

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: 09/26/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0027

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

	c. Organizational DUNS:	140256541	PLUS 4	
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d. Address

Street 1: 601 E. Kennedy Blvd.

Street 2: County Center, 24th Floor

City: Tampa

County: Hillsborough

State: Florida

Country: United States

Zip / Postal Code: 33602

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Antonio

Middle Name:

Last Name: Byrd

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: Tampa Hillsborough Homeless Initiative

Telephone Number: (813) 274-6991

Applicant: Tampa Hillsborough Homeless Initiative, Inc.

140256541

Project: UNITY Information Network

173198

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: UNITY Information Network

16. Congressional District(s):

a. Applicant: FL-016, FL-014, FL-015, FL-012
(for multiple selections hold CTRL key)

b. Project: FL-017, FL-014, FL-015, FL-012
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2020

b. End Date: 09/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Antoinette

Middle Name: D. Hayes

Last Name: Triplett

Suffix:

Title: Chief Executive Officer

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

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

Email: TriplettA@THHI.org

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

Date Signed: 09/26/2019

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: \$238,843.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: UNITY Information Network 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? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA			
NA			
NA			
NA			
NA			

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2019		Page 10		09/27/2019

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
Please see attached list	Please see attached list	Please see attached list	\$2,994,445.35	96%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

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

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

Date Signed: 08/19/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Tampa Hillsborough Homeless Initiative

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
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.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

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

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: 09/26/2019

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: 09/26/2019

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: 09/26/2019

Information About Submission without Changes

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

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

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

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

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? 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 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.

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.

Total Expected Sub-Awards: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: FL0027

(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: UNITY Information Network

4. Project Status: Standard

5. Component Type: HMIS

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.

UNITY Information Network (UNITY), the HMIS for the Tampa/Hillsborough County CoC, is administered by Tampa Hillsborough Homeless Initiative (THHI). UNITY uses WellSky’s Community Services (formerly ServicePoint), a web-based software application for client-level and program-level information. This data is used to evaluate & report on system & project performance, job & income growth, and in the completion of the PIT, HIC, LSA, & System Performance Measures. The system generates reports including the unduplicated number of homeless, first time homeless, number days people are homeless, needs, services received, interactions with mainstream systems of care, & effectiveness of community programs.

The system is most effective when all agencies participate. As of 8/20/2019, there are 382 trained users from 34 agencies representing about 140 programs entering data into UNITY. On the 2019 HIC, the HMIS bed coverage rate was 95% for the total Emergency Shelter, Safe Haven, Transitional Housing, Permanent Supportive Housing, & Other Permanent Housing beds in the CoC. 100% of rapid rehousing projects are entering data into UNITY.

Due to the renewal application being due prior to the close of the current year, the following FY totals are based on the most recently ended grant term, 10/1/17-9/30/18. In the FY, 4353 people accessed Emergency Shelter, Safe Haven, or Transitional Housing that uses HMIS, 1869 persons exited an HMIS shelter or outreach project to permanent housing, and the median number of days persons spent in shelter was 58.

Funding, along with match, supports staff responsible for managing the HMIS, as well as training and customization. Staff is responsible for guiding system implementation, day-to-day administration, and ensuring the project remains aligned with HUD HMIS Data Standards and the needs of the community providers. Activities include training users, development of training materials, protection of confidentiality, system security, data analysis, and preparing reports for providers, stakeholders, and HUD. Staff regularly evaluates the adequacy of the software, need for system updates, and capacity for its continued growth through linkages with other database systems in the community.

An active User Group and Advisory Committee advise THHI regarding HMIS. The Advisory Committee assists in the review of policy and procedures governing the system and reports their findings and recommendations to the CoC.

The current focus is to improve implementation of the coordinated entry process, improve the accuracy of the data collected for a better overall evaluation of the effectiveness of programs and planning, integrate new technologies into the data entry and analysis process, and to integrate data to/from other mainstream databases. A priority project for the current year

includes coordinating with our Managing Entity on cross-sector data sharing.

2. Does your project have a specific population focus? No

4A. HMIS Standards

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.

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the Yes

implementation meets all privacy and security standards as required by HUD and the federal partners?

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

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? 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:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Housing and Urban Development	10%	\$238,843

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:

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

Total Value of Cash Commitments:	\$50,000
Total Value of In-Kind Commitments:	\$20,000
Total Value of All Commitments:	\$70,000

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Tampa Hillsboroug...	10/03/2018	\$50,000
Yes	In-Kind	Private	Agency for Commun...	01/01/2018	\$10,000
Yes	In-Kind	Private	Tampa Hillsboroug...	08/15/2018	\$10,000

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: Tampa Hillsborough Homeless Initiative
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 10/03/2018
- 6. Value of Written Commitment: \$50,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Agency for Community Treatment Services Inc.
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 01/01/2018
- 6. Value of Written Commitment: \$10,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Tampa Hillsborough Homeless Initiative
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2018

6. Value of Written Commitment: \$10,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$226,901
6. Sub-total Costs Requested	\$226,901
7. Admin (Up to 10%)	\$11,942
8. Total Assistance plus Admin Requested	\$238,843
9. Cash Match	\$50,000
10. In-Kind Match	\$20,000
11. Total Match	\$70,000
12. Total Budget	\$308,843

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rat...	09/13/2018
3) Other Attachment	No	HUD 2880 List of ...	09/25/2019

Attachment Details

Document Description: FY2018 BOCC Match Commitment

Attachment Details

Document Description: Indirect Cost Rate Letter

Attachment Details

Document Description: HUD 2880 List of Interested Parties

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	FY2019 ACTS In-ki...	09/26/2019

Attachment Details

Document Description: FY2019 ACTS In-kind Match Letter

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: 09/26/2019

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).

X

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.

X

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	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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):

I will be updating the Project Description and Attachments to reflect the most recent grant year.

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

Page	Last Updated
1A. SF-424 Application Type	08/19/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/19/2019
1E. SF-424 Compliance	08/19/2019
1F. SF-424 Declaration	08/19/2019

1G. HUD-2880	08/19/2019
1H. HUD-50070	08/19/2019
1I. Cert. Lobbying	08/19/2019
1J. SF-LLL	08/19/2019
Recipient Performance	08/19/2019
Renewal Expansion	08/19/2019
Renewal Grant Consolidation	08/19/2019
2A. Subrecipients	No Input Required
3A. Project Detail	08/19/2019
3B. Description	08/20/2019
4A. HMIS Standards	08/19/2019
6A. Funding Request	08/19/2019
6D. Match	08/20/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2019
7A. In-Kind Match MOU Attachment	09/26/2019
7B. Certification	08/20/2019
Submission Without Changes	08/20/2019



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

OFFICE OF THE ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

January 3, 2018

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

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

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Abell".

Lisa Abell
Budget Director

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

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

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Chris Huber
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Agency for Community Treatment Services, Inc.
4612 North 56th Street Tampa, Florida 33610-7123
813.246.4899 ♦ www.actsfl.org

PROGRAMS

Adult Services

Adult Addictions Receiving Facility
Adult Outpatient
Adult Outpatient Detox
ALF & Emergency Shelter Bridge
Drew Park Transitional Housing
Inebriate Shelter/ARC
Keystone Residential Program
Medication Management Service
Outreach Services
Permanent Supportive Housing
Recovery Support Service
Sandra Prince Samaritan Home
VA Recovery Support Services

Youth Services

ARRIS Group Home for Girls
Health Coach Project
Juvenile Assessment Center
Juvenile Addictions Receiving Facility
New Horizons Youth Residential
Outreach Services
Thonotosassa Youth Residential
Truancy Program
Youth Outpatient



MANAGEMENT TEAM

Asha Terminello, MS
Chief Executive Officer

Beth Ann Sanders, MS
Chief Financial Officer

Cris Riviere, MA, MCAP, CCJAC
Chief Operating Officer

**CERTIFICATION OF LEVERAGED RESOURCES
2019 CONTINUUM OF CARE COMPETITION**

It is understood that the Tampa Hillsborough Homeless Initiative is seeking funds to support the HMIS efforts for the Tampa/Hillsborough County CoC. It is understood these funds will support the process to support the Continuum’s HMIS system in compliance with the Continuum of Care Interim Rule and other eligible planning activities including HMIS user training and updates.

The Homeless Initiative utilizes ACTS’ computer lab for training purposes of which ACTS provides space, insurance, housekeeping and electricity averaging \$500 per month, \$6,000 per year. In addition, a staff position of 0.1 FTE assists in the planning and coordination of the lab for the initiative at \$4,000 per year.

The Homeless Initiative also utilizes ACTS’ auditorium once per month for the local CoC meeting. ACTS provides space, insurance, housekeeping and electricity averaging \$300 per use, \$3,600 per year.

These activities total \$13,600.

The source of funds to support these efforts is private.

Support for these efforts is available effective October 01, 2020.

This resource is offered as an in-kind contribution to the HMIS efforts and is not to be considered a commitment of funds.

Regards.

Asha Terminello, MS
Chief Executive Officer

