

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	<u>53,163</u>	<u>505,456</u>	<u>132,506</u>
External Revenue	_____	<u>53,163</u>	<u>436,628</u>	<u>109,563</u>
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	_____	<u>0</u>	<u>68,828</u>	<u>22,943</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____
Is Item Included In Current Budget:	Yes _____			No <u>X</u>
Budget Account No.:	Fund <u>1001</u>	Dept. <u>142</u>	Unit <u>1432</u>	Obj. <u>3401</u>
	Program Code <u>various</u>		Program Period: <u>various</u>	

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Federal Funds US HUD

Departmental Fiscal Review: *REW*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

J. Du 5-2-07
 OFMB
 04/26 4/25/07

John J. Jacobus 5/3/07
 Contract Administration
 Jones 5/2/07

B. Legal Sufficiency:

J. D. D. 5/7/07

Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: FL14B505003
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** Palm Beach County Board of County Commissioners

*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000785	*c. Organizational DUNS: 100219570
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d. Address:

*Street 1: 301 North Olive Ave.
Street 2: _____
*City: West Palm Beach
County: Palm Beach County
*State: Florida
Province: _____
*Country: USA
*Zip / Postal Code: 33401

e. Organizational Unit:

Department Name: Community Services	Division Name: Human Services
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Claudia
Middle Name: H.
*Last Name: Tuck
Suffix: _____

Title: Director, Division of Human Services

Organizational Affiliation:

*Telephone Number: 561-355-4775	Fax Number: 561-355-4801
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***Email:** ctuck@pbcgov.com

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

HUD

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5100-N-14

*Title:

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-14

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Palm Beach County

***15. Descriptive Title of Applicant's Project:**

30 Transitional Housing beds for single individuals and supportive services through two Homeless Outreach Teams.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: FL-016,FL-019,FL-022,FL-023 022,FL-023		*b. Program/Project: FL-016,FL-019,FL-
17. Proposed Project:		
*a. Start Date: 01/01/09		*b. End Date: 12/31/09
18. Estimated Funding (\$):		
*a. Federal	438,254	
*b. Applicant	91,771	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	530,025	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing 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) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Addie</u> _____	
Middle Name: <u>L.</u> _____		
*Last Name: <u>Greene</u> _____		
Suffix: _____		
*Title: Chairperson, Palm Beach County Board of County Commissioners		
*Telephone Number: 561-355-2207		Fax Number: 561-355-3990
* Email: <u>Agreene@co.palm-beach.fl.us</u>		
*Signature of Authorized Representative:		*Date Signed:

Application for Federal Assistance SF-424

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

Applicant Certification

These certified statements are required by law.
Previous versions obsolete

form HUD-40090-4

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

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 S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For 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.

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. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:	Date:
Title: Addie L. Greene, Chairperson	
Applicant:	For PHA Applicants Only: (PHA Number)
Palm Beach County Board of County Commissioners	

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number: FL14B505003
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input checked="" type="checkbox"/> Renewal Project		PIN Number: FL14060
4. HUD-Defined CoC Name: West Palm Beach/Palm Beach County Continuum of Care		5. CoC Number: FL-605	
6. Applicant's Organization Name (Legal Name from SF-424) Palm Beach County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 100219570	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 301 North Olive Ave City: West Palm Beach State: FL Zip:33401		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000785	
11. Contact person of Project Applicant: (From SF-424) Name: Claudia H. Tuck Phone number: 561-355-4775 Title: Director Fax number: 561-355-4801 Email Address: ctuck@pbcgov.com		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Project SUCCESS		14. Project's location 6-digit Geographic Code: 129099	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 1502 & 1507 South Federal Highway City: Lake Worth State: FL Zip: 33460		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): FL-016, FL-019, FL-022, FL-023	
17. If project contains housing units, are these units: <input checked="" type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)	
b. Component Types (Check only one box) <input checked="" type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years
			<input type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (Lines 1 through 3)			
5. Real Property Leasing From Leasing Budget Chart	96,000		96,000
6. Supportive Services From Supportive Services Budget Chart	187,760	46,940	234,700
7. Operations From Operating Budget Chart	134,494	44,831	179,325
8. HMIS From HMIS Budget Chart			
9. SHP Request (Subtotal lines 4 through 8)	418,254	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)	20,000		
11. Total SHP Request (Total lines 9 and 10)	438,254	91,771	530,025

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only) (Check only one box)
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO	<input type="checkbox"/> Renewal 1 Year <input type="checkbox"/> New 5 Years <input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program	c. Grant Term
b. Component Type <input type="checkbox"/> (SRO)	<input type="checkbox"/> 10 Years
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input checked="" type="checkbox"/> Congregate Facility	1b. <input type="checkbox"/> Scattered Site <input checked="" type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units			
Number of Bedrooms			
Number of Beds	30		30
3. Participants			
a. Number of Households with Dependent Children			
i. Number of adults			
ii. Number of children			
iii. Number of disabled persons			
b. Number of Households without Dependent Children			
i. Number of disabled persons	30		30
ii. Of all disabled persons, number of chronically homeless	22		22
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. ***If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.***

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	73%
Severely Mentally Ill	35%
Chronic Substance Abusers	90%
Veterans	30%
Persons with HIV/AIDS	
Victims of Domestic Violence	
Unaccompanied Youth (Under 18 years of age)	

Part E: Discharge Policy (Only State & Local Government Applicants)

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
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Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Cash Match	Ad Valorem	Government	4/6/07	\$91,771
*Government sources are appropriated dollars.			TOTAL:	\$91,771

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. _____ (mm/yyyy)	b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part H: Renewal Performance (All Renewal Projects)

<p>1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <p>_____</p> <p>_____</p>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing). Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing). Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	50
b. Number of participants who moved to PH —from any destination identified as permanent housing	37
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	74%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
50	b. SSDI	1	2%
50	c. Social Security	1	2%
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
50	h. Employment Income	43	86%
50	i. Unemployment Benefits	1	2%
50	j. Veterans Health Care	8	16%
	k. Medicaid		
50	l. Food Stamps	17	34%
50	m. Other (please specify) Health Care District	44	88%
50	n. No Financial Resources	5	10%

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

I1. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: Palm Beach County				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.				
<input checked="" type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	x	x	=	\$
0 Bedroom	12x	545x	12=	\$ 78,480
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	1x	1,460x	12=	\$ 17,520
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
h. Totals:	x	x	=	\$ 96,000
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		X	=	\$
Address:	Street: 1502 & 1507 South Federal Highway City: Lake Worth State: Florida Zip: 33460			
Structure 2		x	=	\$
Address:	Street: _____ City: _____ State: _____ Zip: _____			

12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach- 4 Specialized Case Managers Quantity: 4 FTE	165,720			165,720
2. Case Management Quantity: 1 FTE	42,030			42,030
3. Life Skills (outside of case management) Quantity: 52 Classes @ \$150 each	7,800			7,800
4. Alcohol and Drug Abuse Services Quantity:				
5. Mental Health and Counseling Services Quantity:				
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity:				
8. Education and Instruction Quantity:				
9. Employment Services – Employment Specialist Quantity: .4 FTE	13,300			13,300
10. Child Care Quantity:				
11. Transportation Quantity: Bus Passes	5,850			5,850
12. Transitional Living Services Quantity:				
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)	234,700			234,700
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i>				
15. Total cash match to be spent on SHP eligible supportive service activities:	46,940			46,940
16. Total supportive services costs: ***	281,640			281,640
<i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i>				

13. SHP Operating Budget (All SHP Projects with Operating Costs)

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity:				
2. Staff (position, salary, % time, fringe benefits) Grant Coordinator .05 FTE – 2,150 Project Success Manager 1 FTE – 35,600 Resident Tech I 2 FTE – 53,725 Resident Tech II 2.5 FTE – 56,900	148,375			148,375
3. Utilities Quantity: Electric & Telephone	24,550			24,550
4. Equipment (lease/buy) Quantity:				
5. Supplies Quantity:				
6. Insurance Quantity: Property and Liability Insurance	6,400			6,400
7. Furnishings Quantity:				
8. Relocation Quantity: (number of persons)				
9. Food Quantity:				
10. Other Operating Activity: * Quantity:				
11. Total SHP Operating Dollars Requested (lines 1 to 10): **	179,325			179,325
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:	44,831			44,831
13. Total Operating Costs: ***	224,156			224,156
<i>*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.</i>				

14. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Palm Beach County Board of County Commissioners 301 North Olive Avenue West Palm Beach, Florida 33401 Congressional District, if known: 16,19,22,23	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: 14.235	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): *No Federal Lobbying Conducted on behalf of this grant.	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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.	Signature: _____ Print Name: <u>Addie L. Greene</u> Title: <u>Chairperson, Palm Beach County Board of County Commissioners</u> Telephone No.: <u>(561) 355-2207</u> Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Palm Beach County Board of County Commissioners 301 North Olive Ave., West Palm Beach, Florida 33401 (561) 355-4775	2. Social Security Number or Employer ID Number: 59-6000785
3. HUD Program Name Project Success	4. Amount of HUD Assistance Requested/Received \$438,254
5. State the name and location (street address, City and State) of the project or activity: 1502 & 1507 South Federal Highway, Lake Worth, FL 33460	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: Addie L. Greene, Chairperson, PBC Board of County Commissioners	Date: (mm/dd/yyyy)
X	

**SURVEY ON ENSURING
EQUAL OPPORTUNITY
FOR APPLICANTS**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB No. 1890-0014

(Exp. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Palm Beach County Board of County Commissioners

Applicant's DUNS Number: 100219570

Grant Name: Project Success CFDA Number: 14.235

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget?
(Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

SF 424-SUPP (4/2004)

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: FL14C105001
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Palm Beach County Board of County Commissioners		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000785		*c. Organizational DUNS: 100219570
d. Address:		
*Street 1:	301 North Olive Ave.	
Street 2:	_____	
*City:	West Palm Beach	
County:	Palm Beach County	
*State:	Florida	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	33401	
e. Organizational Unit:		
Department Name: Community Services		Division Name: Human Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Claudia</u>	
Middle Name: <u>H.</u>		
*Last Name: <u>Tuck</u>		
Suffix: _____		
Title:	Director, Division of Human Services	
Organizational Affiliation:		
*Telephone Number: 561-355-4775		Fax Number: 561-355-4801
*Email: ctuck@pbcgov.com		

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: B.County Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: HUD	
11. Catalog of Federal Domestic Assistance Number: 14.238 CFDA Title: Shelter Plus Care (S+C)	
*12 Funding Opportunity Number: FR-5100-N-14 *Title: Continuum of Care Homeless Assistance Program (CoC)	
13. Competition Identification Number: CoC-14 Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): Palm Beach County	
*15. Descriptive Title of Applicant's Project: Shelter Plus Care through Sponsor Based Rental Assistance to 15 disabled homeless individuals	

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: FL-016,FL-019,FL-022,FL-023
*b. Program/Project: FL-016,FL-019,FL-022,FL-023

17. Proposed Project:
*a. Start Date: 06/01/2008
*b. End Date: 05/31/2009

18. Estimated Funding (\$):

*a. Federal	_____	161,100
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	Other _____	161,100
*g. TOTAL	_____	322,200

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on _____

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing 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

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Addie

Middle Name: L.

*Last Name: Greene

Suffix: _____

*Title: Chairperson, Palm Beach County Board of County Commissioners

*Telephone Number: 561-355-2207 Fax Number: 561-355-3990

* Email: Agreene@co.palm-beach.fl.us

*Signature of Authorized Representative: _____ *Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

Applicant Certification

These certified statements are required by law.
Previous versions obsolete

form HUD-40090-4

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

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 S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For 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.

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. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:	Date:
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Title: Addie L. Greene, Chairperson

Applicant: Palm Beach County Board of County Commissioners	For PHA Applicants Only: (PHA Number)
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Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input type="checkbox"/> New Project <input checked="" type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number: FL14C105001 PIN Number: FL14060
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project			
4. HUD-Defined CoC Name: West Palm Beach/Palm Beach County Continuum of Care		5. CoC Number: FL - 605	
6. Applicant's Organization Name (Legal Name from SF-424) Palm Beach County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 100219570	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 301 North Olive Ave. City: West Palm Beach State: Florida Zip: 33401		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000785	
11. Contact person of Project Applicant: (From SF-424) Name: Claudia H. Tuck Phone number: 561-355-4775 Title: Director Fax number: 561-355-4801 Email Address: ctuck@pbcgov.com		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Flagler Project		14. Project's location 6-digit Geographic Code: 129099	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2200 North Australian Ave City: West Palm Beach State: Florida Zip: 33407 611 Old Dixie Highway & 4860 Sandstone Lane Riviera Beach, Florida 33404 West Palm Beach, Florida 33417		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project 19. Project Congressional District(s): FL-016, FL-019, FL-022, FL-023	
16. <input type="checkbox"/> Check box if project is located in a Rural Area 17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input type="checkbox"/> SHP Program					c. Grant Term* (Check only one box)		
b. Component Types (Check only one box)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TH	<input type="checkbox"/> PH	<input type="checkbox"/> SSO	<input type="checkbox"/> HMIS	<input type="checkbox"/> Safe Haven/TH	1 Year	2 Years	3 Years
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Proposed SHP Activities					e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)
1. Acquisition							
2. Rehabilitation							
3. New Construction							
4. Subtotal (Lines 1 through 3)							
5. Real Property Leasing From Leasing Budget Chart							
6. Supportive Services From Supportive Services Budget Chart							
7. Operations From Operating Budget Chart							
8. HMIS From HMIS Budget Chart							
9. SHP Request (Subtotal lines 4 through 8)						Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)							
11. Total SHP Request (Total lines 9 and 10)							

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input checked="" type="checkbox"/> S+C Program					c. Grant Term (Renewals are 1 year only)		
b. Component Types (Check only one box)					(Check only one box)		
<input type="checkbox"/> TRA	<input checked="" type="checkbox"/> SRA	<input type="checkbox"/> PRA	<input type="checkbox"/> PRAR	<input type="checkbox"/> S+C/SRO	<input checked="" type="checkbox"/> Renewal 1 Year	<input type="checkbox"/> New 5 Years	<input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart					\$ 161,100		

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program		c. Grant Term	
b. Component Type <input type="checkbox"/> (SRO)		<input type="checkbox"/> 10 Years	
1. Total SRO Rental Assistance Amount from SRO Budget Chart		\$	

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input checked="" type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	15		15
Number of Bedrooms	15		15
Number of Beds	15		15
3. Participants			
a. Number of Households with Dependent Children			
i. Number of adults			
ii. Number of children			
iii. Number of disabled persons			
b. Number of Households without Dependent Children			
i. Number of disabled persons	15		15
ii. Of all disabled persons, number of chronically homeless	11		11
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	70%
Severely Mentally Ill	100%
Chronic Substance Abusers	50%
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	
Unaccompanied Youth (Under 18 years of age)	

Part E: Discharge Policy (Only State & Local Government Applicants)

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
---	--

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Supportive Services	Oakwood Center	Private	4/9/07	\$161,100
*Government sources are appropriated dollars.			TOTAL:	\$161,100

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. _____ (mm/yyyy)	b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part H: Renewal Performance (All Renewal Projects)

1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe. <hr/> <hr/>
2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any significant changes in the project since the last funding approval? Check all that apply: <input type="checkbox"/> Number of persons served: from _____ to _____. <input type="checkbox"/> Number of units: from _____ to _____. <input type="checkbox"/> Location of project sites. <input type="checkbox"/> Line item or cost category budget changes more than 10%. <input type="checkbox"/> Change in target population. <input type="checkbox"/> Change in project sponsor. <input type="checkbox"/> Change in component type. <input type="checkbox"/> Other: _____ Please explain changes: _____ <hr/>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing). Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	1
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	15
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	1
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	15
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	100%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing). Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	
b. Number of participants who moved to PH —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart
 (To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)
 HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)	40	38.1%
105	b. Social Security Disability Insurance (SSDI)	35	33.3%
105	c. Social Security	25	23.8%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
1	h. Employment Income	1	100%
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

a. Check the box to indicate the type of program: S+C Section 8 SRO

b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:

c. Check the appropriate box that relates your rent to the published FMR*:

1% to 99% of FMR

100% of FMR

101% to 110% of FMR (PHA approval letter must be attached).

Greater than 110% (HUD approval letter must be attached).

d. Size of Units	e. Number Of Units	f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	15x	895x	12=	\$161,100
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
i. Totals:	15x	895x	12=	\$161,100

*Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.

**If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

a. List below an estimate of the total costs of developing the S+C/SRO project:

Type	Amount
Total Rehabilitation Costs (Eligible and Ineligible):	
Acquisition:	
Other Costs (Eligible & Ineligible, e.g., furniture):	
Total:	\$

b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project:

Source	Amount
Total:	\$

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Palm Beach County Board of County Commissioners 301 North Olive Avenue West Palm Beach, Florida 33401 Congressional District, if known: 16,19,22,23	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: <u>14.238</u>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): *No Federal Lobbying Conducted on behalf of this grant.	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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.	Signature: _____ Print Name: <u>Addie L. Greene</u> Title: <u>Chairperson, Palm Beach County Board of County Commissioners</u> Telephone No.: <u>(561) 355-2207</u> Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Palm Beach County Board of County Commissioners 301 North Olive Ave., West Palm Beach, Florida 33401 (561) 355-4775	2. Social Security Number or Employer ID Number: 59-6000785
3. HUD Program Name Flagler Project	4. Amount of HUD Assistance Requested/Received \$161,100
5. State the name and location (street address, City and State) of the project or activity: 2200 N Australian Ave., West Palm Beach, FL 33407 & 611 Old Dixie Hwy, Riviera Beach, FL 33404 & 4860 Sandstone Lane, West Palm Beach, FL 33417	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: Addie L. Greene, Chairperson, PBC Board of County Commissioners	Date: (mm/dd/yyyy)
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X

**SURVEY ON ENSURING
EQUAL OPPORTUNITY
FOR APPLICANTS**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB No. 1890-0014
(Exp. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Palm Beach County Board of County Commissioners

Applicant's DUNS Number: 100219570

Grant Name: Flagler Project CFDA Number: 14.238

1. Does the applicant have 501(c)(3) status?

Yes No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

3. What is the size of the applicant's annual budget?
(Check only one box.)

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes No

5. Is the applicant a non-religious community-based organization?

Yes No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

Yes No

8. Is the applicant a local affiliate of a national organization?

Yes No

SF 424-SUPP (4/2004)