## PALM BEACH COUNTY
## BOARD OF COUNTY COMMISSIONERS
## AGENDA ITEM SUMMARY

Meeting Date: December 15, 2009(X) Consent      ( ) Regular
                                         ( ) Ordinance      ( ) Public Hearing

Department:

Submitted By:    **Community Services**

Submitted For:    **Division of Human Services**

### I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to: A) Ratify the Chairman's signature on:**

1) the U.S. Department of Housing and Urban Development (HUD) renewal application for the Supportive Housing Program for the period of January 1, 2011 to December 31, 2011 in the amount of $ 442,158;

2) the U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care renewal application for the period of May 23, 2010 to May 22, 2011 in the amount of $197,280;

3) the U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care renewal application for the period of July 20, 2010 to July 19, 2011 in the amount of $223,584; and

**B) Delegate** authority to the County Administrator, or his designee to sign the U.S. Department of Housing and Urban Development (HUD) Supportive Housing Program and Shelter Plus Care grant agreements.

**Summary:** The Supportive Housing Program (SHP) will continue funding 30 transitional housing beds and supportive services, including specialized Case Management for the Homeless Outreach Teams (HOT). A cash match is required (20% Supportive Services-$46,940 and 25% Operating-$44,300) in the amount of $91,240. This match will be budgeted in the FY 2011 budget process. The first Shelter Plus Care Renewal Grant provides Sponsor Based Rental assistance for fifteen (15) disabled individuals. The second Shelter Plus Care Grant provides Sponsor Based Rental Assistance to seventeen (17) disabled individuals. There is no cash match requirement for either grant but an in-kind match is provided by the partner agency in the form of supportive services. (Human Services) Countywide (TKF)

**Background and Justification:** Since 1996, the Division of Human Services has received a HUD Supportive Housing Program (SHP) grant which has been renewed in regular grant cycles. This grant supports three (3) components consisting of; Transitional Housing beds, Supportive Services and two (2) Homeless Outreach Teams. Gulfstream Goodwill Industries, Inc. is the Supportive Housing and Supportive Services provider; Comprehensive Alcohol Rehabilitation Program (CARP) and Oakwood Center of the Palm Beaches provide Supportive Services in the form of specialized Case Managers; and the two Homeless Outreach Teams are administered by the Division. In 2001 and 2004, the Division of Human Services received a five year HUD Shelter Plus Care grant and each is now renewed annually. Without a government sponsor, these funds cannot be accessed as HUD restricts eligibility to government entities.

**Attachments:**

1. 2009 Supportive Housing Renewal Application for Homeless Assistance
2. 2009 Shelter Plus Care Renewal Application for Homeless Assistance
3. 2009 Shelter Plus Care Renewal Application for Homeless Assistance

Recommended By: _____     11/13/01
                          Department Director                    Date

Approved By: _____     12/03/09
                     Assistant County Administrator          Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| Capital Expenditures | | | | |
| Operating Costs | 206,533 | 637,189 | 110,540 | |
| External Revenue | (138,103) | (614,379) | (110,540) | |
| Program Income (County) | | | | |
| In-Kind Match (County) | | | | |
| | | | | |
| NET FISCAL IMPACT | 68,430 | 22,810 | | |

# ADDITIONAL FTE
POSITIONS (Cumulative) _____ _____ _____ _____

**Is Item Included In Current Budget: Yes ____      No _X_**

**Budget Account No.:      Fund _____ Dept._____ Unit____ Obj. _____**
**Program Code _various_   Program Period: _various_**

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



Departmental Fiscal Review: Taruna Malhotra
11/13/09

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

_____ 12-1-09        _____ 12/1/09
OFMB                     Contract Administration
                              E. Jones 12/1/09

### B. Legal Sufficiency:

_____ 12-2-09
Assistant County Attorney

### C. Other Department Review:

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

# Project Information - Page 1

## Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) ¿ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) ¿ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) ¿ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.

Program Type (required) ¿ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) ¿ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) ¿ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) ¿ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) ¿ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Expiring Grant Number**   FL0292B4D050801


**CoC Number and Name**   FL-605 - West Palm Beach/Palm Beach County CoC

| Exhibit 2 | Page 2 | 10/24/2009 |
|---|---|---|

| | |
|---:|:---|
| **Project Name** | Project SUCCESS |
| **Project Type** | Renewal Project |
| **Program Type**<br>**Content depends on "Project Type" selection** | SHP |
| **Component Type**<br>**Content depends on "Program Type"**<br>**selection** | TH |
| **In which state is the project located?**<br>**(for multiple state selections hold CTRL+Key)** | Florida |
| **In which Congressional District(s) is the**<br>**project located?**<br>**(for multiple selections hold CTRL + Key)** | FL-022, FL-016, FL-023, FL-019 |

**Provide a general description of the project.**
**(Max 3000 characters)**

Project SUCCESS is a 30 bed transitional housing program for HUD homeless, single adult males and females, including those with disabilities. The project provides outreach, housing, (for up to two years)and support services through two homeless outreach teams (HOT Teams). Support services include case management, life skills, and employment services. Assistance with needed education, training, mental health and substance abuse issues are accessed and/or provided as needed. During the 2008 operating year, the HOT Teams received 2,224 referrals, completed 1,843 assessments and placed 1,164 individuals in shelter. From 1-1-08 to 12-31-08, 86% of the participants who exited Project SUCCESS were employed upon exit. Additionally, 80% of the participants who exited Project SUCCESS between 1-1-07 to 12-31-07, remained in permanent housing one year from date of exit.

| Exhibit 2 | Page 3 | 10/24/2009 |

# Project Information - Page 2

## Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

NEW PROJECTS:
Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:
Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

NEW AND RENEWAL PROJECTS:
A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and HMIS.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Were one or more projects consolidated with this project?**
**If "yes" additional information is required on the following page.**    No

**Grant Term**    1 Year

**Note: the 1 year grant term option is permitted for new HMIS and renewal applications only.**

**Does the project use Energy Star?**    Yes

**Is the project located in a rural area?**    No

| Exhibit 2 | Page 4 | 10/24/2009 |

|  |  |
|---|---|
| **Is the project located on land previously owned by the military?** | No |
| **Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** | 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY |

| | |
|---|---|
| **Leasing** | X |
| **Supportive Services** | X |
| **Operations** | X |
| **HMIS** | |

| Exhibit 2 | Page 5 | 10/24/2009 |

# Project Sponsor Information

### Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Is the project applicant the same as the project sponsor? (If yes click on the "Save" button to auto-fill the fields below)**    Yes

**Organization Name**    Palm Beach County Board of County Commissioners

**Organization Type**    B. County Government

**If "Other" specify:**

| | DUNS Number Format: xxxxxxxx or xxxxxxxxxxxxx | 100219570 | PLUS 4 | |
|---|---|---|---|---|

| Exhibit 2 | Page 6 | 10/24/2009 |
|---|---|---|

**Tax ID or EIN**  59-6000785
**Format: 12-3456789**

**Street Address 1**  301 North Olive Avenue

**Street Address 2**  810 Datura St.

**City**  West Palm Beach

**State**  Florida

**Zip Code**  33401
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?**  No

| Exhibit 2 | Page 7 | 10/24/2009 |

# Project Sponsor Contact Information

### Instructions:

Prefix (no input required) ¿ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ¿ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ¿ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ¿ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ¿ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ¿ from dropdown menu.

Title (required) ¿ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ¿ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ¿ re-enter or update the sponsor e-mail address.

Phone Number (required) ¿ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ¿ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ¿ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

|  |  |
|---:|:---|
| **Prefix** | |
| **First Name** | Claudia |
| **Middle Name** | H |
| **Last Name** | Tuck |
| **Suffix** | LCSW |
| **Title** | Director, Division of Human Services |
| **E-mail Address** | ctuck@pbcgov.org |
| **Confirm E-mail Address** | ctuck@pbcgov.org |
| **Phone Number**<br>**Format: 123-456-7890** | 561-355-4775 |
| **Extension** | |
| **Fax Number**<br>**Format: 123-456-7890** | 561-355-4801 |

| Exhibit 2 | Page 8 | 10/24/2009 |

# Project Participants - Households with Dependent Children

## Instructions:

Total number of households (required) ¿ enter or update the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled children (in this row) ¿ enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled children (in this row) ¿ enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of children (calculated row) ¿ all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

## Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

| Total Number of Households | 0 | | | | | |
|---|---|---|---|---|---|---|
| | Total Persons | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| Disabled Adults | | | | | | |
| Non-Disabled Adults | | | | | | |
| Disabled Children | | | | | | |
| Non-Disabled Children | | | | | | |
| Total Persons (click on "Save" to auto-calculate) | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | |
| Total Number of Adults (click on "Save" to auto-calculate) | 0 | | | | | |

| Exhibit 2 | Page 9 | 10/24/2009 |
|---|---|---|

| Total Number of Children (click on "Save" to auto-calculate) | 0 |
|---|---|

| Exhibit 2 | Page 10 | 10/24/2009 |
|---|---|---|

# Project Participants - Households without Dependent Children

### Instructions:

Total number of households (required) ¿ enter the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of unaccompanied youth (calculated row) ¿ all fields are automatically calculated.

Additional Resources:
Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).**

### Instructions:

Chronically Homeless  must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

| Exhibit 2 | Page 11 | 10/24/2009 |

| Total Number of Households | 30 | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Total Persons** | **Chronically Homeless** | **Severely Mentally Ill** | **Chronic Substance Abuse** | **Veterans** | **Persons with HIV/AIDS** | **Victims of Domestic Violence** |
| **Disabled Adults** | 30 | 22 | 11 | 27 | 9 | 0 | 0 |
| **Non-Disabled Adults** | 0 | | | | | | |
| **Disabled Unaccompanied Youth** | 0 | | | | | | |
| **Non-Disabled Unaccompanied Youth** | 0 | | | | | | |
| **Total Persons (click on "Save" to auto-calculate)** | 30 | 22 | 11 | 27 | 9 | 0 | 0 |
| **Total Number of Adults (click on "Save" to auto-calculate)** | 30 | | | | | | |
| **Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)** | 0 | | | | | | |

| Exhibit 2 | Page 12 | 10/24/2009 |

# Outreach for Participants

## Instructions:

Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentage (calculated) - the percentages entered will sum in the Total of above percentages field.

If total is less than 100% - indicate the other places from which homeless persons enter the project.

Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.**

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

|  |  |
|---|---|
|  | Persons who came from the street or other locations not meant for human habitation. |
| 100% | Person who came from Emergency Shelters. |
|  | Persons who came from Safe Havens. |
|  | Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens. |
| 100% | Total of above percentages |

**If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.**

| Exhibit 2 | Page 13 | 10/24/2009 |
|---|---|---|

# SHP Operating Budget

## Instructions:

Eligible operating (populated) - the system populates a list of eligible operating activities for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible operations activities.

Quantity (required) - enter or update the quantity (eg. FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to operating the housing or supportive services facility. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding ($) requested for each activity will automatically calculate in the Total column.

Total SHP dollars requested (calculated) - the total SHP funding ($) requested for each grant year will automatically calculate in the Total SHP dollars requested row.

Cash Match (required) - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 25% of the project's total Operations budget for each grant year.

Total SHP Operations Budget (calculated) - the Total Operations Budget will automatically calculate.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount ($) available per grant year.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

| Eligible Costs | Quantity (limit 400 characters) | SHP Request Year 1 | Total |
|---|---|---|---|
| 1.Maintenance/Repair | | $0 | $0 |
| 2.Staff | 1 FTE Manager@$44,400, 1.5 FTE Resident Tech I @$36,400, 2FTE Resident Tech II @$55,425 | $102,168 | $102,168 |
| 3.Utilities | Electric and Telephone | $25,930 | $25,930 |
| 4.Equipment (lease/buy) | | $0 | $0 |
| 5.Supplies | | $0 | $0 |
| 6.Insurance | Property and Liablity Insurance | $4,800 | $4,800 |
| 7.Furnishings | | $0 | $0 |

| Exhibit 2 | Page 14 | 10/24/2009 |
|---|---|---|

| | | | |
|---|---|---|---|
| 8.Relocation | | $0 | $0 |
| 9.Other (must specify *) | | | |
| | | $0 | $0 |
| | | $0 | $0 |
| 10.Total SHP Request | | $132,898 | $132,898 |
| 11.Cash Match | | $44,300 | $44,300 |
| 12.Total SHP Operating Budget | | $177,198 | $177,198 |
| 13.Other Resources (cash and in-kind) | | $0 | $0 |

**\* If not specified, the costs will be removed from the budget.**

**The Total values are automatically calculated by the system when you click the "save" button.**

| Exhibit 2 | Page 15 | 10/24/2009 |
|---|---|---|

# SHP Leasing Budget

The following information summarizes the SHP leasing request for the project.

To add information to this list, click on the icon and enter the requested information.

**Summary SHP Leased Budgets** $101,496

| Exhibit 2 | Page 16 | 10/24/2009 |

# SHP Leasing Budget Detail

## Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation.

Size of units (populated) - these options are system generated.

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested.

HUD Paid Rent (required) - for each unit size of new project, enter or update the monthly leasing amount. The amount entered must not exceed the FMR or comparable unit amount for the project, whichever is less. The FMRs are available online at http://www.huduser.org/datasets/fmr.html. For renewal project, the HUD rent amount is the SHP Leasing amount, which must not exceed the amount listed on the Grant Inventory Worksheet.

Number of months (populated for new projects) - these fields appear for new projects only and are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

## Complete the following fields related to the SHP leasing request.

**Metropolitan or non-metropolitan fair market rent area**  FL - West Palm Beach-Boca Raton, FL HUD Metro FMR Area (1209999999)

| | Number of Units/Structures | Funds Requested |
|---|---|---|
| **Leased Units** | 12 | $82,800 |
| **Leased Structures** | 1 | $18,696 |

| Exhibit 2 | Page 17 | 10/24/2009 |

# SHP Supportive Services Budget

## Instructions:

Eligible supportive services (populated) - the system populates a list of eligible supportive services for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding ($) requested for each activity will automatically calculate in the Total column.

Cash Match (required) - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

Total SHP Supportive Services Budget (calculated) - the Total Supportive Services Budget will automatically calculate.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount ($) available per grant year.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**For each year of the grant term, enter the quantity and total budget request for each supportive service activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

| Supportive Services Costs | Quantity (limit 400 characters) | SHP Request Year 1 | Total |
|---|---|---|---|
| 1. Outreach | 4 FTE Specilized Case Managers | $132,576 | $132,576 |
| 2. Case Management | 1 FTE | $33,624 | $33,624 |
| 3. Life Skills (outside of case management) | 52 Classes @ $150 each | $6,240 | $6,240 |
| 4. Alcohol and Drug Abuse Services | | $0 | $0 |
| 5. Mental Health and Counseling Services | | $0 | $0 |
| 6. HIV/AIDS Services | | $0 | $0 |
| 7. Health Related and Home Health Services | | $0 | $0 |
| 8. Education and Instruction | | $0 | $0 |
| 9. Employment Services | .4 FTE | $10,640 | $10,640 |
| 10. Child Care | | $0 | $0 |
| 11. Transportation | Bus Passes | $4,680 | $4,680 |

| Exhibit 2 | Page 18 | 10/24/2009 |

| 13. Other (must specify ) | | | |
|---|---|---|---|
| | | $0 | $0 |
| | | $0 | $0 |
| | | $0 | $0 |
| 14. Total SHP dollars requested | | $187,760 | $187,760 |
| 15.Cash Match | | $46,940 | $46,940 |
| 16.Total SHP Supportive Services Budget | | $234,700 | $234,700 |
| 17.Other resources (cash and in-kind) | | $0 | $0 |

| Exhibit 2 | Page 19 | 10/24/2009 |
|---|---|---|

# Supportive Housing Program (SHP) Summary Budget

**The following information summarizes the SHP funding request and the available cash match for the total term of the project.   However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

### Selected Grant Term   1 Year

| SHP Activities | SHP Dollars Request | Cash Match | Totals |
|---|---|---|---|
| 1. Acquisition | $0 | $0 | $0 |
| 2. Rehabilitation | $0 | $0 | $0 |
| 3. New Construction | $0 | $0 | $0 |
| 4. Subtotal (Lines 1 - 3) | $0 | $0 | $0 |
| | | | |
| 5. Real Property Leasing From Leasing Budget Chart | $101,496 | | $101,496 |
| 6. Supportive Services From Supportive Services Budget Chart | $187,760 | $46,940 | $234,700 |
| 7. Operations From Operating Budget Chart | $132,898 | $44,300 | $177,198 |
| 8. HMIS From HMIS Budget Chart | $0 | $0 | $0 |
| 9. SHP Request (Subtotal lines 4-8) | $422,154 | | |
| 10. Administrative Costs (Up to 5% of line 9) | $20,000 | | |
| | **Total SHP Request (Total lines 9 and 10)** | **Total Cash Match** | **Total Budget (Total SHP Request + Total Cash Match)** |
| | $442,154 | $91,240 | $533,394 |

| Exhibit 2 | Page 20 | 10/24/2009 |
|---|---|---|

# Project Information - Page 1

## Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) ¿ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) ¿ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) ¿ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.

Program Type (required) ¿ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) ¿ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) ¿ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) ¿ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) ¿ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Expiring Grant Number**   FL0281C4D050801

**CoC Number and Name**   FL-605 - West Palm Beach/Palm Beach County CoC

| | | |
|---|---|---|
| Exhibit 2 | Page 2 | 10/24/2009 |

**Project Name** Flagler Project

**Project Type** Renewal Project

**Program Type** S+C
**Content depends on "Project Type" selection**

**Component Type** SRA
**Content depends on "Program Type" selection**

**In which state is the project located?** Florida
**(for multiple state selections hold CTRL+Key)**

**In which Congressional District(s) is the project located?** FL-022, FL-016, FL-023, FL-019
**(for multiple selections hold CTRL + Key)**

**Provide a general description of the project. (Max 3000 characters)**

The Flagler Project is a 15 bed Shelter Plus Care project for single, homeless, male and female adults suffering from severe mental illness or co-occurring disorders of severe mental illness and substance abuse/dependence. Eligible participants will come from the streets, emergency shelter, the local Safe Haven and/or transitional housing for homeless persons who originally came from the streets or emergency shelter. Participants will receive rental assistance, mental health services, case management, life skills training and employment services as needed. In the most recent APR submitted, 100% of participants who left the program during the operating year had lived in the program over six years. Additionally, 80% of the participants remaining in the program at the end of the operating year have lived there 13 months or longer.

| Exhibit 2 | Page 3 | 10/24/2009 |

# Project Information - Page 2

### Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

NEW PROJECTS:
Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:
Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

NEW AND RENEWAL PROJECTS:
A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and HMIS.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Was the original project awarded as a Samaritan Housing project?**   No

**Were one or more projects consolidated with this project?**   No
**If "yes" additional information is required on the following page.**

**Grant Term:**   1 Year

**Does the project use Energy Star?**   Yes

| Exhibit 2 | Page 4 | 10/24/2009 |

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY

| Exhibit 2 | Page 5 | 10/24/2009 |

# Project Sponsor Information

### Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Is the project applicant the same as the project sponsor?
(If yes click on the "Save" button to auto-fill the fields below)**    No

**Organization Name**    Oakwood Center of the Palm Beaches, Inc.

**Organization Type**    M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

| **DUNS Number**<br>Format: xxxxxxxxx or xxxxxxxxxxxx | 076032119 | **PLU**<br>**S 4** | |
|---|---|---|---|

| Exhibit 2 | Page 6 | 10/24/2009 |
|---|---|---|

**Tax ID or EIN**
**Format: 12-3456789** 59-1171320

**Street Address 1** 1041 45th Street

**Street Address 2**

**City** West Palm Beach

**State** Florida

**Zip Code** 33407
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

**Identify source documentation for sponsor's nonprofit status:** IRS letter or ruling showing 501(c)(3) status

| Exhibit 2 | Page 7 | 10/24/2009 |

# Project Sponsor Contact Information

## Instructions:

Prefix (no input required) ¿ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ¿ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ¿ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ¿ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ¿ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ¿ from dropdown menu.

Title (required) ¿ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ¿ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ¿ re-enter or update the sponsor e-mail address.

Phone Number (required) ¿ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ¿ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ¿ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

|  |  |
|---|---|
| **Prefix** | Mr. |
| **First Name** | Barbaro |
| **Middle Name** | |
| **Last Name** | Cordoves |
| **Suffix** | |
| **Title** | Director, Adult Continuing Care Services |
| **E-mail Address** | barbaro@oakwoodcenter.org |
| **Confirm E-mail Address** | barbaro@oakwoodcenter.org |
| **Phone Number** Format: 123-456-7890 | 561-383-5836 |
| **Extension** | |
| **Fax Number** Format: 123-456-7890 | 561-514-1517 |

| Exhibit 2 | Page 10 | 10/24/2009 |

# Project Participants - Households with Dependent Children

### Instructions:

Total number of households (required) ¿ enter or update the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled children (in this row) ¿ enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled children (in this row) ¿ enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of children (calculated row) ¿ all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

### Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

| Total Number of Households | 0 | | | | | | |
|---|---|---|---|---|---|---|---|
| | | Total Persons | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| Disabled Adults | 0 | | 0 | 0 | 0 | 0 | 0 |
| Non-Disabled Adults | | | | | | | |
| Disabled Children | | | | | | | |
| Non-Disabled Children | | | | | | | |
| Total Persons (click on "Save" to auto-calculate) | 0 | | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| Total Number of Adults (click on "Save" to auto-calculate) | 0 | | | | | | |

| Exhibit 2 | Page 11 | 10/24/2009 |
|---|---|---|

| Total Number of Children (click on "Save" to auto-calculate) | 0 |
|---|---|

| Exhibit 2 | Page 12 | 10/24/2009 |
|---|---|---|

# Project Participants - Households without Dependent Children

### Instructions:

Total number of households (required) ¿ enter the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of unaccompanied youth (calculated row) ¿ all fields are automatically calculated.

Additional Resources:
Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

## Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

| Exhibit 2 | Page 13 | 10/24/2009 |

| Total Number of Households | 15 | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total Persons | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| Disabled Adults | 15 | 3 | 15 | 10 | 1 | 0 | 0 |
| Non-Disabled Adults | 0 | | | | | | |
| Disabled Unaccompanied Youth | 0 | | | | | | |
| Non-Disabled Unaccompanied Youth | 0 | | | | | | |
| Total Persons (click on "Save" to auto-calculate) | 15 | 3 | 15 | 10 | 1 | 0 | 0 |
| Total Number of Adults (click on "Save" to auto-calculate) | 15 | | | | | | |
| Total Number of Unaccompanied Youth (click on "Save" to auto-calculate) | 0 | | | | | | |

| Exhibit 2 | Page 14 | 10/24/2009 |

# Outreach for Participants

## Instructions:

Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentage (calculated) - the percentages entered will sum in the Total of above percentages field.

If total is less than 100% - indicate the other places from which homeless persons enter the project.

Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.**

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

| | |
|---|---|
| 70% | Persons who came from the street or other locations not meant for human habitation. |
| 0% | Person who came from Emergency Shelters. |
| 30% | Persons who came from Safe Havens. |
| 0% | Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens. |
| 100% | Total of above percentages |

**If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.**

| | | |
|---|---|---|
| Exhibit 2 | Page 15 | 10/24/2009 |

# Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding
request for the total term of the project. To add information to this list,
click on the  icon and enter the requested information.

### Total Shelter Plus Care Rental Assistance   $197,280

| FMR_Area | Total Units | Total Requested |
|---|---|---|
| FL - West Palm Beach-Boca Raton, FL H... | 15 | 197280 |

| Exhibit 2 | Page 16 | 10/24/2009 |
|---|---|---|

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

FMR Percentage (required) - the only available selection is 100% of the area FMR. Rent requests that are greater (101-110%) or less (1-99%) than the published FMR for a given area are no longer permitted. Still, the rental payments that are drawn from LOCCS or HUDCAPS must not exceed the actual negotiated rent for each unit or the FMRs in effect at the time of grant execution, whichever is less. The FMRs are available online at: http://www.huduser.org/datasets/fmr.html.

In addition, S+C/SRO and Section 8 SRO projects may operate SRO or 0-bedroom units only; however, the per unit rental payments that are drawn from LOCCS or HUDCAPS may not exceed the published FMR for an SRO unit size.

Size of units (populated) - these options are system generated.

Number of units (required) - for each unit size, enter or update the number units for which funding is being requested. For renewal projects, the number(s) entered should match the grant inventory worksheet.

FMR amount (populated) - these fields are populated once the required fields have been completed and saved.

Number of months (populated) - these fields are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

### Complete the following fields related to the S+C rental assistance funds being requested under the project.

**Type of Program** S+C

**Metropolitan or non-metropolitan fair market rent area** FL - West Palm Beach-Boca Raton, FL HUD Metro FMR Area (1209999999)

**Rent requests must equal 100% of FMR Click on the "Save" button to populate the budget fields below**

In the budget chart below, enter or update the number of units for which funding is being requested. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. The number of units entered for each unit size should correspond to the units indicated on the Grant Inventory Worksheet. The remaining fields will populate once all required information is completed and saved.

| Exhibit 2 | Page 17 | 10/24/2009 |
|-----------|---------|------------|

| Size of Units | Number of Units | | FMR | | Number of Months | | Total |
|---|---|---|---|---|---|---|---|
| SRO | | x | $702 | x | 12 | = | $0 |
| 0 Bedroom | | x | $936 | x | 12 | = | $0 |
| 1 Bedroom | 15 | x | $1,096 | x | 12 | = | $197,280 |
| 2 Bedrooms | | x | $1,294 | x | 12 | = | $0 |
| 3 Bedrooms | | x | $1,830 | x | 12 | = | $0 |
| 4 Bedrooms | | x | $1,885 | x | 12 | = | $0 |
| 5 Bedrooms | | x | $2,168 | x | 12 | = | $0 |
| 6 Bedrooms | | x | $2,451 | x | 12 | = | $0 |
| 7 Bedrooms | | x | $2,733 | x | 12 | = | $0 |
| 8 Bedrooms | | x | $3,016 | x | 12 | = | $0 |
| 9 Bedrooms | | x | $3,299 | x | 12 | = | $0 |
| Total | 15 | | | | | = | $197,280 |

| Exhibit 2 | Page 18 | 10/24/2009 |

# Project Information - Page 1

## Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) ¿ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) ¿ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) ¿ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.

Program Type (required) ¿ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) ¿ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) ¿ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) ¿ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) ¿ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Expiring Grant Number** FL14C405001

**CoC Number and Name** FL-605 - West Palm Beach/Palm Beach County CoC

| Exhibit 2 | Page 2 | 10/24/2009 |

|  |  |
|---|---|
| **Project Name** | Project Home |
| **Project Type** | Renewal Project |
| **Program Type**<br>Content depends on "Project Type" selection | S+C |
| **Component Type**<br>Content depends on "Program Type" selection | SRA |
| **In which state is the project located?**<br>(for multiple state selections hold CTRL+Key) | Florida |
| **In which Congressional District(s) is the project located?**<br>(for multiple selections hold CTRL + Key) | FL-022, FL-016, FL-023, FL-019 |

**Provide a general description of the project.**
**(Max 3000 characters)**

Project Home is a 17 bed Shelter Plus Care project operated under a Housing First Model for single, chronically homeless, male and female adults suffering from severe mental illness or co-occurring disorders of severe mental illness and substance abuse/dependence. Eligible participants will come from the streets, emergency shelter, the local Safe Haven and/or transitional housing for homeless persons who originally came from the streets or emergency shelter. Participants will receive rental assistance, mental health services, case management, life skills training and employment services as needed. In the most recent APR submitted, 100% of participants who left the program during the operating year had lived in the program two years or longer. Additionally, 89% of the participants remaining in the program at the end of the operating year have lived there one year or longer.

| Exhibit 2 | Page 3 | 10/24/2009 |

# Project Information - Page 2

### Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

NEW PROJECTS:
Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:
Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

NEW AND RENEWAL PROJECTS:
A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and HMIS.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Was the original project awarded as a Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No
**If "yes" additional information is required on the following page.**

**Grant Term:** 1 Year

**Does the project use Energy Star?** Yes

| Exhibit 2 | Page 4 | 10/24/2009 |

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY

| Exhibit 2 | Page 5 | 10/24/2009 |

# Project Sponsor Information

## Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Is the project applicant the same as the project sponsor?
(If yes click on the "Save" button to auto-fill the fields below)**

No

**Organization Name** Oakwood Center of the Palm Beaches, Inc.

**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

| | DUNS Number<br>Format: xxxxxxxxx or xxxxxxxxxxxxx | 076032119 | PLU<br>S 4 | |
|---|---|---|---|---|

| Exhibit 2 | Page 6 | 10/24/2009 |
|---|---|---|

| | |
|---:|:---|
| **Tax ID or EIN**<br>**Format: 12-3456789** | 59-1171320 |
| **Street Address 1** | 1041 45th Street |
| **Street Address 2** | |
| **City** | West Palm Beach |
| **State** | Florida |
| **Zip Code**<br>**Format: 12345 or 12345-1234** | 33407 |
| **Is the sponsor a Faith-Based Organization?** | No |
| **Identify source documentation for sponsor's nonprofit status:** | IRS letter or ruling showing 501(c)(3) status |

| Exhibit 2 | Page 7 | 10/24/2009 |

# Project Sponsor Contact Information

## Instructions:

Prefix (no input required) ¿ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ¿ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ¿ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ¿ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ¿ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ¿ from dropdown menu.

Title (required) ¿ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ¿ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ¿ re-enter or update the sponsor e-mail address.

Phone Number (required) ¿ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ¿ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ¿ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

|  |  |
|---|---|
| **Prefix** | Mr. |
| **First Name** | Barbaro |
| **Middle Name** |  |
| **Last Name** | Cordoves |
| **Suffix** |  |
| **Title** | Director, Adult Continuing Care Services |
| **E-mail Address** | barbaro@oakwoodcenter.org |
| **Confirm E-mail Address** | barbaro@oakwoodcenter.org |
| **Phone Number Format: 123-456-7890** | 561-383-5836 |
| **Extension** |  |
| **Fax Number Format: 123-456-7890** | 561-514-1517 |

| Exhibit 2 | Page 10 | 10/24/2009 |
|---|---|---|

# Project Participants - Households with Dependent Children

### Instructions:

Total number of households (required) ¿ enter or update the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled children (in this row) ¿ enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled children (in this row) ¿ enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of children (calculated row) ¿ all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

### Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

| Total Number of Households | 0 | | | | | | |
|---|---|---|---|---|---|---|---|
| | Total Persons | | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| **Disabled Adults** | 0 | | 0 | 0 | 0 | 0 | 0 |
| **Non-Disabled Adults** | 0 | | | | | | |
| **Disabled Children** | 0 | | | | | | |
| **Non-Disabled Children** | 0 | | | | | | |
| **Total Persons** (click on "Save" to auto-calculate) | 0 | | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| **Total Number of Adults** (click on "Save" to auto-calculate) | 0 | | | | | | |

| Exhibit 2 | Page 11 | 10/24/2009 |

| Total Number of Children (click on "Save" to auto-calculate) | 0 |
|---|---|

| Exhibit 2 | Page 12 | 10/24/2009 |
|---|---|---|

# Project Participants - Households without Dependent Children

### Instructions:

Total number of households (required) ¿ enter the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of unaccompanied youth (calculated row) ¿ all fields are automatically calculated.

Additional Resources:
Point in time - PIT (definition) ¿ a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant¿s estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant¿s assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

| Exhibit 2 | Page 13 | 10/24/2009 |

| Total Number of Households | 17 | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Total Persons** | **Chronically Homeless** | **Severely Mentally Ill** | **Chronic Substance Abuse** | **Veterans** | **Persons with HIV/AIDS** | **Victims of Domestic Violence** |
| **Disabled Adults** | 17 | 12 | 17 | 10 | 2 | 1 | 0 |
| **Non-Disabled Adults** | 0 | | | | | | |
| **Disabled Unaccompanied Youth** | 0 | | | | | | |
| **Non-Disabled Unaccompanied Youth** | 0 | | | | | | |
| **Total Persons** (click on "Save" to auto-calculate) | 17 | 12 | 17 | 10 | 2 | 1 | 0 |
| **Total Number of Adults** (click on "Save" to auto-calculate) | 17 | | | | | | |
| **Total Number of Unaccompanied Youth** (click on "Save" to auto-calculate) | 0 | | | | | | |

| Exhibit 2 | Page 14 | 10/24/2009 |

# Outreach for Participants

### Instructions:

Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentage (calculated) - the percentages entered will sum in the Total of above percentages field.

If total is less than 100% - indicate the other places from which homeless persons enter the project.

Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.**

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

| | |
|---|---|
| 70% | Persons who came from the street or other locations not meant for human habitation. |
| | Person who came from Emergency Shelters. |
| 30% | Persons who came from Safe Havens. |
| | Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens. |
| 100% | Total of above percentages |

**If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.**

| Exhibit 2 | Page 15 | 10/24/2009 |

# Shelter Plus Care Rental Assistance Budget

**The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.**

### Total Shelter Plus Care Rental Assistance  $223,584

| FMR_Area | Total Units | Total Requested |
|---|---|---|
| FL - West Palm Beach-Boca Raton, FL H... | 17 | 223584 |

| Exhibit 2 | Page 16 | 10/24/2009 |

# Shelter Plus Care Rental Assistance Budget Detail

### Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

FMR Percentage (required) - the only available selection is 100% of the area FMR. Rent requests that are greater (101-110%) or less (1-99%) than the published FMR for a given area are no longer permitted. Still, the rental payments that are drawn from LOCCS or HUDCAPS must not exceed the actual negotiated rent for each unit or the FMRs in effect at the time of grant execution, whichever is less. The FMRs are available online at: http://www.huduser.org/datasets/fmr.html.

In addition, S+C/SRO and Section 8 SRO projects may operate SRO or 0-bedroom units only; however, the per unit rental payments that are drawn from LOCCS or HUDCAPS may not exceed the published FMR for an SRO unit size.

Size of units (populated) - these options are system generated.

Number of units (required) - for each unit size, enter or update the number units for which funding is being requested. For renewal projects, the number(s) entered should match the grant inventory worksheet.

FMR amount (populated) - these fields are populated once the required fields have been completed and saved.

Number of months (populated) - these fields are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo
http://esnaps.hudhre.info/training

### Complete the following fields related to the S+C rental assistance funds being requested under the project.

**Type of Program**   S+C

**Metropolitan or non-metropolitan fair market rent area**   FL - West Palm Beach-Boca Raton, FL HUD Metro FMR Area (1209999999)

**Rent requests must equal 100% of FMR Click on the "Save" button to populate the budget fields below**

**In the budget chart below, enter or update the number of units for which funding is being requested. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. The number of units entered for each unit size should correspond to the units indicated on the Grant Inventory Worksheet. The remaining fields will populate once all required information is completed and saved.**

| Exhibit 2 | Page 17 | 10/24/2009 |
|-----------|---------|------------|

| Size of Units | Number of Units | | FMR | | Number of Months | | Total |
|---|---|---|---|---|---|---|---|
| SRO | | x | $702 | x | 12 | = | $0 |
| 0 Bedroom | | x | $936 | x | 12 | = | $0 |
| 1 Bedroom | 17 | x | $1,096 | x | 12 | = | $223,584 |
| 2 Bedrooms | | x | $1,294 | x | 12 | = | $0 |
| 3 Bedrooms | | x | $1,830 | x | 12 | = | $0 |
| 4 Bedrooms | | x | $1,885 | x | 12 | = | $0 |
| 5 Bedrooms | | x | $2,168 | x | 12 | = | $0 |
| 6 Bedrooms | | x | $2,451 | x | 12 | = | $0 |
| 7 Bedrooms | | x | $2,733 | x | 12 | = | $0 |
| 8 Bedrooms | | x | $3,016 | x | 12 | = | $0 |
| 9 Bedrooms | | x | $3,299 | x | 12 | = | $0 |
| Total | 17 | | | | | = | $223,584 |

| Exhibit 2 | Page 18 | 10/24/2009 |
|---|---|---|

# Applicant

## Instructions:

8. Applicant Information: Enter the following related to the organization applying for homeless assistance funding.

   a. Legal Name (Required): Enter the legal name of applicant that will undertake the assistance activity. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at: http://esnaps.hudhre.info/training.

   b. Employer/Taxpayer Number (EIN/TIN) (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

   c. Organizational DUNS (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

   d. Address: Enter the complete address as follows: Street address (Line 1 required, Line 2 optional), City (Required), County (Optional), State (Required), Province (Not-required), Country (Auto-populated), Zip/Postal Code (Required).

   e. Organizational Unit: Enter the name of the primary organizational unit and department or division,(if applicable) that will undertake the assistance activity, if applicable.

   f. Name and contact information of person to be contacted on matters involving this applicant (Required): first and last names, title, telephone number, fax number, and email address. If applicable, enter the person's organizational affiliation if affiliated with an organization other than the applicant organization.

## 8. Applicant

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

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-6000785

| c. Organizational DUNS: | 100219570 | PL US 4 |
|---|---|---|
| | | |

## d. Address

**Street 1:** 301 North Olive Avenue

**Street 2:** 810 Datura St.

**City:** West Palm Beach

**County:** Palm Beach County

**State:** Florida

**Province:**

**Country:** United States

**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:** Claudia

**Middle Name:** H

**Last Name:** Tuck

**Suffix:** LCSW

**Title:** Director, Division of Human Services

**Organizational Affiliation:**

**Telephone Number:** (561) 355-4775

**Extension:**

**Fax Number:** (561) 355-4801

**Email:** ctuck@pbcgov.org

**Confirm Email** ctuck@pbcgov.org

# Application Details

### Instructions:

9. Type of Applicant (Required): Select the appropriate applicant type that identifies the organization applying for homeless assistance funding.

10, 11. These fields are not required for HUD McKinney-Vento homeless assistance funding.

12. Funding Opportunity (Required): Applicants must enter the Funding Opportunity Number as indicated in the CoC NOFA.

13. This field is not required for HUD McKinney-Vento homeless assistance funding.

**9. Type of Applicant:**   B. County Government

**If "Other" please specify:**
**(select the "Save" button to enter data in this field)**

**10. Name of Federal Agency:**

**11. Catalog of Federal Domestic Assistance Number/Title:**

**CFDA Title:**

**12. Funding Opportunity Number:**   FR-5341-N-01

**Title:**   Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

# Compliance

**Instructions:**

19. Is Application Subject to Review By State Executive Order 12372 Process? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Deliquent on any Federal Debt? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

**19. Is the Application Subject to Review By State Executive Order 12372 Process?**  c. Program is not covered by E.O. 12372.

**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:**

# Declaration

**Instructions:**

21. Declaration (Required): This Declaration must be signed and dated by the authorized representative of the applicant organization. **The list of certifications and assurances are contained in the announcement and on the left menu under HUD-SNAPS Information.

Authorized Representative (Required): Enter the first and last names, title, telephone number, fax number, and e-mail address of the person authorized to sign for the applicant. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

**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)**

<div align="center">

**I AGREE:** | X |

</div>

**Authorized Representative**

|  |  |
|---|---|
| **Prefix:** | Commissioner |
| **First Name:** | John |
| **Middle Name:** | F |
| **Last Name:** | Koons |
| **Suffix:** | |
| **Title:** | Chairman |
| **Telephone Number:** (Format: 123-456-7890) | (561) 355-2202 |
| **Fax Number:** (Format: 123-456-7890) | (561) 355-6277 |
| **Email:** | jkoons@pbcgov.org |
| **Signature of Authorized Representative** (enter first, middle, and last names) | John F. Koons |
| **Date Signed** | 10/13/2009 |

# Additional Information

## Instructions:

Indicate the applicant's congressional districts (Required): Select the applicant's congressional district from the available list. Any district(s) affected by the program or project should be indicated on the Exhibit 2 application. The information selected here and on the Exhibit 2 will be used to send funding notification to the appropriate congressional representatives.

Is the applicant a faith-based organization? (Required): Select the appropriate answer that identifies the applicant applying for homeless assistance funding.

Has the applicant ever received a federal grant? (Required): Select the appropriate answers that applies to the applicant applying for homeless assistance funding.

Is the applicant's most recent Code of Conduct on file with HUD? (Required): Reference the following website to determine whether or not the applicant's Code of Conduct is on file with HUD, http://www.hud.gov/offices/adm/grants/codeofconduct/cconduct.cfm. If the Code of Conduct is not listed on the website, contact the local HUD Field Office or attach the first five (5) pages of the Code.

Identify the source documentation for the applicant's nonprofit status: All nonprofit applicants must select the appropriate documentation that applies to the applicant applying for homeless assistance funding. This document must be attached to the "Nonprofit Document" page. If the applicant is not a nonprofit organization this question will not appear on the page.

**Indicate applicant's congressional district(s):** FL-022, FL-016, FL-023, FL-019
**(for multiple selections hold CTRL and key)**

**Is the applicant a faith-based organization?** No

**Has the applicant ever received a federal grant?** Yes

**Is the applicant's most recent Code of Conduct on file with HUD?
(If "no" attach the first 5 pages of the Code)** Yes

| SF424 | Page 9 | 10/24/2009 |
|-------|--------|------------|

# Applicant Certification

### 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.

**Name of Authorized Certifying Official**   John Koons

**Date:**   10/13/2009

**Title:**   Chairman

**Applicant Organization:**   Palm Beach County Board of County Commissioners

**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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**      X

# Applicant/Recipient Disclosure/Update Report

**U.S. Department of Housing and Urban Development**

OMB Approval No. 2510-0011 (exp. 10/31/2009)

---

**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): | 2. Social Security Number or Employer ID Number: |
|---|---|
| Palm Beach County Board of County Commissioners<br>301 N. Olive Ave., West Palm Beach, FL 33401 (561) 355-4775 | 596-00-0785 |
| 3. HUD Program Name<br>Project SUCCESS, Flagler Project, Project Home | 4. Amount of HUD Assistance Requested/Received<br>$863,022.00 |

5. State the name and location (street address, City and State) of the project or activity:
Scattered Site Locations

## 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).

☑ Yes   ☐ 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

☑ Yes   ☐ 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.)
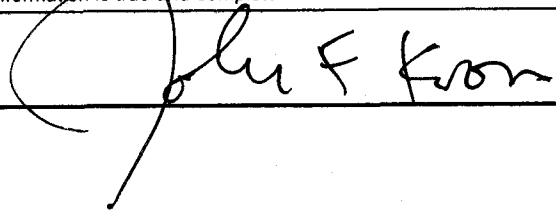
## Part III Interested Parties. You must disclose:

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 $50,000 or 10 percent of the assistance (whichever is lower).
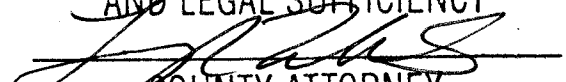
| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in Project/Activity ($ and %) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

(**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.

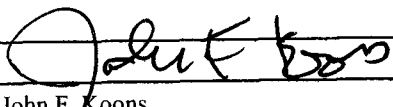| Signature:<br><br>X | Date: (mm/dd/yyyy)<br>10-26-09 |
|---|---|

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

# 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: | 2. Status of Federal Action: | 3. Report Type: |
|---|---|---|
| [b] a. contract<br>b. grant<br>c. cooperative agreement<br>d. loan<br>e. loan guarantee<br>f. loan insurance | [a] a. bid/offer/application<br>b. initial award<br>c. post-award | [ ] a. initial filing<br>b. material change<br>**For Material Change Only:**<br>year _____ quarter _____<br>date of last report _____ |

| 4. Name and Address of Reporting Entity: | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: |
|---|---|
| [x] Prime          [ ] Subawardee<br>Tier _____, *if known*:<br><br>Palm Beach County Board of County Commissioners<br>301 N Olive Ave.<br>West Palm Beach, FL 33401<br><br>**Congressional District,** *if known*: 16,19,22,23 | **Congressional District,** *if known*: |

| 6. Federal Department/Agency: | 7. Federal Program Name/Description:<br><br>CFDA Number, *if applicable*: 14.235, 14.238 |
|---|---|

| 8. Federal Action Number, *if known*: | 9. Award Amount, *if known*:<br>$ |
|---|---|

| 10. a. Name and Address of Lobbying Registrant<br>(*if individual, last name, first name, MI*):<br><br>No Federal Lobbying conducted on behalf of this grant. | b. Individuals Performing Services (*including address if different from No. 10a*)<br>(*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: _John F. Koons (signature)_<br>Print Name: John F. Koons<br>Title: Chairman, Palm Beach County Board of County Commissioners<br>Telephone No.: (561) 355-2202          Date: 10-26-9 |
|---|---|

| **Federal Use Only:** | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97) |
|---|---|

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY