theological Education. Total Teachers 1; Total Staff 7; Total Enrollment 125.

[LJ] CATHOLIC CHARITIES


Catholic Charities - Arbor Villas, Inc.

Catholic Charities Housing, Inc.


Jeff Forbes Center - Administrative Offices, 1213 16th St. N., 33705. Tel: 727-893-1313; Fax: 727-893-1307. Email: cch@ccdosp.org. Web: www.ccdosp.org.

Services: Provided Children's Services Teaching. Web: www.ccdosp.org. Life Ministry Elderly Respite Programs for Caregivers of Memory Loss Clients, Parish hearings, Mercy Coordinating, Reconciliation & Installation & Immigration Assistance, Mobile Medical Unit for Farm Workers, Pregnancy & Parenting Support, Prenatal, Pathways to Self-Sufficiency, St. Andre Free Clinic; Shelter Ministry; HIV Services: Permanent & Transitional Housing & Voucher Program. Farm Worker Services: Full Service for Migrant Farm Workers

CATHOLIC CHURCH IN THE USA

865-7590; Fax: 727-897-1701. trinityhouse@catholic.org. Nates: H. Walter; Residents 7; Total Staff 4.

Holy Rosary Catholic Church, 544th Ave. N., 33709. Tel: 727-547-6741. Email: sjacobs@ccdosp.org. Rev. Mark Agosto, Mgr. Residents 7; Total Staff 1.

Transfiguration Housing, Inc., 4001 45th St. N., 33702. Tel: 727-299-8736. Mrs. Joan Lunken, Exec. Dir. Independent Living. Total Staff 5; Residents 3.

Hillside Community Housing, Inc., 2031 S. 1st Street Rd. 33707. Tel: 727-897-2871. Email: tomhok3180@yahoo.com. Mrs. Ginger Grady, Mgr. Residents 5; Total Staff 2.

Plant City, St. Climent Housing, Inc., 1102 N. Alexander, 33535. Tel: 813-909-7917. Email: stalin@plantcityhousing.org. Web: www.plantcityhousing.org.

Tampa, Blessed Sacrament Housing, Inc., dba St. Anthony's Hospital, Inc., 1213 16th St. N., 33705. Tel: 727-893-1313; Fax: 727-893-1307. Email: cch@ccdosp.org. John Agosto, Mgr. Housing Mgr. Total Staff 4; Total Staff 2.


St. Petersburg, Bon Secours-Maria Hospital, 4125 N. Lincoln Ave., 33707. Tel: 813-871-2061. Email: kmuramusa@wcccdosp.org. Mrs. Mary Ann, Mgr. Total Staff 24.

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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,

[Signature]
Lisa Abell
Budget Director
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