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 (SÄM) 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: FL0612

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 X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Tampa Hillsborough Homeless Initiative

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

c. Organizational DUNS: 140256541

PLUS 4

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: Tampa-Hillsborough County Coordinated Entry

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: 06/01/2020
   b. End Date: 05/31/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
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: $78,160.00

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

Tampa-Hillsborough County Coordinated Entry
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>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
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</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</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>
<tr>
<td>Reportable Financial Interest in the Project or Activity (For individuals, give the last name first)</td>
<td>Or Employee ID No.</td>
<td>Participation</td>
<td>In Project/Activity ($)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Please see attached list</td>
<td>Please see attached list</td>
<td>Please see attached list</td>
<td>$2,994,445.35</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:** 08/30/2019
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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. I X

Renewal Project Application FY2019
Page 12
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acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Ms.
First Name: Antoinette
Middle Name: D. Hayes
Last Name: Triplett
Suffix: 
Title: Chief Executive Officer
Telephone Number: (813) 274-6998
(Format: 123-456-7890)
Fax Number: (813) 223-6178
(Format: 123-456-7890)
Email: TriplettA@THHI.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/27/2019
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

X

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

Applicant’s Organization: Tampa Hillsborough Homeless Initiative

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

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

Date Signed: 09/27/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Legal Name: Tampa Hillsborough Homeless Initiative
Street 1: 601 E. Kennedy Blvd.
Street 2: County Center, 24th Floor
City: Tampa
County: Hillsborough
State: Florida
Country: United States
Zip / Postal Code: 33602

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

I certify that this information is true and complete. X
Authorized Representative

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

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

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

Email: TriplettA@THHI.org

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

Date Signed: 09/27/2019
Information About Submission without Changes

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

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

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

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

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

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

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

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

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an 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.
2A. Project Subrecipients

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.

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

This list contains no items.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: FL0612
   (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: Tampa-Hillsborough County Coordinated Entry

4. Project Status: Standard

5. Component Type: SSO

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

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

To address the community’s homeless issues, in December 2017, the Tampa/Hillsborough County Continuum of Care (CoC) implemented the Coordinated Entry (CE) Project as directed by HUD. This Project prioritizes those most in need of assistance and strategically allocates the community’s limited resources in an effective and efficient manner, while identifying the need for additional resources in the hopes of making homelessness rare, brief, and non-recurring.

The 2019 Hillsborough County Point in Time (PIT) Count conducted on February 28th, indicated that there were 1,650 individuals experiencing homelessness; a decrease of 145 but for the Unsheltered population there was an increase from 640 in 2018 to 672 in 2019. The CE Project ensures that the CoC is engaged in; aggressive and comprehensive outreach to identify, assess and prioritize those homeless and/or at risk of becoming homeless linking them to compatible service and housing providers; and maintenance of new landlords and developers to increase housing options. 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 of the top causes of homelessness. The project aligns with the C.A.S.H. Program portion of the 560 In 560 plan.

For the period August 1st, 2018 – July 31st, 2019, there were 6,702 individuals encompassing 4,499 households enrolled in CE; sustained funding of this project guarantees that the Housing Access Managers employed, continue to train members of the CoC, on best practices, policies and procedures thereby effectively moving homeless individuals and families to housing as quickly as possible in accordance with local, state and federal policies and guidelines. The Housing Access Managers also promote the benefits of the Community Wide Affordable Supportive Housing (C.A.S.H.) Program, an initiative geared towards obtaining and preserving collaborations with landlords and developers to increase housing options for persons emerging from homelessness.

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

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

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### 3. Housing First

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? **Yes**

### 4. Please select the type of SSO Project: **Coordinated Entry**

4a. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area? **Yes**

4b. Will the coordinated entry process funded **Yes**
in part by this grant be easily accessible?

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The advertisement strategy used by the Tampa/Hillsborough CoC includes posting information regarding locations of the Community Housing Solutions Centers and its services on THHI’s social media networking sites: website (www.thhi.org), Facebook (www.facebook.com/thhiorg) and twitter (#thhi), and weekly newsletters via email as well as flyers displayed at service provider locations. Information about the Community Housing Solutions Centers is also be shared through the Crisis Center of Tampa Bay’s 211 Helpline. The advertisement of the first Family Housing Solutions Centers has begun as the ground breaking occurred on August 29, 2019. Outreach providers are instrumental in communication of the CE Project and its benefits as they interact with the most vulnerable in the community daily. Every month the Outreach Committee goes to a different encampment within the county and there are quarterly Outreach Events where those with the highest acuity can be identified.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

In the Tampa/Hillsborough CoC the assessment tool utilized is the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), it determines risks, and ranks individuals and families based on the severity of their needs. The referral process in our CoC prioritizes those homeless susceptible to victimization, including physical assault, trafficking or sex work; compatible housing interventions are first offered to Domestic Violence survivors based on their assessment score. The community wide list, Priority List, is generated weekly and permanent housing providers with access to HMIS pull referrals in the order of most vulnerable to least vulnerable, according to their assessment score, recommended housing type, and program criteria. The Priority List is divided into 5 lists based on the different subpopulations: Veterans, Chronic, Families, Unaccompanied Youth and Unsheltered. There are monthly case conferences where the most vulnerable on these lists are discussed and case managers have the opportunity, to address factors that may influence an individual’s or family’s assessment score; and discuss other services the individual and family may benefit from.

Recognizing the limitations in affordable housing within the community, Prevention and Diversion have become an integral component of CE, with diversion being discussed at all engagements with the individual or family. THHI has developed real time tracking of the availability of beds in emergency shelters which is accessible to the community on THHI’s website. The funding being requested in this proposal will continue to provide for two housing access managers to continue managing and monitoring the coordinated entry process and engaging and maintain landlords and developers to increase housing options.

4f. If the coordinated entry process includes No
differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?
6A. Funding Request

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

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

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

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

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

   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Housing and Urban Development</td>
<td>10%</td>
<td>$78,160</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:

   Leased Structures
   Supportive Services X
   HMIS
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 (in $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$65,000</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$65,000</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>Society of St. Vi...</td>
<td>12/11/2018</td>
<td>$65,000</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:  Society of St. Vincent De Paul South Pinellas Inc
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  12/11/2018
6. Value of Written Commitment:  $65,000
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>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$71,060</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>$71,060</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$7,100</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$78,160</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$65,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$65,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$143,160</td>
</tr>
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## 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</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Indirect Cost Rat...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>HUD 2880</td>
<td>09/25/2019</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: hud 2880

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.
Submission Without Changes

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

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

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

| Part 2 - Subrecipient Information               |       |
| 2A. Subrecipients                                |       |
| Part 3 - Project Information                    |       |
| 3A. Project Detail                               |       |
| 3B. Description                                 | X     |
| Part 4 - Housing Services and HMIS              |       |
| Part 5 - Participants and Outreach Information   |       |
| Part 6 - Budget Information                      |       |
| 6A. Funding Request                             | X     |
| 6D. Match                                       | X     |
| 6E. Summary Budget                              |       |
| Part 7 - Attachment(s) & Certification          |       |
| 7A. Attachment(s)                               | X     |
| 7B. Certification                               | X     |

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):

N/A
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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>09/16/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
January 3, 2018

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

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

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

Sincerely,

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