

**REVISED**

Department

**Submitted By: Community Services**  
**Submitted For: Division of Human Services**

**Motion and Title: Staff recommends motion to:**

1) the U.S. Department of Housing and Urban Development (HUD) renewal application for the Supportive Housing Program, for the period of January 1, 2013, through December 31, 2013, in the amount of \$ 533,398; and

2) the U.S. Department of Housing and Urban Development (HUD) Shelter Plus Care renewal application, for the period of May 23, 2012, through May 22, 2013, in the amount of \$424,704;

**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:

C) **delegate** authority to the County Administrator, or his designee to sign the contracts for the HUD Supportive Housing Program with Gulfstream Goodwill Industries, Inc., Jerome Golden Center for Behavioral Health, Inc., and Comprehensive Alcoholism Rehabilitation Program, Inc. (CARP, Inc.), for no more than a one-year period to end December 31, 2013, for the maximum cumulative amount of \$533,398; and


**D) delegate** authority to the County Administrator, or his designee to sign the contract for the HUD Shelter Plus Care Program with Jerome Golden Center for Behavioral Health, Inc., for no more than a one-year period to end May 22, 2013, for the final amount approved in the 2011 HUD Shelter Plus Care grant agreement.

**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 of \$91,240 is required (20% Supportive Services-\$46,940 and 25% Operating-\$44,300). This match will be budgeted in the FY 2013 budget process. The Shelter Plus Care (S+C) Renewal Grant provides sponsor based rental assistance for 32 disabled individuals. There is no cash match requirement for this grant, but an in-kind match is provided by the partner agency, Jerome Golden Center for Behavioral Health, Inc., in the form of supportive services. Thomas McKissack of the Jerome Golden Center for Behavioral Health, Inc., serves on a County Advisory Board: the Palm Beach County HIV Care Council. This Board provides no regulation, oversight, management, or policy-setting recommendations regarding the Jerome Golden contract. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. (Human Services) Countywide (TKF)

**Background and Justification:** Since 1996, the Division of Human Services has received a HUD 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) HOT's. Gulfstream Goodwill Industries, Inc. is the supportive housing and supportive services provider; CARP, Inc. and Jerome Golden Center for Behavioral Health, Inc. provide supportive services in the form of specialized case managers; the two HOT's are administered by the Division of Human Services. In 2001 and 2004, the Division of Human Services received HUD Shelter Plus Care grants for a total of two (2), five-year grants. These grants were consolidated into one grant in the 2010 HUD grant renewal process and will be renewed annually. Without a government grantee, these funds cannot be accessed, as HUD restricts eligibility to government entities. Jerome Golden Center for Behavioral Health, Inc. is the project sponsor that carries out the activities funded by this grant.

1. 2011 Supportive Housing Renewal Application for Homeless Assistance
2. 2011 Shelter Plus Care Renewal Application for Homeless Assistance

Recommended By:  11/2/11  
Department Director Date

Approved By:  11-7-11  
Assistant County Administrator Date

## II. FISCAL IMPACT ANALYSIS

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

| Fiscal Years            | <u>2012</u>      | <u>2013</u>      | <u>2014</u>      | <u>2015</u> | <u>2016</u> |
|-------------------------|------------------|------------------|------------------|-------------|-------------|
| Capital Expenditures    |                  |                  |                  |             |             |
| Operating Costs         | <u>140,152</u>   | <u>684,600</u>   | <u>133,350</u>   |             |             |
| External Revenue        | <u>(140,152)</u> | <u>(616,170)</u> | <u>(110,540)</u> |             |             |
| Program Income (County) |                  |                  |                  |             |             |
| In-Kind Match (County)  |                  |                  |                  |             |             |
| NET FISCAL IMPACT       | <u>0</u>         | <u>68,430</u>    | <u>22,810</u>    |             |             |

# ADDITIONAL FTE

POSITIONS (Cumulative) \_\_\_\_\_

Is Item Included In Current Budget: Yes X

No

Budget Account No.: Fund 1001 Dept. 142 Unit 1432 Obj. 3401

Program Code varoius Program Period: varoius

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

Departmental Fiscal Review: Taruna Nalhotra

## III. REVIEW COMMENTS

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

[Signature] 11/2/11  
OFMB  
11/2/11  
11/2/11  
[Signature] 11/8/11  
Contract Administration  
11-8-11 B. Wheeler

### B. Legal Sufficiency:

[Signature] 11/9/11  
Assistant County Attorney

### C. Other Department Review:

\_\_\_\_\_  
Department Director

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



## MEMORANDUM

Department of Community Services  
Division of Human Services  
And Veteran Services

810 Datura Street, #350

West Palm Beach, FL 33401-5211

(561) 355-4775

Fax: (561) 355-4801

www.pbcgov.com

●  
**Palm Beach County  
Board of County  
Commissioners**

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor


**County Administrator**

Robert Weisman



"An Equal Opportunity  
Affirmative Action Employer"

**TO:** Karen T. Marcus, Chair and the  
Board of County Commissioners

**FROM:** Robert Weisman   
County Administrator

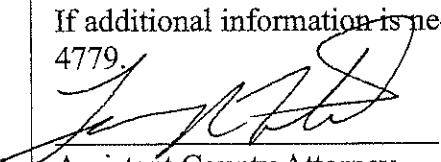
**DATE:** October 7, 2011

**RE:** **2011 HUD Palm Beach County Continuum of Care Grant  
Applications**

Pursuant to PPM#CW-F-003 your signature is needed on the 2011 HUD Grant Applications. These applications totaling \$958,102 will renew two currently operating housing programs: Project SUCCESS (\$533,398, which includes \$91,240 of county matching funds), a transitional housing program for 30 single homeless adults, and Flagler Project (\$424,704, no county matching funds required), a Shelter Plus Care program consisting of 32, one-bedroom apartments for single adults suffering from mental illness.

The Notice of Funding Availability was announced on August 30, 2011 with instructions to return it by October 28, 2011. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular BOCC agenda process as HUD recommends submitting your application as early as possible due to the complexities of their online submission process. As a result, we have set our deadline as October 21, 2011. Staff will submit this item at the Board's ~~December 6, 2011~~ *November 15* Commission Agenda.


If additional information is needed, please contact Carol Shaffer, at (561)355-4779.

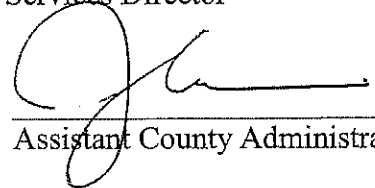
  
Assistant County Attorney

  
OFMB

Approved:

  
Community Services Director

  
Community Svc Fiscal Director 10/7/11

  
Assistant County Administrator

## 1A. Application Type

### Instructions:

1. Type of Submission - This field is populated the Application option, and cannot be changed.
2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications 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. All other applications are defined as new projects.
3. Date Received - No action needed. This field is automatically populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier - Leave this field blank.
- 5a. Federal Entity Identifier - Leave this field blank.
- 5b. Federal Award Identifier: (required) - This field may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.
6. Date Received by State - Leave this field blank.
7. State Application Identifier - Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

### 1. Type of Submission:

2. Type of Application: Renewal Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/20/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier FL0292B4D051003

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

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1B. Legal Applicant

Instructions:

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.
- a. Legal Name - The legal name of the applicant organization is populated on this form from the Applicant Profile. 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>.
- b. Employer/Taxpayer Number (EIN/TIN) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.
- c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>.
- d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.
- e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.
- f. Name and contact information of person to be contacted on matters involving this applicant - The alternate point of contact for the applicant organization is populated on this form from the Applicant Profile. This person may or may not be the authorized representative.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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<br>US<br>4 |  |
|--|-------------------------|-----------|---------------|--|

d. Address

- Street 1:

810 Datura Street. Suite 350
- Street 2:
- City:

West Palm Beach
- County:

Palm Beach County

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**State:** Florida  
**Country:** United States  
**Zip / Postal Code:** 33401

**e. Organizational Unit (optional)**

**Department Name:** Community Services  
**Division Name:** Human Services

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

**Prefix:** Ms.  
**First Name:** Claudia  
**Middle Name:** H  
**Last Name:** Tuck  
**Suffix:** LCSW  
**Title:** Director, Division of Human Services  
**Organizational Affiliation:** Palm Beach County Board of County  
Commissioners  
**Telephone Number:** (561) 355-4775  
**Extension:**  
**Fax Number:** (561) 355-4801  
**Email:** ctuck@pbcgov.org

1C. Application Details

**Instructions:**

9. Type of Applicant : (required) - This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.
10. Name Of Federal Agency - field populated with the Department of Housing and Urban Development. The field cannot be edited.
11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.
12. Funding Opportunity Number/Title - This field will automatically populate with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.
13. Competition Identification Number/Title - Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**9. Type of Applicant:** B. County Government  
**If "Other" please specify:**

**10. Name of Federal Agency:** Department of Housing and Urban Development  
**11. Catalog of Federal Domestic Assistance** SHP  
**Title:**  
**CFDA Number:** 14.235

**12. Funding Opportunity Number:** FR-5500-N-34  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

14. Areas Affected By Project: (required) - select the state(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) - Select the congressional district(s) in which the project operates. For new project, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) - indicate the operating start and end date for the project. For new project application, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

**14. Area(s) affected by the project (state(s) only):** Florida  
(for multiple selections hold CTRL+Key)

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

**16. Congressional District(s):**

a. Applicant: FL-022, FL-016, FL-023, FL-019

b. Project: FL-022, FL-016, FL-023, FL-019

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

a. Start Date: 01/01/2013

b. End Date: 12/31/2013

**18. Estimated Funding (\$)**

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- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. TOTAL:**

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**1E. 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 Delinquent 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.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**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:**

**1F. Declaration**

**Instructions:**

I Agree: (required) - Select the check next to 'I Agree' to (1) certify to the statements contained in the list of certifications\*\*, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances\*\* are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

\*\*The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The information for the authorized representative is populated from the Applicant Profile. 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.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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

I AGREE: ☒

**21. Authorized Representative**

**Prefix:** Ms.

**First Name:** Karen

**Middle Name:** T

**Last Name:** Marcus

**Suffix:**

**Title:** Chair

**Telephone Number:** (561) 355-2201  
**(Format: 123-456-7890)**

**Fax Number:** (561) 355-2525  
**(Format: 123-456-7890)**



**Email:** kmarcus@pbcgov.org

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

**Date Signed:** 09/20/2011

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2A. Project Sponsor(s)

This form lists the sponsor organization(s) for the project. To add a sponsor, select the  icon. To view or update sponsor information already listed, select the view  option.

| Organization                | Type |
|-----------------------------|------|
| This list contains no items |      |

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.

3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.

5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.

6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.

7. Energy star: (required) - select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.

8. Title V: (required) - select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.

9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.

10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Expiring Grant Number FL0292B4D051003  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

- 2. CoC Number and Name** FL-605 - West Palm Beach/Palm Beach County CoC
- 3. Project Name** Project SUCCESS
- 4. Project Type** Renewal Project
- 5. Program Type** SHP  
Content depends on "CFDA Number" selection
- 6. Component Type** TH  
Content depends on "Program Type" selection
- 7. Is Energy Star used at one or more of the properties within this project?** Yes
- 8. Does this project include one or more Title V properties?** No
- 9. Is the project providing services to participants in another PH or TH project?** No
- 10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

**3B. Project Description**

**Instructions:**



Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

**ALL PROJECTS**

1. Project Description: (required) - provide a description of the project that is complete and concise. The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detail instructions available on the left menu, as well applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

**RENEWAL SHP PROJECTS ONLY**

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

**NEW PROJECTS ONLY**

2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

**NEW SHP-HMIS ONLY**

2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.  
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

**NEW SHP-TH PROJECTS ONLY**

3. Maximum length of stay: (required) - indicate the maximum allowable length of occupancy for persons participating in the project.

**NEW SHP-PH ONLY**

3. More than 16 persons living in one structure: (required) - select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

**NEW S+C-TRA ONLY**

3. Housing selection: (required) - select Yes or No to indicate whether or not participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation.

Additional resources:

<http://esnaps.hudhre.info>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

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**1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.**

Project SUCCESS has two components: 30 transitional housing beds and two homeless outreach teams (HOT Teams). The TH component serves single adult males & females that are homeless with mental health & substance abuse issues as well as veterans. By history, 50% have also been chronically homeless and the project anticipates serving as many in future grant periods. Housing is available for up to two years as well as 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. Project SUCCESS serves homeless Individuals that do not need ongoing Permanent Supportive Housing, but still need a safe environment for a shorter time period to address the issues that lead them to homelessness. The Outreach component is facilitated through the HOT's. The HOT's serves as the front door to the homeless services delivery system by providing outreach to individuals found on the street, soup kitchens, as well as those diverted from the jail system. The HOT completes all Intake and Assessments for Project SUCCESS as well as multiple other HUD funded and non-HUD housing programs. Both Program components enter universal data on a daily basis into the HMIS. During the 2010 operating year, the HOT Teams assessed 1,871 individuals of the 2,201 encounters made. From 1-1-10 to 12-31-10, 80% of the participants exited into permanent. Also, 77% of the participants who exited Project SUCCESS were employed upon exit. Additionally, 77% of the participants who exited Project SUCCESS into permanent housing have remained in permanent housing six months after exit.

**2. Was the original project awarded funding for acquisition, new construction, or rehabilitation?** No

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4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.

1. Project policies and practices are consistent with the educational laws: (required) - select Yes or No to indicate whether or not the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with educational laws, including the McKinney-Vento Act.

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

NEW PROJECTS ONLY

4. Obtain and remain in permanent housing: (required) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

5. Maximizing employment, income, and independent living: (required) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

Specify Other(s): (optional) - enter up to 3 additional supportive services applicable to the proposed project, and enter the frequency of those additional services.

7. Accessibility of community amenities: (required) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

**2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Not Applicable

**3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.**

## 4B. Housing Type and Scale

This list summarizes each housing site in the project. To add a housing site to the list, click the add icon. To view or update a housing site already listed, select the appropriate view icon.

| Housing Type                   | Units | Bedrooms | Beds |
|--------------------------------|-------|----------|------|
| Dormitory, shared or privat... | 12    | 0        | 24   |
| Shared housing                 | 1     | 4        | 6    |

**4B. Housing Type and Scale Detail**

**Instructions:**

- 1. Housing type: (required) - select or update the proposed housing type. Refer to the detailed instructions document for a definition of each housing type.
- 2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.
  - a. Total units: (required) - enter or update the maximum number of units available for housing project participants at the selected housing type.
  - b. Total bedrooms: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
  - c. Total beds: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
- 3. Geographic areas: (required) - indicate the geographic location(s) of the selected housing type.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

**1. Housing Type:** Dormitory, shared or private rooms

**2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.**

**a. Units:** 12

**b. Bedrooms:** 0

**c. Beds:** 24

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 129099 PALM BEACH COUNTY

(for multiple selections hold CTRL+Key)

**4B. Housing Type and Scale Detail**

**Instructions:**

|           |         |            |
|-----------|---------|------------|
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|-----------|---------|------------|

- 1. Housing type: (required) - select or update the proposed housing type. Refer to the detailed instructions document for a definition of each housing type.
- 2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.
  - a. Total units: (required) - enter or update the maximum number of units available for housing project participants at the selected housing type.
  - b. Total bedrooms: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
  - c. Total beds: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
- 3. Geographic areas: (required) - indicate the geographic location(s) of the selected housing type.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.**

- a. Units:** 1
- b. Bedrooms:** 4
- c. Beds:** 6

- 3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 129099 PALM BEACH COUNTY

(for multiple selections hold CTRL+Key)

## 4C. Homeless Management Information System (HMIS) Participation

**Instructions:**

All projects must indicate their level of participation in the CoC's HMIS.

1. Participation in the CoC's HMIS: (required) - select Yes or No to indicate whether or not annual data regarding project participants are reported in the CoC's HMIS.

IF PROJECT PARTICIPANT DATA IS REPORTED IN THE HMIS

2a. Indicate total number of clients served: (required) - enter the total number of participants served by the project in calendar year 2010 (1/1/2010 - 12/31/2010).

2b. Indicate the total number of participants reported in the HMIS: (required) - enter the total number of project participants reported in the CoC's HMIS for calendar year 2010 (1/1/2010 - 12/31/2010).

3. Indicate the percentage of HMIS client records with 'null or missing values' or 'unknown values': (required) - for those project participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"), for each data element. If there were no unknown values, enter a "0" value in any field within the chart.

IF PROJECT PARTICIPANT DATA IS NOT REPORTED IN THE HMIS

4a. Indicate the reason(s) for nonparticipation - indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other

4b. For other or Federal/State prohibitions, cite applicable law - provide an explanation of the other reasons nonparticipation, and cite the applicable federal/state laws that prohibit participation.

Additional resources:

Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**1. Does this project provide client level data to HMIS at least annually?** Yes

Click on the "Save" button below to enter additional information.

**2a. Indicate the number of clients served from 1/1/2010 - 12/31/2010** 83

**2b. Of the clients served from 1/1/2010 - 12/31/2010, indicate the number reported in the HMIS** 83

**3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

|           |         |            |
|-----------|---------|------------|
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| Data Quality                       | Null or Missing Values (%) | Don't Know or Refused (%) |
|------------------------------------|----------------------------|---------------------------|
| Name                               | 0%                         | 0%                        |
| Social Security Number             | 0%                         | 0%                        |
| Date of Birth                      | 0%                         | 0%                        |
| Ethnicity                          | 0%                         | 0%                        |
| Race                               | 0%                         | 0%                        |
| Gender                             | 0%                         | 0%                        |
| Veteran Status                     | 0%                         | 0%                        |
| Disabling Condition                | 0%                         | 0%                        |
| Residence Prior to Prog. Entry     | 0%                         | 0%                        |
| Zip Code of Last Permanent Address | 0%                         | 0%                        |

5A. Project Participants - Households with  
Dependent Children

Instructions:

Identify the demographics of each household with children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

- 1. Total number of households: (required) - enter the total number of households served (or proposed to be served).
- 2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
- 7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
- 8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://esnaps.hudhre.info/training>

|                               |                                 |                         |                          |                               |          |                             |                                    |
|-------------------------------|---------------------------------|-------------------------|--------------------------|-------------------------------|----------|-----------------------------|------------------------------------|
| 1. Total Number of Households | 0                               |                         |                          |                               |          |                             |                                    |
|                               | Total Persons<br>(unduplicated) | Chronically<br>Homeless | Severely<br>Mentally Ill | Chronic<br>Substance<br>Abuse | Veterans | Persons<br>with<br>HIV/AIDS | Victims of<br>Domestic<br>Violence |
| 2. Disabled Adults            | 0                               | 0                       | 0                        | 0                             | 0        | 0                           | 0                                  |
| 3. Non-Disabled Adults        | 0                               | 0                       | 0                        | 0                             | 0        | 0                           | 0                                  |
| 4. Disabled Children          | 0                               | 0                       | 0                        | 0                             | 0        | 0                           | 0                                  |

|           |         |            |
|-----------|---------|------------|
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**Project:** Project SUCCESS

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|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| 5. Non-Disabled Children   | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Total Persons<br>(click on "Save" to auto-calculate)            | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |   |   |   |   |   |   |   |
| 7. Total Number of Adults<br>(click on "Save" to auto-calculate)   | 0 |   |   |   |   |   |   |
| 8. Total Number of Children<br>(click on "Save" to auto-calculate) | 0 |   |   |   |   |   |   |

|           |         |            |
|-----------|---------|------------|
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5B. Project Participants - Households without  
Dependent Children

Instructions:

Identify the demographics of each household without children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households without children served (or proposed to be served).
2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
4. Disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
5. Non-disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

|                               |                              |                      |                       |                         |          |                       |                              |
|-------------------------------|------------------------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| 1. Total Number of Households | 30                           |                      |                       |                         |          |                       |                              |
|                               | Total Persons (unduplicated) | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| 2. Disabled Adults            | 30                           | 15                   | 8                     | 20                      | 2        | 0                     | 0                            |
| 3. Non-Disabled Adults        | 0                            |                      |                       | 0                       |          | 0                     | 0                            |

|  |    |    |   |    |   |   |   |
|--|----|----|---|----|---|---|---|
| 4. Disabled Unaccompanied Youth (under 18)                                 | 0  | 0  |   | 0  |   | 0 |   |
| 5. Non-Disabled Unaccompanied Youth (under 18)                             | 0  | 0  | 0 | 0  | 0 | 0 |   |
| 6. Total Persons (click on "Save" to auto-calculate)                       | 30 | 15 | 8 | 20 | 2 | 0 | 0 |
| 7. Total Number of Adults (click on "Save" to auto-calculate)              | 30 |    |   |    |   |   |   |
| 8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate) | 0  |    |   |    |   |   |   |

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

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

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

2. If total is less than 100%: (optional) - indicate the other places from which homeless persons enter the project, in the text box provided.

3. Outreach plan: (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project. Also 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:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. 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 (90 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   |

2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.

6A. Standard Performance Measures

**Instructions:**

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set a housing stability goal and to select at least one income-related performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe (#)" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target (#)" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target (%)" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

1. Specify the universe and target for the housing measure.  
Click 'Save' to calculate the target percent (%).

| Housing Measure   | Universe (#) | Target (#) | Target (%) |
|---|--------------|------------|------------|
| a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year. | 30           | 20         | 67%        |

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.  
Click 'Save' to calculate the target percent (%).

| Income Measure   | Universe (#) | Target (#) | Target (%) |
|--|--------------|------------|------------|
| a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. | 30           | 12         | 40%        |
| OR   |              |            |            |
| b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.                  |              |            | 0%         |

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).



6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

| a. Proposed Measure                        | b. Universe (#) | c. Target (#) | d. Target (%) (Calculated) |
|--|-----------------|---------------|----------------------------|
| Remain in PH housing six months post exit. | 20              | 15            | 75%                        |

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Destination and date of exit are recorded in a program log. Case Manager contacts each leaver at three months and six months post exit to verify the housing status. These contacts are recorded in the program log.

3. Specific data elements and formula proposed for calculating results

Number of people who remained in PH six months after exit divided by the total number of leavers that exited to PH six months previously.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

This is performance measure would demonstrate the program's success in increasing the participant's skills and income to remain in the community.

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

| a. Proposed Measure                                   | b. Universe (#) | c. Target (#) | d. Target (%) (Calculated) |
|---|-----------------|---------------|----------------------------|
| Obtain mainstream resource within 60 days of entrance | 30              | 27            | 90%                        |

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case Manager will record receipt of mainstream resources in HMIS

3. Specific data elements and formula proposed for calculating results

The number of participants that recieved a mainstream resource within 60 days of entering the program divided by the number of participants that entered the program during the same grant year.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Obtaining mainstream resources increase the participant's abiltiy to live independently in the community

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

| a. Proposed Measure                          | b. Universe (#) | c. Target (#) | d. Target (%) (Calculated) |
|--|-----------------|---------------|----------------------------|
| Obtain employment within 90 days of entrance | 30              | 18            | 60%                        |

**2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results**

Case Manager would record employment and income in HMIS.

**3. Specific data elements and formula proposed for calculating results**

The number of participants that obtained employment within 90 days of entrance divided by the number of participants that entered in the same grant year.

**4. Rationale for why the proposed measure is an appropriate indicator of performance for this program**

Obtaining employment increases the participant's ability to live independently in the community.

|           |         |            |
|-----------|---------|------------|
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## Funding Request

### Instructions:

The fields that must be completed on this form will vary based on the project type, program type, and component type.

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be executed and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

#### NEW PROJECTS ONLY:

1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

#### RENEWAL PROJECTS ONLY:

1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

1c. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) - indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project, in order to continue to receive renewal funding under the CoC competition.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

#### NEW AND RENEWAL PROJECTS:

3. Grant term: (required) - indicate the number of years for which new or renewal funding is being requested. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - 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, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

Additional resources:

<http://esnaps.hudhre.info>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2013? Yes

|           |         |            |
|-----------|---------|------------|
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|-----------|---------|------------|

**1b. Is this project a HUD approved consolidation?** No

**1c. Was the original project awarded funding (in part or whole) under a special housing initiative?** No

**2. Has this project been reduced through the HHN reallocation process?** No

**3. Grant Term:** 1 Year

**4. Select the activities for which funding is being requested:**

|                     |                                     |
|---------------------|-------------------------------------|
| Leasing             | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## Operating Budget

**Instructions:**

For each year of the grant term, enter the quantity and total budget request for each operating activity. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

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: (no input required) - 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:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

| Eligible Costs             | Quantity<br>(limit 400 characters)  | SHP<br>Request<br>Year 1 | Total     |
|----------------------------|---|--------------------------|-----------|
| 1.Maintenance/Repair       |   | \$0                      | \$0       |
| 2.Staff                    | 1 FTE Manager@\$44,400,<br>1.5 FTE Resident Tech I<br>@\$36,400, 2FTE Resident<br>Tech II @\$55,425 | \$102,168                | \$102,168 |
| 3.Utilities                | Electric and Telephone  | \$25,930                 | \$25,930  |
| 4.Equipment<br>(lease/buy) |   | \$0                      | \$0       |
| 5.Supplies                 |   | \$0                      | \$0       |
| 6.Insurance                | Property and Liability<br>Insurance   | \$4,800                  | \$4,800   |
| 7.Furnishings              |   | \$0                      | \$0       |
| 8.Relocation               |   | \$0                      | \$0       |
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|   |  |           |           |
|---|--|-----------|-----------|
| 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*<br>(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.**

# 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 \$101,500



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. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

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. For new projects requesting funds for leasing one or more structure, enter a zero in any one of the fields.

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:  
Application Detailed Instructions (on left menu)  
<http://www.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

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                          | \$18,700        |

Supportive Services Budget

Instructions:

For each year of the grant term, enter the quantity and total budget request for each supportive services cost. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

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: (no input required) - 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:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

| Supportive Services Costs                   | Quantity<br>(limit 400 characters) | SHP<br>Request<br>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   |

|   |  |           |           |
|---|--|-----------|-----------|
| 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       |

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<br>(Lines 1 - 3)                                    | \$0   | \$0              | \$0   |
| 5. Real Property Leasing<br>From Leasing Budget Chart           | \$101,500                                   |                  | \$101,500   |
| 6. Supportive Services<br>From Supportive Services Budget Chart | \$187,760                                   | \$46,940         | \$234,700   |
| 7. Operations<br>From Operating Budget Chart                    | \$132,898                                   | \$44,300         | \$177,198   |
| 8. HMIS<br>From HMIS Budget Chart                               | \$0   | \$0              | \$0   |
| 9. SHP Request<br>(Subtotal lines 4-8)                          | \$422,158                                   |                  |   |
| 10. Administrative Costs<br>(Up to 5% of line 9)                | \$20,000                                    |                  |   |
|   | Total SHP Request<br>(Total lines 9 and 10) | Total Cash Match | Total Budget<br>(Total SHP Request +<br>Total Cash Match) |
|   | \$442,158                                   | \$91,240         | \$533,398   |

8A. Attachment(s)

Instructions

1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.
2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.
3. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

| Document Type                      | Required? | Document Description | Date Attached |
|------------------------------------|-----------|----------------------|---------------|
| 1. Sponsor Nonprofit Documentation | No        |                      |               |
| 2. PHA Certification Letter        | No        |                      |               |
| 3. Other Attachment                | No        |                      |               |

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

**8B. 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** Karen Marcus

**Date:** 09/20/2011

**Title:** Chair

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

X

|           |         |            |
|-----------|---------|------------|
| Exhibit 2 | Page 46 | 09/24/2011 |
|-----------|---------|------------|



**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2014)

**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):<br>Palm Beach County Board of County Commissioners<br>810 Datura Street, Suite 350, West Palm Beach, FL 33401, 561-355-4775 | 2. Social Security Number or Employer ID Number:<br>596000785 |
| 3. HUD Program Name<br>Transitional Housing  | 4. Amount of HUD Assistance Requested/Received<br>\$442,158   |
| 5. State the name and location (street address, City and State) of the project or activity:<br>Project SUCCESS, 1503 & 1507 So. Federal Highway, Lake Worth, FL 33460                            |   |

**Part I Threshold Determinations**

|  |   |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|---|

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

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

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

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

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

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

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

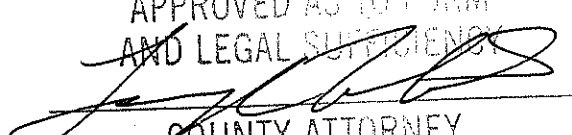
(Note: Use Additional pages if necessary.)

**Certification**

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

|  |                             |
|--|-----------------------------|
| Signature:  | Date: (mm/dd/yyyy) 10/13/11 |
|--|-----------------------------|

x **Chair, Palm Beach County Board of County Commissioners**

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AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

Certification for  
a Drug-Free Workplace

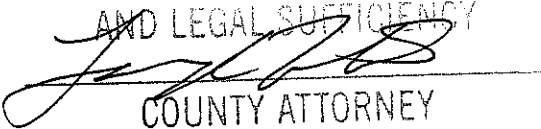
U.S. Department of Housing  
and Urban Development

|  |
|--|
| Applicant Name                                   |
| Palm Beach County Board of County Commissioners  |
| Program/Activity Receiving Federal Grant Funding |
| Project SUCCESS and Flagler Project              |

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

- I certify that the above named Applicant will or will continue to provide a drug-free workplace by:
- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
  - b. Establishing an on-going drug-free awareness program to inform employees ---
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Applicant's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
  - d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
    - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

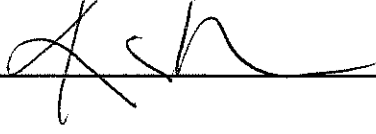
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

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AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

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

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

|   |  |
|---|--|
| Name of Authorized Official   | Title  |
| Karen T. Marcus   | Chair, Palm Beach County Board of County Commissioners |
| Signature   | Date   |
| X  | 10/13/11   |


form HUD-50070 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

# 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

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>1. Type of Federal Action:</b><br><input checked="" type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   |  | <b>2. Status of Federal Action:</b><br><input checked="" type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award |   | <b>3. Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |  |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<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   |  |  | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br>Congressional District, if known:   |   |  |
| <b>6. Federal Department/Agency:</b>   |  |  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: 14.235, 14.238   |   |  |
| <b>8. Federal Action Number, if known:</b>   |  |  | <b>9. Award Amount, if known:</b><br>\$   |   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):<br><br>No federal lobbying on behalf of this grant.   |  |  | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(last name, first name, MI):   |   |  |
| <b>11.</b> 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: <br>Print Name: Karen T. Marcus<br>Title: Chair, Palm Beach County Board of County Commissioners<br>Telephone No.: 561-355-2201      Date: |   |  |
| <b>Federal Use Only:</b>   |  |  |   |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97) |

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

**1A. Application Type**

**Instructions:**

- 1. Type of Submission - This field is populated the Application option, and cannot be changed.
- 2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications 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. All other applications are defined as new projects.
- 3. Date Received - No action needed. This field is automatically populated with the date on which the application is submitted. The date populated cannot be edited.
- 4. Applicant Identifier - Leave this field blank.
- 5a. Federal Entity Identifier - Leave this field blank.
- 5b. Federal Award Identifier: (required) - This field may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.
- 6. Date Received by State - Leave this field blank.
- 7. State Application Identifier - Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**1. Type of Submission:**

**2. Type of Application:** Renewal Project

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 10/07/2011

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier** FL0281C4D051003

(e.g., expiring grant number)

**6. Date Received by State:**

**7. State Application Identifier:**

|           |        |            |
|-----------|--------|------------|
| Exhibit 2 | Page 2 | 10/07/2011 |
|-----------|--------|------------|

1B. Legal Applicant

Instructions:

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.
- a. Legal Name - The legal name of the applicant organization is populated on this form from the Applicant Profile. 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>.
- b. Employer/Taxpayer Number (EIN/TIN) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.
- c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>.
- d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.
- e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.
- f. Name and contact information of person to be contacted on matters involving this applicant - The alternate point of contact for the applicant organization is populated on this form from the Applicant Profile. This person may or may not be the authorized representative.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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<br>US<br>4 |  |
|--|-------------------------|-----------|---------------|--|

d. Address

- Street 1: 810 Datura Street. Suite 350
- Street 2:
- City: West Palm Beach
- County: Palm Beach County

**State:** Florida  
**Country:** United States  
**Zip / Postal Code:** 33401

**e. Organizational Unit (optional)**

**Department Name:** Community Services  
**Division Name:** Human Services

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

**Prefix:** Ms.  
**First Name:** Claudia  
**Middle Name:** H  
**Last Name:** Tuck  
**Suffix:** LCSW  
**Title:** Director, Division of Human Services  
**Organizational Affiliation:** Palm Beach County Board of County  
Commissioners  
**Telephone Number:** (561) 355-4775  
**Extension:**  
**Fax Number:** (561) 355-4801  
**Email:** ctuck@pbcgov.org

1C. Application Details

Instructions:

9. Type of Applicant : (required) - This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.
10. Name Of Federal Agency - field populated with the Department of Housing and Urban Development. The field cannot be edited.
11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.
12. Funding Opportunity Number/Title - This field will automatically populate with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.
13. Competition Identification Number/Title - Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance S+C  
Title:

CFDA Number: 14.238

12. Funding Opportunity Number: FR-5500-N-34

Title: Continuum of Care Homeless Assistance  
Competition

13. Competition Identification Number:

Title:

**1D. Congressional District(s)**

**Instructions:**

14. Areas Affected By Project: (required) - select the state(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):  
a. Applicant: This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.  
b. Project: (required) - Select the congressional district(s) in which the project operates. For new project, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) - indicate the operating start and end date for the project. For new project application, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**14. Area(s) affected by the project (state(s) only):** Florida  
(for multiple selections hold CTRL+Key)

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

**16. Congressional District(s):**  
a. Applicant: FL-022, FL-016, FL-023, FL-019  
b. Project: FL-022, FL-016, FL-023, FL-019  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**  
a. Start Date: 05/23/2012  
b. End Date: 05/22/2013

**18. Estimated Funding (\$)**



- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. TOTAL:**

1E. 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 Delinquent 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.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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:

## 1F. Declaration

### Instructions:

I Agree: (required) - Select the check next to 'I Agree' to (1) certify to the statements contained in the list of certifications\*\*, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances\*\* are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

\*\*The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The information for the authorized representative is populated from the Applicant Profile. 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.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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

I AGREE: ☒

### 21. Authorized Representative

Prefix: Ms.

First Name: Karen

Middle Name: T

Last Name: Marcus

Suffix:

Title: Chair

Telephone Number: (561) 355-2201  
(Format: 123-456-7890)

Fax Number: (561) 355-2525  
(Format: 123-456-7890)

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**Email:** kmarcus@pbcgov.org

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

**Date Signed:** 10/07/2011

|           |         |            |
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## 2A. Project Sponsor(s)

This form lists the sponsor organization(s) for the project. To add a sponsor, select the  icon. To view or update sponsor information already listed, select the view  option.

| Organization                                     | Type  |
|--|---|
| Jerome Golden Center for Behavioral Health, Inc. | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) |

2A. Project Sponsor Detail

Instructions

1. Sponsor contact information for the each project sponsor.
- a. Organization Name: (required) - Enter the legal name of the organization that will serve as the project sponsor.
- b. Organization Type: (required) -Enter the type of business organization of the project sponsor. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.
- If Other, please specify: Enter the other type of business organization of the project sponsor.
- c. Tax ID or EIN: (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.
- d. DUNS Number: (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>.
- e. Address: Enter the street address, city, state, and zip code (Required); county, province, and country (Optional). Enter the mailing address, if different from the address entered.
- f. Congressional District(s): (required) - select the congressional district(s) in which the sponsor is located.
- g. Faith Based Organization: (required) - select Yes or No if the sponsor is a faith based organization.
- h. Prior Federal Grant Recipient: (required) - select Yes or No to indicate if the sponsor organization has ever received a federal grant.
- i. Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation, if affiliated with an organization other than the sponsor organization. Telephone number and email (required); alternate number, extension, and fax number (optional).
- Additional Resources:  
Application Detailed Instructions (on left menu)
- <http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

a. Organization Name Jerome Golden Center for Behavioral Health, Inc.

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

If "Other" specify:

**c. Employer or Tax Identification Number:** 59-1171320

|  |                                |           |               |  |
|--|--------------------------------|-----------|---------------|--|
|  | <b>d. Organizational DUNS:</b> | 076032119 | PL<br>US<br>4 |  |
|--|--------------------------------|-----------|---------------|--|

**e. Address**

**Street 1** 1041 45th Street

**Street 2**

**City** West Palm Beach

**State** Florida

**Zip Code** 33407

**f. Congressional district(s)** FL-022, FL-016, FL-023, FL-019

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

**h. Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Contact Person**

**Prefix** Mr.

**First Name** Barbaro

**Middle Name**

**Last Name** Cordoves

**Suffix**

**Title** Director, Continuing Care Services

**E-mail Address** barbaro@jeromegoldcenter.org

**Confirm E-mail Address** barbaro@jeromegoldcenter.org

**Phone Number** 561-383-5836

**Extension**

**Fax Number** 561-541-1517

Documentation of the sponsor's nonprofit status is required with the submission of this application.

|           |         |            |
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## 3A. Project Detail

### Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.
2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.
3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.
4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.
5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.
6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.
7. Energy star: (required) - select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.
8. Title V: (required) - select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.
9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.
10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

### 1. Expiring Grant Number FL0281C4D051003

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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- 2. CoC Number and Name** FL-605 - West Palm Beach/Palm Beach County CoC
- 3. Project Name** Flagler Project
- 4. Project Type** Renewal Project
- 5. Program Type** S+C  
Content depends on "CFDA Number" selection
- 6. Component Type** SRA  
Content depends on "Program Type" selection
- 7. Is Energy Star used at one or more of the properties within this project?** Yes
- 8. Does this project include one or more Title V properties?** No
- 9. Is the project providing services to participants in another PH or TH project?** No
- 10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?** No

**3B. Project Description**

**Instructions:**

|           |         |            |
|-----------|---------|------------|
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Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

**ALL PROJECTS**

1. Project Description: (required) - provide a description of the project that is complete and concise. The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detail instructions available on the left menu, as well applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

**RENEWAL SHP PROJECTS ONLY**

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

**NEW PROJECTS ONLY**

2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

**NEW SHP-HMIS ONLY**

2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.  
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

**NEW SHP-TH PROJECTS ONLY**

3. Maximum length of stay: (required) - indicate the maximum allowable length of occupancy for persons participating in the project.

**NEW SHP-PH ONLY**

3. More than 16 persons living in one structure: (required) - select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

**NEW S+C-TRA ONLY**

3. Housing selection: (required) - select Yes or No to indicate whether or not participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation.

Additional resources:

<http://esnaps.hudhre.info>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

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**1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.**

In the 2010 renewal process, the Flagler Project, a 15 bed S+C program was consolidated with Project Home, a 17 bed S+C program, for a new combined total of 32 scattered site beds. 15 of these beds remain designated for the chronically homeless. This program serves homeless individuals suffering from severe mental illness or co-occurring disorders of mental illness and substance abuse. Eligible participants come from the streets, emergency shelter, the local Safe Haven and/or transitional housing for persons who originally came from the streets or emergency shelter. Participants receive rental assistance, mental health services, case management, life skills training and employment services as needed. The most recent APR's submitted show that 100% of the Leavers had remained in the programs anywhere from 18 to 36 months. Additionally, the average length of stay for those who did not leave was 44 months for Flagler and 33 months for Project Home. There is a continued need for this type of program as demonstrated by the 2011 PIT which identified an 8% increase in the number of unsheltered suffering from severe mental illness and only a 2.4% decrease in the number of unsheltered chronically homeless individuals.

4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.

1. Project policies and practices are consistent with the educational laws: (required) - select Yes or No to indicate whether or not the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with educational laws, including the McKinney-Vento Act.

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

NEW PROJECTS ONLY

4. Obtain and remain in permanent housing: (required) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

5. Maximizing employment, income, and independent living: (required) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

Specify Other(s): (optional) - enter up to 3 additional supportive services applicable to the proposed project, and enter the frequency of those additional services.

7. Accessibility of community amenities: (required) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

**2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Not Applicable

**3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.**

**4B. Housing Type and Scale**

This list summarizes each housing site in the project. To add a housing site to the list, click the add icon. To view or update a housing site already listed, select the appropriate view icon.

| Housing Type                    | Units | Bedrooms | Beds |
|---------------------------------|-------|----------|------|
| Scattered-site apartments (...) | 32    | 32       | 32   |

**4B. Housing Type and Scale Detail**

**Instructions:**

- 1. Housing type: (required) - select or update the proposed housing type. Refer to the detailed instructions document for a definition of each housing type.
- 2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.
  - a. Total units: (required) - enter or update the maximum number of units available for housing project participants at the selected housing type.
  - b. Total bedrooms: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
  - c. Total beds: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.
- 3. Geographic areas: (required) - indicate the geographic location(s) of the selected housing type.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.**

**a. Units:** 32

**b. Bedrooms:** 32

**c. Beds:** 32

**3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.** 129099 PALM BEACH COUNTY

(for multiple selections hold CTRL+Key)



## 4C. Homeless Management Information System (HMIS) Participation

**Instructions:**

All projects must indicate their level of participation in the CoC's HMIS.

1. Participation in the CoC's HMIS: (required) - select Yes or No to indicate whether or not annual data regarding project participants are reported in the CoC's HMIS.

IF PROJECT PARTICIPANT DATA IS REPORTED IN THE HMIS

2a. Indicate total number of clients served: (required) - enter the total number of participants served by the project in calendar year 2010 (1/1/2010 - 12/31/2010).

2b. Indicate the total number of participants reported in the HMIS: (required) - enter the total number of project participants reported in the CoC's HMIS for calendar year 2010 (1/1/2010 - 12/31/2010).

3. Indicate the percentage of HMIS client records with 'null or missing values' or 'unknown values': (required) - for those project participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"), for each data element. If there were no unknown values, enter a "0" value in any field within the chart.

IF PROJECT PARTICIPANT DATA IS NOT REPORTED IN THE HMIS

4a. Indicate the reason(s) for nonparticipation - indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other

4b. For other or Federal/State prohibitions, cite applicable law - provide an explanation of the other reasons nonparticipation, and cite the applicable federal/state laws that prohibit participation.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**1. Does this project provide client level data to HMIS at least annually?** Yes

Click on the "Save" button below to enter additional information.

**2a. Indicate the number of clients served from 1/1/2010 - 12/31/2010** 38

**2b. Of the clients served from 1/1/2010 - 12/31/2010, indicate the number reported in the HMIS** 38

**3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

|           |         |            |
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| Data Quality                       | Null or Missing Values (%) | Don't Know or Refused (%) |
|------------------------------------|----------------------------|---------------------------|
| Name                               | 0%                         | 0%                        |
| Social Security Number             | 0%                         | 0%                        |
| Date of Birth                      | 0%                         | 0%                        |
| Ethnicity                          | 0%                         | 0%                        |
| Race                               | 0%                         | 0%                        |
| Gender                             | 0%                         | 0%                        |
| Veteran Status                     | 0%                         | 0%                        |
| Disabling Condition                | 0%                         | 0%                        |
| Residence Prior to Prog. Entry     | 0%                         | 0%                        |
| Zip Code of Last Permanent Address | 0%                         | 0%                        |

5A. Project Participants - Households with Dependent Children

Instructions:

Identify the demographics of each household with children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

- 1. Total number of households: (required) - enter the total number of households served (or proposed to be served).
- 2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
- 6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
- 7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
- 8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://esnaps.hudhre.info/training>

|                               |                              |                      |                       |                         |          |                       |                              |
|-------------------------------|------------------------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| 1. Total Number of Households | 0                            |                      |                       |                         |          |                       |                              |
|                               | Total Persons (unduplicated) | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| 2. Disabled Adults            | 0                            | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |
| 3. Non-Disabled Adults        | 0                            | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |
| 4. Disabled Children          | 0                            | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| 5. Non-Disabled Children   | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Total Persons<br>(click on "Save" to auto-calculate)            | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |   |   |   |   |   |   |   |
| 7. Total Number of Adults<br>(click on "Save" to auto-calculate)   | 0 |   |   |   |   |   |   |
| 8. Total Number of Children<br>(click on "Save" to auto-calculate) | 0 |   |   |   |   |   |   |

5B. Project Participants - Households without Dependent Children

Instructions:

Identify the demographics of each household without children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households without children served (or proposed to be served).
2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
4. Disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
5. Non-disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.
7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.
8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is 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. For a new project, this count is based on the applicant's best guess at the time of application. 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.  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

|                               |                              |                      |                       |                         |          |                       |                              |
|-------------------------------|------------------------------|----------------------|-----------------------|-------------------------|----------|-----------------------|------------------------------|
| 1. Total Number of Households | 32                           |                      |                       |                         |          |                       |                              |
|                               | Total Persons (unduplicated) | Chronically Homeless | Severely Mentally Ill | Chronic Substance Abuse | Veterans | Persons with HIV/AIDS | Victims of Domestic Violence |
| 2. Disabled Adults            | 32                           | 15                   | 32                    | 16                      | 0        | 0                     | 0                            |
| 3. Non-Disabled Adults        | 0                            | 0                    | 0                     | 0                       | 0        | 0                     | 0                            |

|  |    |    |    |    |   |   |   |
|--|----|----|----|----|---|---|---|
| 4. Disabled Unaccompanied Youth (under 18)                                 | 0  | 0  | 0  | 0  | 0 | 0 | 0 |
| 5. Non-Disabled Unaccompanied Youth (under 18)                             | 0  | 0  | 0  | 0  | 0 | 0 | 0 |
| 6. Total Persons (click on "Save" to auto-calculate)                       | 32 | 15 | 32 | 16 | 0 | 0 | 0 |
| 7. Total Number of Adults (click on "Save" to auto-calculate)              | 32 |    |    |    |   |   |   |
| 8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate) | 0  |    |    |    |   |   |   |

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

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

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

2. If total is less than 100%: (optional) - indicate the other places from which homeless persons enter the project, in the text box provided.

3. Outreach plan: (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project. Also 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:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. 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 (90 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   |

2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.

6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set a housing stability goal and to select at least one income-related performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe (#)" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target (#)" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target (%)" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

1. Specify the universe and target for the housing measure.  
Click 'Save' to calculate the target percent (%).

| Housing Measure   | Universe (#) | Target (#) | Target (%) |
|---|--------------|------------|------------|
| a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year. | 32           | 27         | 84%        |

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.  
Click 'Save' to calculate the target percent (%).

| Income Measure   | Universe (#) | Target (#) | Target (%) |
|--|--------------|------------|------------|
| a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. | 32           | 27         | 84%        |
| OR   |              |            |            |
| b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.                  |              |            | 0%         |



**6B. Additional Performance Measures**

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).**

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

| a. Proposed Measure   | b. Universe (#) | c. Target (#) | d. Target (%) (Calculated) |
|---|-----------------|---------------|----------------------------|
| 100% of program participants will apply for mainstream benefits within 60 days of entering the program. | 32              | 32            | 100%                       |

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case manager will record date of entry into the program and date of application for mainstream benefits for each participant in program log.

3. Specific data elements and formula proposed for calculating results

Total number of participants who applied for mainstream benefits within 60 days of entry divided by the total number of participants who entered the program in the same operating year.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

The program operates on a housing first model and applying for mainstream benefits demonstrates engagement with the program and improves the quality of the participant's life.

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

**1. Specify the universe and target goal numbers for the proposed measure.**

| a. Proposed Measure   | b. Universe (#) | c. Target (#) | d. Target (%) (Calculated) |
|---|-----------------|---------------|----------------------------|
| 88% of program participants will engage in mental health treatment within 60 days of entry. | 32              | 28            | 88%                        |

**2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results**

Case manager will track the date of the first psychiatric appointment attended in the participants' file and program log.

**3. Specific data elements and formula proposed for calculating results**

The number of participants who attended a psychiatric appointment within 60 days of admission divided by the number of participants who entered during the same operating year.

**4. Rationale for why the proposed measure is an appropriate indicator of performance for this program**

Engaging in mental health treatment demonstrates the program's ability to increase self-determination and improves the participants' ability to live successfully in the community.

## Funding Request

### Instructions:

The fields that must be completed on this form will vary based on the project type, program type, and component type.

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be executed and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

#### NEW PROJECTS ONLY:

1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

#### RENEWAL PROJECTS ONLY:

1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

1c. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) - indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project, in order to continue to receive renewal funding under the CoC competition.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

#### NEW AND RENEWAL PROJECTS:

3. Grant term: (required) - indicate the number of years for which new or renewal funding is being requested. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - 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, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

#### Additional resources:

<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

**1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2013?** Yes

|           |         |            |
|-----------|---------|------------|
| Exhibit 2 | Page 34 | 10/07/2011 |
|-----------|---------|------------|

1b. Is this project a HUD approved consolidation? Yes

1c. Was the original project awarded funding (in part or whole) under a special housing initiative? No

2. Has this project been reduced through the HHN reallocation process? No

3. Grant Term: 1 Year

## Rental Assistance Budget

The following information summarizes the 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 \$424,704  
Total Number of Units 32

| FMR_Area                                 |
|--|
| FL - West Palm Beach-Boca Raton, FL H... |

Rental Assistance Budget Detail

Instructions:

Name of metropolitan or non-metropolitan fair market rent area: (required) - select the FY2011 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.

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 with the FY2011 FMR amounts, once the required fields have been completed and saved. The FMRs are available online at: <http://www.huduser.org/portal/datasets/fmr.html>

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:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete the following fields related to the rental assistance funds being requested under the project.

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

Indicate the number of units for which funding is being requested. The corresponding FMR amounts and budget totals will auto-calculate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. For renewal applications, the number of units for each unit size must correspond to the units listed on the CoC's inventory of grants.

| Size of Units | Number of Units |   | FMR     |   | Number of Months |            | Total     |
|---------------|-----------------|---|---------|---|------------------|------------|-----------|
| SRO           |                 | x | \$708   | x | 12               | =          | \$0       |
| 0 Bedroom     |                 | x | \$944   | x | 12               | =          | \$0       |
| 1 Bedroom     | 32              | x | \$1,106 | x | 12               | =          | \$424,704 |
| 2 Bedrooms    |                 | x | \$1,306 | x | 12               | =          | \$0       |
| 3 Bedrooms    |                 | x | \$1,847 | x | 12               | =          | \$0       |
| 4 Bedrooms    |                 | x | \$1,903 | x | 12               | =          | \$0       |
| 5 Bedrooms    |                 | x | \$2,188 | x | 12               | =          | \$0       |
| 6 Bedrooms    |                 | x | \$2,474 | x | 12               | =          | \$0       |
| Exhibit 2     |                 |   | Page 37 |   |                  | 10/07/2011 |           |

|            |  |    |         |   |    |   |           |
|------------|--|----|---------|---|----|---|-----------|
| 7 Bedrooms |  | x  | \$2,759 | x | 12 | = | \$0       |
| 8 Bedrooms |  | x  | \$3,045 | x | 12 | = | \$0       |
| 9 Bedrooms |  | x  | \$3,330 | x | 12 | = | \$0       |
| Total      |  | 32 |         |   |    | = | \$424,704 |



**8A. Attachment(s)**

**Instructions**

- 1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.
- 2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.
- 3. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

| Document Type                      | Required? | Document Description | Date Attached |
|------------------------------------|-----------|----------------------|---------------|
| 1. Sponsor Nonprofit Documentation | No        | Sponsor Nonprofit... | 09/24/2011    |
| 2. PHA Certification Letter        | No        |                      |               |
| 3. Other Attachment                | No        |                      |               |

**Attachment Details**

**Document Description:** Sponsor Nonprofit Doc.

**Attachment Details**

**Document Description:**

**Attachment Details**

**Document Description:**

8B. 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** Karen Marcus

**Date:** 10/07/2011

**Title:** Chair

**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, fictitious, 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. 06/30/2014)

**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):<br>Palm Beach County Board of County Commissioners<br>810 Datura Street, Suite 350, West Palm Beach, FL 33401, 561-355-4775 | 2. Social Security Number or Employer ID Number:<br>596000785 |
|--|---|

|  |   |
|--|---|
| 3. HUD Program Name<br>Shelter Plus Care | 4. Amount of HUD Assistance Requested/Received<br>\$424,704 |
|--|---|

5. State the name and location (street address, City and State) of the project or activity:  
Flagler Project, Scattered Sites, Palm Beach County Florida

**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).<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|---|

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

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

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

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

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

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

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

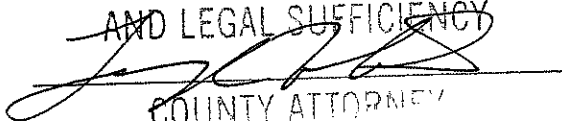
(Note: Use Additional pages if necessary.)

**Certification**

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

|   |                                |
|---|--------------------------------|
| Signature:<br>x  | Date: (mm/dd/yyyy)<br>10/13/11 |
|---|--------------------------------|

Chair, Palm Beach County Board of County Commissioners

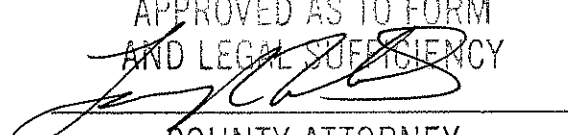
APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

# 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

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1. Type of Federal Action:</b><br><input checked="" type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   |  | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award |  | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |  |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<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   |  |   | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br>Congressional District, if known:  |  |  |
| <b>6. Federal Department/Agency:</b>   |  |   | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: 14.235, 14.238  |  |  |
| <b>8. Federal Action Number, if known:</b>   |  |   | <b>9. Award Amount, if known:</b><br>\$  |  |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):<br><br>No federal lobbying on behalf of this grant.   |  |   | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(last name, first name, MI):<br><br><div style="text-align: center;">  </div> |  |  |
| <b>11.</b> 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: <br>Print Name: Karen T. Marcus<br>Title: Chair, Palm Beach County Board of County Commissioners<br>Telephone No.: 561-355-2201      Date:                    |  |  |
| <b>Federal Use Only:</b>   |  |   |  |  | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97) |

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

Certification for  
a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name  
Palm Beach County Board of County Commissioners

Program/Activity Receiving Federal Grant Funding  
Project SUCCESS and Flagler Project

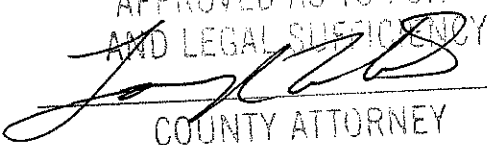
Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

- I certify that the above named Applicant will or will continue to provide a drug-free workplace by:
- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
  - b. Establishing an on-going drug-free awareness program to inform employees ---
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Applicant's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
  - d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
    - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

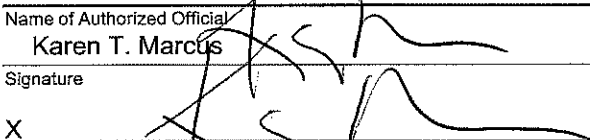
Palm Beach County Division of Human Services  
810 Datura Street, Suite 350  
West Palm Beach, FL 33401

Palm Beach County Division of Human Services  
1150 45th Street  
West Palm Beach, FL 33407

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|  |   |
|--|---|
| Name of Authorized Official<br>Karen T. Marcus   | Title<br>Chair, Palm Beach County Board of County Commissioners |
| Signature<br> | Date  |