

# Department of Children and Families

## Office on Homelessness



## 2016 Emergency Solutions Grant (ESG) Grant Application

Grant Application # LPZ19

All applications *must be received* by the

**Office on Homelessness at:**

1317 Winewood Boulevard  
Building 3, Room 201  
Tallahassee, FL 32399-0700

**Before 3:00 p.m. on May 25, 2016**

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## **I. GRANT OVERVIEW**

The Emergency Solutions Grant (ESG) Program is a federally funded program awarded to the State of Florida through the Department of Housing and Urban Development (HUD). The State of Florida is required to distribute the grant for projects operated by local government agencies or private non-profit organizations.

The ESG program is designed as the first step in a continuum of assistance that addresses homelessness and enables the homeless population to move steadily toward independent living. The Continuum of Care (CoC) model is based on the understanding that homelessness is not caused simply by a lack of shelter, but is caused by a variety of underlying human and social conditions. HUD believes the best approach for alleviating homelessness is to establish a community-based process that provides a comprehensive response to the diverse needs of homeless persons. The fundamental components of a CoC system are:

- 1) Outreach and assessment to identify a homeless person's needs;
- 2) Immediate (emergency) shelter as a safe, decent alternative to the streets;
- 3) Transitional housing with appropriate supportive services to help people achieve independent living; and
- 4) Permanent housing or permanent supportive housing for the disabled homeless.

The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

### **A. Eligible Applicants**

The only entities that may submit an application for the Emergency Solutions Grant shall be the lead agencies of the CoC, as designated pursuant to section 420.624(6), Florida Statutes, by the Office on Homelessness (Office) for specified catchment areas within the state.

The designation of the lead agencies by the Office has been done in consultation with the U.S. Department of Housing and Urban Development (HUD), the local homeless coalitions within Florida, and those agencies that were identified as the lead agency in the most recent application for HUD homeless grants. The list of designated lead agencies by catchment area is attached in EXHIBIT 1.

Any applications received from other entities not on the list of designated lead agencies shall be returned, without review, to the entity that submitted it.

Lead agencies are required to register in MyFloridaMarketPlace (MFMP) as a vendor. Registration is required because the Department of Financial Services uses data from MFMP to establish the payment data file for purposes of disbursing state funds.

Funds disbursed to lead agencies as a result of these grants are financial assistance. In accordance with rule 60A-1.032(l)(i)1, F.A.C., disbursements of financial assistance to recipients of state financial assistance are exempt from paying the MFMP transaction fee.

The grant application to administer the Emergency Solution Grant (ESG) Program is authorized by section 420.624(2), Florida Statutes. To qualify for the grant, a lead agency must develop and implement a local homeless assistance CoC plan for its designated planning area.

The CoC plan must implement a coordinated assessment or central intake system to screen, assess, and refer persons seeking assistance to the appropriate service provider. The lead agencies may allocate grant funds to programs, services, or housing providers that support the implementation of the local CoC plan.

This grant solicitation describes the Department's instructions that govern the grant application process, including the scoring process for applications in accordance with the statutory preference criteria stated in section 420.622(4), Florida Statutes.

All applicants must complete the completeness checklist (Appendix B) and all required forms on the checklist to be considered.

## **II. SCOPE OF WORK**

The ESG Program will fund activities that meet the definitions contained in the HUD regulations published in 24 C.F.R. § 576, as amended. Applicants are directed to review the definitions of homeless and at risk of homelessness in 24 C.F.R. § 576.2 (Exhibit 13).

Under this grant application, funded components of the ESG Program are: Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Re-Housing. Allowable costs associated with carrying out grant functions also include grant administrative costs (capped at 5%) and costs associated participation in and collected, entering and providing data in the Homeless Management Information System (HMIS).

The lead agencies must ensure that written standards for each service component performed are completed in accordance with 24 C.F.R. § 576.400(e) (Exhibit 12) and approved by the Office on Homeless prior to grant execution.

### **A. Eligible Activities**

**(1) Street Outreach:** Essential services to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach are also eligible. See 24 C.F.R. § 576.101 for complete list of eligible activities.

**Eligible Program Participants:** Unsheltered individuals and families who qualify as homeless under Category one (1) and Category four (4) of HUD's Definition of Homelessness.

#### **Allowable Activities: (See Exhibit 16)**

- *Engagement* – Activities to locate, identify, and build relationships with unsheltered homeless persons for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or social services and housing programs. Eligible costs include: initial assessment of need and eligibility; providing

crisis counseling; addressing urgent physical needs; and actively connecting and providing information and referral. Eligible costs also include the cell phone costs of outreach workers during the performance of these activities.

- *Case Management* – Assessing housing and service needs, and coordinating the delivery of individualized services. Eligible costs include: using a Continuum of Care centralized or coordinated assessment system; initial evaluation including verifying and documenting eligibility; counseling; helping to obtain Federal, State and local benefits; providing information and referral to other providers; and developing an individualized housing/service plan.
- *Emergency Health Services* – Outpatient treatment of urgent medical conditions by licensed medical professionals; and providing medication and follow-up services.
- *Emergency Mental Health Services* – Outpatient treatment of urgent mental health conditions by licensed professionals; medication costs; and follow up services.
- *Transportation* – Travel by outreach workers or other service providers during the provision of eligible outreach activities; costs of transportation of clients to emergency shelters or other service providers; and costs of public transportation for clients.
- *Services to Special Populations* – Essential Services that have been tailored to address the needs of **unaccompanied homeless youth, victims of domestic violence and related crimes/threats, or people living with HIV/AIDS** who are literally homeless.

**(2) Emergency Shelter:** Rehabilitation of an existing shelter or conversion of a building for the purposes of providing emergency shelter, essential services and operational expenses. See 24 C.F.R. § 576.102 for complete list of eligible activities.

**Eligible Participants:** Individuals and families who qualify as homeless under Categories one (1) through four (4) of HUD's Definition of Homelessness.

**Allowable Activities: (See Exhibit 16)**

- *Renovation, major rehabilitation or conversion* – Renovation means rehabilitation that involves costs of 75% or less of the value of the building before renovation. Major rehabilitation means rehabilitation that involves costs in excess of 75% of the value of the building before rehabilitation. Conversion means a change in the use of the building to an emergency shelter for the homeless, where the cost of conversion exceeds 75% of the value of the building after conversion.
- *Essential Services*
- *Renovation (includes major rehab and conversion)*
- *Shelter Operations*
- *Assistance required under URA*
  - a. *Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA).* Eligible costs are the costs of providing URA assistance under §576.408, including relocation payments and other assistance to persons displaced by a project assisted with ESG funds. Persons that receive URA assistance are not considered “program participants” for the purposes of this part, and relocation payments and other URA assistance are not considered “rental assistance” or “housing relocation and stabilization services” for the purposes of this part.

**(3) Prevention Activities:** Activities related to preventing persons from becoming homeless and to assist participants in regaining stability in their current or other permanent housing. See 24 C.F.R. §576.103, 105, and 106 for complete list of eligible activities.

**Eligible Participants:** Extremely low-income individuals and families with household incomes of at or below 30% of Area Median Income who qualify as homeless under Categories 2, 3 and 4 of HUD's Definition of Homelessness or any category of HUD's Definition of "At Risk of Homelessness".

**Rapid Re-Housing Activities:** Activities related to help a homeless individual or family to move into permanent housing. See 24 C.F.R. §576.104, 105, and 106 for complete list of eligible activities.

**Eligible Participants:** Individuals and families who meet the definition of "homeless" who live in an emergency shelter or other place described in the definition provided by HUD.

*Prohibition against involuntary family separation.* The age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.

**Allowable Activities for Prevention and Rapid Re-Housing: (See Exhibit 16 )**

*Financial Assistance* – Rental application fee (excludes pet deposit); moving costs; security deposit for rental or utility; payment of rental arrears up to six months; and short-term (up to 3 months) or medium-term (up to 9 months) rental and/or utility assistance.

Short and Medium Term Rental Assistance Requirements and Restrictions

- i. Compliance with FMR (Fair Market Rents) and Rent Reasonableness;
- ii. For purposes of calculating rent, the rent must equal the sum of the total rent, any fees required for rental (excluding late fees and pet deposits), and, if the tenant pays separately for utilities (excluding telephone) the monthly allowance for utilities as established by the public housing authority for the area in which the housing is located;
- iii. Compliance with minimum habitability standards;
- iv. Tenant based rental assistance means that participants select a housing unit in which to live and receive rental assistance. Project based rental assistance means that grantees identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize it so that eligible program participants have access to the unit;
- v. A standard and legal lease must be in place;
- vi. No rental assistance can be provided to a household receiving assistance from another public source for the same time period (with the exception of rental arrears); and
- vii. Participants must meet with a case manager at least monthly for the duration of the assistance (participants who are victims of domestic violence are exempt if meeting would increase the risk of danger to client).
- viii. The Grantee must develop an individualized plan to help the program participant remain in permanent housing after the ESG assistance ends.

*Housing Relocation and Stabilization Services* – Housing search and placement; assessment of housing barriers and needs; landlord mediation; legal services resolving landlord/tenant matters; assistance with submitting rental applications and leases; assessment of housing for habitability, lead-based paint and rent reasonableness; case management; HMIS data collection and submission; credit repair counseling; budget classes; and monitoring and re-evaluating program participants.

## **B. Eligible Clients**

Persons eligible to receive services being funded by this grant are (See Homeless Definitions in Exhibit 13):

- 1) Homeless persons who meet the definition of homelessness as defined in 24 C.F.R. § 576, for type of service provided;
- 2) Persons at-risk of becoming homeless under 24 C.F.R. § 576, for the type of service provided;
- 3) Applicants must establish written policies and procedures specific to recordkeeping and documenting eligibility assessments at intake and periodic re-evaluation; and
- 4) Program must maintain documentation on all households seeking assistance, even if determined to be ineligible (documentation must reflect why).

## **III. FUNDING ALLOCATIONS**

The U.S. Department of Housing and Urban Development (HUD) has awarded the State of Florida \$5,098,790 based on area demographics of the communities in Florida that will not receive a direct award from HUD for 2016.

Under grant administration, the Department retains \$126,182 for its costs and lead agencies administrative costs may not to exceed five percent (5%) of the grant award.

The Department will utilize fixed cost pricing for eligible expenditures or cost reimbursement to the grant recipients as a method of payment under this grant application.

Funding of the 2016 ESG Program is subject to the appropriation of spending authority by the Legislature for FY2016/2017 budget year. **The awards will be for three years, ending June 30, 2019. Subsequent fiscal year funding will depend on award allocations, budget availability, and performance under the grant.** The Department may add to the allocations unobligated or unexpended funds available from the 2015 grant program.

The maximum grant award a lead agency may request is \$250,000 for FY 2016-17. Applications may be submitted for any amount up to, but not exceeding \$250,000. The lead agency shall list the projects or activities to be funded and clearly identify a budget for those uses or activities. Administrative costs must not be more than 5% of the project total and are to be shared with sub-providers of services in the catchment area. The Department reserves the right to fund grant application funding requests at lower levels.

The grant recipient will be allowed to expend the grant funds from the date of execution of the grant agreement, until June 30, 2019, subject to the approval by the Legislature of spending authority in the respective state budget years. This grant is renewable with successful performance. The grant funds shall be used to carry out the services or

programs under the 24 C.F.R. § 576, as amended, and those that are consistent with the local homeless CoC plan, as demonstrated in the plan and certified by the lead agency.

#### **A. Funding Priorities**

The Department shall place a priority on funding those non-entitlement areas not receiving direct awards from HUD for ESG. Lead agencies in entitlement areas are able to provide services within non-formula jurisdictions in their catchment area. For lead agencies that are located in entitlement communities without exceptions, your application shall focus on providing services in: (1) under a service component not currently provided under your 2016 direct award from HUD, or (2) providing service within an entitlement area where you are not utilizing a direct ESG award. (See Formula Jurisdiction Exceptions – Exhibit 14).

Lead agencies must provide a list of projects to be funded under this application that is consistent with the CoC Plan for their catchment area.

#### **IV. MATCH REQUIREMENT**

Applicants who receive an ESG award are required by 24 C.F.R. § 576 and the State of Florida to match the award with an amount that equals the full amount of the ESG award. An applicant or sub-provider may use in-kind services, or other public or private cash sources to meet the dollar for dollar match. Matching funds must be provided after the date of grant award. Funds used to match previous ESG or any other grant may not be used to match the grant award made under this grant application.

Grant recipients may use any of the following as matching funding:

1. Cash
2. Value or fair rental value of any donated material or building used to support the ESG program, including the value of any lease on a building
3. Value of the time and services contributed by volunteers to carry out the program of the recipient based on the value at rates consistent with those paid for similar work in the recipient's organization (24 C.F.R. § 576.201(e)).

For cash match, "provided" means when the funds are expended (or when the allowable cost is incurred). For in-kind match, it is the date the service (or other in-kind match source) is actually provided to the program or project. ESG matching funds must be expended within the same expenditure deadline that applies to the ESG funds being matched (i.e. the 12-month deadline). Non-cash contributions must be made within the expenditure deadline.

#### **A. Additional Federal Requirements**

As the applicant, lead agencies must ensure all sub-providers of services comply for additional federal requirements.

Definitions - The definitions contained in the HUD regulations published in 24 C.F.R. § 576 shall govern the Department's grant awards. Copies of these federal regulations are available by contacting the Department Contact identified in Section V. Applicants are directed to review the definition of homelessness in 24 C.F.R. § 576.2.



Local Certification - as required by 24 C.F.R. § 576.202, private nonprofit organizations providing emergency shelter services under this grant must obtain certification of approval from the unit of local government for the geographic area in which the grant activities will be carried out (Appendix G).

Religious Organizations – Service providers shall be aware of and comply with regulations and requirements set forth in 24 C.F.R. § 576.23, ESG Program: Stewart B. McKinney Homeless Assistance Act. Organizations that are religious or faith based are eligible, on the same basis as any other organization, to participate in the ESG program. Neither the Federal government nor a state or local government receiving funds under ESGs programs shall discriminate against an organization on the basis of the organization’s religious character or affiliation. Provisions set forth generally require that when services are funded under the ESG program the services will be provided in a way that is free from religious influences.

Non-Discrimination And Equal Opportunity – Service providers must ensure that facilities and services are available to all on a nondiscriminatory basis, and publicize the facilities and services. The procedures used to convey the availability of such facilities and services should reach persons with disabilities or persons of any particular race, color, religion, sex, age, familial status, or national origin within their service area who may qualify for them. If not, there must be assurances that establish additional procedures that to ensure that these persons are made aware of the facilities and services. Service providers must adopt procedures to disseminate information to anyone who is interested regarding the existence and location of handicap accessible services or facilities.

Service providers must also comply with the requirements of 24 CFR Parts 5, 200, 203, et al Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity.

Lead Based Paint - Housing assisted with ESG funds is subject to the Lead-Based Paint Poisoning Prevention Act and the Act’s implementing regulations at 24 CFR Part 35, Subparts C through M for any building constructed prior to 1978. When using ESG funds only for essential services and operating expenses, the service provider must comply with Subpart K to eliminate as far as practical lead-based paint hazards in a residential property that receives federal assistance for acquisition, leasing, support services or operation activities. The Lead-Based Paint Regulations are available at [www.hud.gov/lea](http://www.hud.gov/lea). (See **Exhibit 15**)

Relocation And Displacement – Service providers are required to take reasonable steps to minimize the displacement of persons, families, individuals, businesses, non-profit organizations or farms as a result of administering projects funded through ESG. Any persons displaced by the acquisition of property must be provided with relocation assistance (24 CFR § 576.59).

HMIS Participation – All ESG recipients must certify that they will fully utilize the Homelessness Management Information System (HMIS) for their area. The lead agencies must work with their local service providers to coordinate HMIS access and technical assistance. The lead agencies assume full responsibility for all reporting to the Department.

Eligible HMIS activities include paying salaries for operating HMIS, purchasing or leasing software or computer hardware, obtaining technical support, staff travel to conduct intake, etc. See Appendix M for a quick reference of activities and 24 C.F.R. § 576.107 for a complete list of eligible HMIS activities.

Please note that domestic violence programs are exempt from the HMIS requirement, however they will be required to provide aggregate data for reporting purposes.

## **V. GRANT OUTCOME AND EVALUATION MEASURES**

Each lead agency receiving a grant under this solicitation must provide the Office on Homelessness on or before July 31, 2019, a thorough evaluation of the effectiveness of the grant in achieving its intended purpose. At a minimum, this written evaluation shall address the programs' ability meet the objective of the CoC Plan; access the level of services receive by clients served; the completion of the proposed activities versus those actual performed or provided; and the effectiveness at meeting the federal objectives of the ESG Program.

The Office on Homelessness will provide a template for this Evaluation and Performance Criteria.

## **VI. GRANT SOLICITATION PROCESS**

### Department Contact Person and Inquiries

The contact person for the Department for the 2016 ESG application process is:

Mia Parker  
Office on Homelessness  
Department of Children and Families  
1317 Winewood Blvd.  
Bldg. 3, Room 201  
Tallahassee, FL 32399-0700  
(850) 717-4356  
Mia.Parker@myflfamilies.com

Applicants are permitted to contact the Department staff after the notice of grant application has been posted on the Vendor Bid System (VBS). Department staff will respond to applicant written questions based upon the written grant application document. The written grant application document is binding.

Eligible applicants may submit written inquiries to the Department Contact regarding the grant application in order to enhance their understanding of the requirements. Use of electronic communications is encouraged for all inquiries. Written inquiries must be submitted by May 9, 2016. Responses to all written inquiries will be posted on the VBS.

The Department will hold a conference call for all eligible applicants on May 4, 2016 at 2 p.m., Eastern Time. The purpose of the conference call is to answer questions from the eligible applicants. The conference call-in number is 1-888-670-3525, participant code 7015398451#. The call will be recorded, and a summary of the call will be prepared by the Office on Homelessness. Participation on the grant application conference call is not mandatory for eligible applicants.

Schedule of Events and Deadlines

EVENT	DATE	TIME	LOCATION
Grant Application posted on VBS	4/27	N/A	DMS VBS <a href="http://myflorida.com/apps/vbs/vbs_www.main_menu">http://myflorida.com/apps/vbs/vbs_www.main_menu</a>
Solicitation Conference Call	5/4	2:00 p.m.	Conference Call #: 1-888-670-3525 Code: 7015398451#
Deadline for Written Inquiries	5/9	3:00 p.m.	Mia.Parker@myflfamilies.com
Answers to Written Inquires posted	5/13	N/A	DMS VBS <a href="http://myflorida.com/apps/vbs/vbs_www.main_menu">http://myflorida.com/apps/vbs/vbs_www.main_menu</a>
Applications Due	5/25	3:00 p.m.	Dept. of Children and Families Office of Homelessness Attn: Mia Parker 1317 Winewood Blvd. Bldg. 3, Room 201 Tallahassee, Florida 32399
Review of Applications for Completeness	5/31	N/A	N/A
Initial meeting of Evaluation panel	5/31	10:00 a.m.	Office of Homelessness Bldg. 3, Room 202 1317 Winewood Blvd. Tallahassee, Florida 32399
Evaluation panel completes review and scoring	6/8	5:00 p.m.	Office of Homelessness Bldg. 3, Room 202 1317 Winewood Blvd. Tallahassee, Florida 32399
Estimated Posting of Grant Award	6/24	N/A	DMS VBS <a href="http://myflorida.com/apps/vbs/vbs_www.main_menu">http://myflorida.com/apps/vbs/vbs_www.main_menu</a>
Anticipated Effective Date of Grant Award	July 1, 2015	N/A	N/A

**It is the responsibility of the applicant to check the VBS for addenda, notices of decisions, and other information or clarifications regarding this solicitation.**

APPLICATION NOTICE AND DEADLINE TO APPLY

The grant application will be released on April 27, 2016 and will be posted on the VBS of the My Florida Market Place. The deadline to provide grant applications will be May 25, 2016. The Department is not responsible for any costs incurred by an applicant in responding to this grant application. Such costs are not eligible for reimbursement from the grant award.

ALL GRANT APPLICATIONS MUST BE RECEIVED BY MAIL AND IN WRITTEN FORMAT. APPLICATIONS AND REQUIRED CONTENTS MUST BE MAILED OR DELIVERED TO THE CONTACT PERSON LISTED ABOVE. FAILURE TO ENSURE APPLICATIONS RECEIVED BY THE DEADLINE WILL RESULT IN THE APPLICATION BEING DENIED AND RETURNED WITHOUT REVIEW.

## **APPLICATION REVIEWS AND EVALUATIONS**

Upon receipt of the application, the Department will date stamp and log in as received on the grant application log. The initial step in the review and evaluation process will be to review each application for completeness. Only applications that are complete when received or as corrected as provided under the completeness section will be eligible for evaluation.

Eligible applicants must deliver their grant application to the Department, Office on Homelessness, Building 3, Room 201, 1317 Winewood Blvd., Tallahassee, FL 32399-0700, by May 25, 2016 at 3:00 p.m. Eastern Time. No faxed or electronic delivery shall be permitted for submission of applications.

Applications received after the noticed deadline shall be rejected and returned to the applicant without review. There shall be NO EXCEPTIONS or WAIVERS. The applicant is exclusively responsible for the delivery of the application to the Department. Applications must be received in the Office at the above address by the deadline. Applicants must make sure that if the application is mailed or sent by courier service that they allow adequate time for the application to be delivered to the Department. The Department will not entertain appeals based on the failure of a delivery service to make timely delivery.

### **A. Format and Content of Application**

The applicant shall submit an original signed application plus one (1) photocopied application to the Department. Failure to submit an original signed copy, plus the one copy following the completeness review period, shall result in the rejection of the application. The original signed application shall be clearly labeled on the cover sheet "ORIGINAL" to identify the original signed application.

All applications must be on 8 1/2 X 11 size paper, be provided in the order described below, and the application shall be bound with a table of contents clearly showing the order of the material with pages clearly numbered. Where reference documents are to be included in the application, they shall be inserted in the application immediately following the section of the application in which they are referenced.

The application must have five (5) tabbed sections that include the following documents in each tab:

#### **Tab 1:**

- Applicant Information Request
- Completeness Checklist

#### **Tab 2:**

- Agency Profile
- Proposed Activities

#### **Tab 3:**

- CoC Certification
- CoC Plan (related to proposed projects)

#### **Tab 4:**

- Budget and Match Forms
- Budget Narrative

Tab 4:

- Local Government Certification
- Certification Regarding Lobbying
- MyFloridaMarketPlace Registration
- 501(c)(3)
- Lead Based Paint Form (if applicable)

**B. Applicant Information Request and Completeness Check—Tab 1**

The Department will initially review applications received to determine whether the applications are substantially complete. This step will address whether the required forms are present and properly signed, that the proposal appears to have addressed application contents required, and that there is not an easily discernible or obvious error that may be readily corrected.

Should an error be detected, the Department will notify the applicant and the applicant will be afforded three (3) workdays to take corrective action to adjust the application. During the correction period, the applicant is permitted to only take action to correct completeness errors cited by the Office and not to supplement its application by adding material for any other purpose.

The Office is under no obligation to detect or offer the opportunity for completeness and/or corrective action. The Offices' election to afford this opportunity should not, and does not give rise to an expectation of completeness or application correction. The Department has elected to afford an opportunity for applicants to correct incomplete items, but the applicant is solely responsible for completing the corrective measures and ensuring their receipt by the Office.

Applicants shall complete the application Completeness Checklist using the form in EXHIBIT 2, and shall include the completeness checklist in the application immediately following the Applicant Information Request.

The lead agency shall provide complete the Applicant Information Request form in EXHIBIT 3. A duly authorized official of the lead agency shall sign this form.

**C. Agency Profile and Proposes Activities —Tab 2**

The lead agency shall provide information on the proposed activities conducted under this grant. This includes the sub-providers of activities and services and information related to their participation in the CoC planning process and their work to achieving established goals, the coordination of service providers and the assessment system, and the HMIS data collection.

**D. Certification of Consistency with CoC Plan—Tab 3**

The lead agency shall provide a letter on agency letterhead that shall be signed by the same duly authorized official that signs the cover letter certifying that each use is specifically identified within the CoC plan. This letter shall list each use proposed for funding along with the specific citation of where in the plan this activity or use is described in the plan. This reference should cite the section, page, project list, or other clearly identifiable reference to the plan. Copies of applicable portions of the written plan or adopted amendment shall be attached to the letter highlighting the specific use citations, which clearly denote the use, the agency to perform the

service, and that state funds will be sought to support the use. **Failure to properly document the consistency of any activity proposed for funding shall make that activity ineligible for the grant.**

**The CoC plan must be included behind this TAB.**

**E. Budget—Tab 4**

The budget shall follow the forms contained in EXHIBIT 4, and must clearly delineate the following for each proposed activity or project:

- (a) The activity or project use.
- (b) Amount of grant for each project/activity.
- (c) Name of the provider entity to carry out the activity or use.
- (d) Whether this is an existing service or a new service to fill an unmet need.
- (e) Number of homeless persons served.

The lead agency shall provide a narrative that describes all of the activities to be funded, the homeless populations to be served, and the outcomes expected to be achieved for each activity proposed to be funded. The narrative shall clearly state how the proposed ESG Activities will further the implementation of the CoC plan, and help to reduce homelessness in your community.

In addition to the budget and match forms for the ESG, the applicant shall provide a budget narrative to describe the overall project budget and financial sources of match funds expected for the period of the grant. Identify which sources are committed or anticipated to the applicant and sub-provider. If the service provider performs services other than those eligible under the component applied for by the applicant, clearly denote the type of other services/programs and the funding sources. In such cases, separately describe the applicant's general management and oversight budget, key executive staff, budget levels, and overhead/indirect rates charged to grant sources, where allowable. Include timeframes for spending down the funds to ensure timely obligation and expenditure of these funds.

Applicants will be expected to demonstrate that the required match funding has been committed at the time an expenditure report is submitted to the Department as documentation of activities performed under the grant.

**F. Supporting Materials and Required Certifications—Tab 5**

All applicants shall provide evidence of their registration with the state's MyFloridaMarketPlace.

Please include evidence of your 501(c)(3) status from the Internal Revenue Service behind Tab 5.

Non-profit applicants who are applying to provide emergency shelter facilities must also secure the approval of the unit of local government(s) in which they will provide the grant funded services. Under the federal program regulations, the local government where the funded services are undertaken must certify its approval of ESG project in order to enable the state to make its grant award to the private nonprofit application. Applicants shall use the Local Government Certification Form contained in Appendix G, for each unit of local government jurisdiction to be served.

## **G. Application Scoring**

The Department will award grants to the applicants whose application is determined by the Secretary, or designee, to be the most advantageous to the state. Following the close of the completeness review, the Department's grant evaluators will assess the applications submitted to them by the Office on Homelessness (Office). The Office will compile the results of the evaluators' assessment of the applicant's capacity and performance, and provide to the Secretary, or designee. Other considerations noted by the Office on eligibility uses proposed that may affect the level of grant award shall also be provided to the Secretary, or designee.

The Department will award grants based on the final selection by the Secretary, or designee, who will consider the applicant's capacity and performance. No evaluation by the Secretary, or designee, will be required to make the selection and award decision.

To evaluate the applications, the Department will designate two (2) persons knowledgeable in the program area to serve as grant evaluators. The evaluators will be free of conflict of interest with potential applicants. The evaluators will assess the applicants' responses to the Agency Profile, Proposed Activities and CoC capacity to perform proposed activities. Each response is given appoint value, based on complexity of the question.

For questions with a maximum point value of one (1) or two (2) points, the full amount of points must be given if the answer is complete and clear. For questions with a maximum value of five (5) points, the scoring criteria chart below will be used for guidance. The five (5) point questions must be awarded a score between 0-5

<b>Scoring Criteria</b>		
<b>Incomplete/No Response 0 Points</b>	<b>Acceptable Response 3 Points</b>	<b>Excellent Response 5 Points</b>
<b>The response is missing, incomplete, or unclear.</b>	The response is included and provides a description of the question asked. Sufficient details may be lacking.	The response is included and provides a clear, well-defined description and analysis of the question asked.

The Department will award grant amounts based on evaluations until all grant funds are awarded. In the event of two or more applicants with the same evaluation outcomes, the Department may consider the past performance of the applicant under the previous ESG. Additionally, the Department may consider other factors, including but not limited to, the proposed project and how it relates to serving the best interest of the state in sheltering homeless persons, preventing families and individuals from becoming homeless or providing needs of homeless persons through street outreach services. For those applicants who were not funded previously with the ESG, the Department may consider how your proposed program will benefit the state and those persons the Department has a priority to serve.

The Secretary, or designee, will award grants to the applicants, whose proposals are determined by the Secretary to be the most advantageous to the state.

**Appeals:** Any person who is adversely affected by the agency decision or intended decision shall file with the agency a notice of protest in writing within 72 hours after the posting of the notice

of decision or intended decision. With respect to a protest of the terms, conditions, and specifications contained in a solicitation, including any provisions governing the methods for ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours after the posting of the solicitation. The formal written protest shall be filed within 10 days after the date the notice of protest is filed. Failure to file a notice of protest or failure to file a formal written protest shall constitute a waiver of proceedings under this chapter. The formal written protest shall state with particularity the facts and law upon which the protest is based. Saturdays, Sundays, and state holidays shall be excluded in the computation of the 72-hour time periods provided by this paragraph.

In addition, the agency shall provide notice of a decision or intended decision concerning a solicitation, contract award, or exceptional purchase by electronic posting. This notice shall contain the following statement: "Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under chapter 120, Florida Statutes."



## **EXHIBITS**

1. Lead Agencies
2. Applicant Information Request
3. Completeness Checklist
4. Agency Profile and Proposed Activities
5. Quality of Need
6. Need Catchment Area
7. Homeless Population
8. Continuum of Care Certification
9. Overall Project Budget and Sub-Provider Budgets
10. Local Government Certification
11. Lobbying Certification
12. Written Standards
13. Homeless Definitions
14. Formula Jurisdictions
15. Lead Paint Certification
16. ESG Reference Guide

## 2016 Continuum of Care Designated Lead Agencies

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[www.gracemarketplace.org](http://www.gracemarketplace.org)

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Levy, Gilchrist**

**Yvonne Petrasovits, Executive Director**

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**Broward**

**Angela Hogan, Chief Executive Officer**

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**Collier**

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**Duval, Clay, Nassau**

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**Lee**

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Wakulla**

**Manatee and Sarasota**

**Marion**

**Miami-Dade**

**Monroe**

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**St. Johns**

***EFFECTIVE JULY 1, 2016***

**Volusia and Flagler**

**Applicant Information Request**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Federal Tax Identification: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

**2. PROJECT ADMINISTRATOR**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. CONTACT PERSON FOR THE APPLICATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. TARGET GROUP:**

\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_ Families \_\_\_\_\_ Domestic Violence

\_\_\_\_ Other (specify): \_\_\_\_\_

**5. CoC AREA \_\_\_\_\_**

**COUNTY(IES) AND CITY TO BE SERVED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Proposal includes FAITH BASED ORGANIZATIONS?**  YES  NO

7. **TOTAL ESG PROJECT FUNDS REQUESTED:** \$ \_\_\_\_\_

Street Outreach \$ \_\_\_\_\_

Shelter Activities (Essential Services + Operations) \$ \_\_\_\_\_

Prevention \$ \_\_\_\_\_

Rapid Re-Housing \$ \_\_\_\_\_

HMIS \$ \_\_\_\_\_

Administration \$ \_\_\_\_\_

**MATCHING FUNDS:** \$ \_\_\_\_\_

**TOTAL PROGRAM COST** \$ \_\_\_\_\_

**TOTAL SUB-PROVIDERS** \_\_\_\_\_

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction.

Executive Director, or Board Chairman of the Lead Agency:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Completeness Checklist**

Lead Agencies must complete a checklist using this form to help assure that all required documents are contained in their grant application.

<u>Application Item</u>	<u>Complete Yes/No</u>	<u>Initial</u>	<u>Page Number</u>
1. Original Application, plus 1 copy	_____	_____	N/A
2. Applicant Information Request	_____	_____	_____
3. Agency Profile	_____	_____	_____
4. Proposed Activities	_____	_____	_____
5. CoC Certification	_____	_____	_____
6. Budget and Match Form	_____	_____	_____
7. Budget Narrative	_____	_____	_____
8. Local Government Certification (Emergency Shelters)	_____	_____	_____
9. Certification Regarding Lobbying	_____	_____	_____
10. Written Standards	_____	_____	_____
11. 501(c)(3) for nonprofits	_____	_____	_____
12. MyFloridaMarketPlace Registration	_____	_____	_____
13. Lead Based Paint Form (if applicable)	_____	_____	_____









## **Rehabilitation or Conversion Projects**

1. Briefly describe your renovation project including the address of the building, the specifications for the proposed renovations, the cost estimate for the renovations and total project cost. Please attach a work write-up or estimates to this application.
2. Provide documentation of ownership and age of building:
3. Provide the property's current market value and the date the building was constructed.
4. If applicable, has the lead-based paint inspector identified? If yes, please provide documentation of the inspector's qualifications (Appendix L).







6. Explain the assessment process for determining the duration of financial assistance to be provided. If applicable, how will you document that Prevention program participants receiving medium-term rent assistance (3 to 9 months of assistance) be certified for eligibility at least once every 3 months or at re-certification?

7. List all position titles and salaries of personnel that will be billed under Housing Relocation and Stabilization Services (Prevention and/or Rapid Re-Housing). Include salary, percentage of time billed to ESG and indicate whether the position is full- or part-time.

8. For Prevention activities *only*, how will you ensure documentation of proof of income eligibility for program participants?

9. Provide brief, but detailed summary of all proposed projects funded under this grant:

10. Total number of clients to be served monthly and objectives of program:

**Scoring Criteria for Quality of Service – DO NOT COMPLETE**

For questions with a maximum point value of one (1) or two (2) points, the full amount of points must be given if the answer is complete and clear. For questions with a maximum value of three (3) to five (5) points, the scoring criteria chart below will be used for guidance. The three (3) to five (5) point questions must be awarded a score between 0-maximum (3, 4, or 5).

<b>Scoring Criteria</b>		
<b>Incomplete/No Response 0 Points</b>	<b>Acceptable Response 3 Points</b>	<b>Excellent Response 5 Points</b>
<b>The response is missing, incomplete, or unclear.</b>	The response is included and provides a description of the question asked. Sufficient details may be lacking.	The response is included and provides a clear, well-defined description and analysis of the question asked.

**Part I**

Did Provider submit Applicant Information Request (APPENDICE 1)?

Yes \_\_\_\_\_ (1 Point)                      No \_\_\_\_\_

Did Provider submit Completeness Check (APPENDICES 2)?

Yes \_\_\_\_\_ (1 Point)                      No \_\_\_\_\_

Was Completeness Check filled out completely?

Yes \_\_\_\_\_ (1 Point)                      No \_\_\_\_\_

Did the Applicant submit a Project Narrative (TAB 4)?

Yes \_\_\_\_\_ (1 point)                      No \_\_\_\_\_

Did the Applicant submit a CoC Plan (TAB 3)?

Yes \_\_\_\_\_ (1 point)                      No \_\_\_\_\_

Does the CoC Plan contain the projects submitted in the Project Narrative?

Yes \_\_\_\_\_ (2 points)                      No \_\_\_\_\_

Total Points Part I: \_\_\_\_\_/7

**Part II**

<b>Project Narrative</b>		
Question Number	Maximum Points	Points Awarded
Does the Project Narrative clearly outline project goals?	5 points	Comments:
Do the projects in the Narrative state that they can be completed in over the grant period ?	5 points	Comments:
Does the Narrative focus on assisting homeless persons?	5 points	Comments:
Does the plan implement a coordinated assessment or central intake system to screen, assess, and refer persons seeking assistance to the appropriate service provider, as required by section 420.622(4), Florida Statutes?	3 points	Comments:
Does the PIT Count include the total number of unsheltered and sheltered persons?	3 points	Comments:
Does the CoC Plan include objectives for reducing homelessness through the implementation of Rapid Re-Housing Programs?	5 points	Comments:
Is Street Outreach an objective in the CoC Plan or the narrative?	3 points	Comments:
Does the CoC Plan lists objectives to target special populations, like families with children or unaccompanied youth?	5 points	Comments:

Total Points Part II: \_\_\_\_/34

**Total Points:** \_\_\_\_\_

**41 Max Points**

**Certification of Estimated Need Per Catchment Area Population**

1. Enter the total homeless population from your most recent PIT count in the table below. This shall be the Total Homeless Population for individuals and persons in families with children, and shall include both sheltered and unsheltered.

<u>Year</u>	<u>Form</u>	<u>Total Homeless Population (Persons)</u>
2014 – 2015	DOE Homeless Count	_____
2016	Point-in-Time Summary	_____

2. Total Homeless Population (add number from both forms above)

3. Divide the Total Homeless Population (#2 above), by the population of the continuum’s catchment area as reflected in EXHIBIT 4, to calculate the ratio of your homeless population per 1000 persons in your area.

$$\frac{\text{Total Homeless Population (\#2)}}{\text{2010 Population of Your Catchment Area, Exhibit 4}} \div \frac{\text{2010 Population of Your Catchment Area, Exhibit 4}}{9} = \frac{\text{Ratio of homeless per 1,000 Persons in Catchment Area}}{9}$$

**Lead Agency Certification:**

I hereby attest and certify that the above data is true and accurate; that the above data on estimated needs is based upon a homeless population chart which uses data that (1) represents the housing need for homeless persons in the catchment area on any given night; (2) is true and accurate for the continuum’s catchment area; and (3) is derived in accordance with the federal grant instructions.

Name of Lead Agency: \_\_\_\_\_

Name of Lead Agency Certifying Official: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FAILURE TO PROVIDE AN ORIGINAL SIGNED CERTIFICATION IN THE APPLICATION SHALL BE CAUSE FOR THE APPLICATION TO BE RANKED LAST ON THE NEED PREFERENCE CRITERIA.**

**Attach your most recent HUD Homeless Point-In-Time Summary and the narrative/chart describing the methods used to estimate this need.**

**Florida Department of Education  
School Year 2014-15 Counts of Homeless Students by District  
Districts - As of 10/16/15 - Survey 5 Final**

District #	District Name	Homeless Students					
		A Shelters	B Doubled-up	D Unsheltered	E Hotels/Motels	F AFCP	Total
1	ALACHUA	119	484	21	49	12	685
2	BAKER	0	91	<11	<11	0	93
3	BAY	47	1,152	28	162	48	1,437
4	BRADFORD	<11	220	<11	28	<11	255
5	BREVARD	131	1,425	44	226	19	1,845
6	BROWARD	481	1,425	59	267	38	2,270
7	CALHOUN	0	72	<11	0	<11	76
8	CHARLOTTE	58	376	12	55	<11	508
9	CITRUS	57	226	25	16	17	341
10	CLAY	82	895	16	105	<11	1,102
11	COLLIER	90	551	<11	56	75	779
12	COLUMBIA	64	447	16	52	<11	588
13	DADE	1,086	2,571	162	212	0	4,031
14	DESOTO	0	316	44	<11	<11	368
15	DIXIE	0	59	0	<11	0	62
16	DUVAL	352	1,536	19	166	93	2,166
17	ESCAMBIA	152	1,621	<11	155	0	1,938
18	FLAGLER	23	513	24	52	<11	616
19	FRANKLIN	<11	194	25	<11	0	225
20	GADSDEN	27	468	<11	19	<11	530
21	GILCHRIST	<11	<11	<11	<11	0	<11
22	GLADES	<11	56	<11	0	0	61
23	GULF	<11	13	0	0	0	15
24	HAMILTON	<11	215	0	34	<11	251
25	HARDEE	<11	189	0	<11	0	200
26	HENDRY	18	281	<11	<11	<11	309
27	HERNANDO	52	408	19	26	<11	510
28	HIGHLANDS	<11	425	11	<11	<11	461
29	HILLSBOROUGH	420	2,901	99	383	<11	3,811
30	HOLMES	0	96	<11	<11	<11	104
31	INDIAN RIVER	122	210	<11	28	<11	366
32	JACKSON	<11	121	13	<11	0	143
33	JEFFERSON	0	<11	0	0	0	<11
34	LAFAYETTE	0	104	104	0	0	208
35	LAKE	62	2,047	24	208	75	2,416
36	LEE	262	742	33	183	36	1,256
37	LEON	193	539	<11	47	<11	797
38	LEVY	23	185	<11	<11	<11	216
39	LIBERTY	0	50	0	0	0	50
40	MADISON	0	177	65	<11	<11	244

41	MANATEE	98	1,494	37	203	33	1,865
42	MARION	244	2,112	38	274	17	2,685
43	MARTIN	123	34	<11	21	0	179
44	MONROE	119	301	19	13	<11	456
45	NASSAU	25	407	36	16	0	484
46	OKALOOSA	73	362	11	38	<11	487
47	OKEECHOBEE	0	465	<11	0	0	468
48	ORANGE	414	4,741	64	1,542	39	6,800
49	OSCEOLA	86	3,414	117	1,027	28	4,672
50	PALM BEACH	352	2,492	113	275	518	3,750
51	PASCO	264	1,588	59	208	71	2,190
52	PINELLAS	631	2,547	45	481	60	3,764
53	POLK	351	2,586	179	409	<11	3,531
53D	LAKE WALES	<11	207	25	19	0	259
54	PUTNAM	71	562	26	15	0	674
55	ST. JOHNS	114	589	16	90	0	809
56	ST. LUCIE	65	505	23	60	<11	663
57	SANTA ROSA	33	1,567	14	36	46	1,696
58	SARASOTA	116	599	<11	133	29	885
59	SEMINOLE	136	1,417	29	401	11	1,994
60	SUMTER	22	122	<11	<11	0	153
61	SUWANNEE	61	266	16	11	0	354
62	TAYLOR	<11	72	12	<11	0	94
63	UNION	0	121	0	0	0	121
64	VOLUSIA	180	1,791	38	304	<11	2,322
65	WAKULLA	0	37	<11	0	0	40
66	WALTON	<11	259	<11	13	11	294
67	WASHINGTON	<11	172	<11	<11	<11	190
68	DEAF/BLIND	<11	17	<11	<11	0	20
69	WASH SPECIAL	0	0	0	0	0	0
71	FL VIRTUAL	<11	29	<11	24	0	61
72	FAU LAB SCH	<11	<11	0	<11	0	<11
73	FSU LAB SCH	0	<11	0	0	0	<11
74	FAMU LAB SCH	0	<11	0	0	0	<11
75	UF LAB SCH	0	0	0	0	0	0
	<b>STATE TOTAL</b>	<b>7,555</b>	<b>54,299</b>	<b>1,873</b>	<b>8,210</b>	<b>1,385</b>	<b>73,322</b>

**LEGEND:** **A** (Shelters), **B** (Doubled-up,) **D** (Cars/Parks/Campgrounds/Substandard/Bus/Train/Public Places), **E** (Hotels/Motels),  
**F** (Awaiting Foster Care Placement)  
**Yes** (Homeless and Unaccompanied Youth), **No** (Homeless, but NOT Unaccompanied Youth)

**CoC Certification Form  
2016 Emergency Solutions Grant**

This certification **MUST** be executed by and provided by another officially designated entity to act on behalf of the CoC. The designated lead agency, as an applicant, is prohibited from certifying the capacity and performance criteria on its own grant proposal.

Other designated, independent third party entities authorized to sign the certification may include the following:

- 1. *The Governing Board of the CoC planning area, so long as the board is not also the governing body for the lead agency entity submitting the grant proposal.*
- 2. *The designated third party grant review committee established by the CoC membership, with the chair of the committee authorized in writing to sign and verify the scoring criteria materials for the lead agency's grant proposal.*
- 3. *Action by the full membership for the CoC at a publicly noticed meeting, and documented by a formal vote of the members to certify the grant proposal to be submitted by the lead agency. This action must be documented with the written minutes of the meeting, the vote, and the clear designation of the person authorized to sign on behalf of the CoC.*

1. The total number of persons who are homeless (sheltered and unsheltered) in the CoC planning area from the January 2016 point in time count is \_\_\_\_\_.
2. The applicant, \_\_\_\_\_, is currently collecting data on clients assisted to the continuum's HMIS data system; and, **THE DATA QUALITY MEETS OR EXCEEDS** the standards prescribed by the U.S. Department of Housing and Urban Development.

Total Service Providers in the CoC Area \_\_\_\_\_

Indicate the # of providers who:

Provide Data	Yes _____	No _____
Meets/Exceeds Standards	Yes _____	No _____

3. The applicant, \_\_\_\_\_, has executed written agreements with the CoC service providers to assist those individuals and households referred from the coordinated assessment system. This certification must be supported by a copy of the written agreement that clearly delineates the roles and responsibilities of the applicant and each sub-provider of services attached behind this form.

Total number of services providers in the CoC \_\_\_\_\_

Number of written agreement submitted \_\_\_\_\_

4. The applicant, \_\_\_\_\_, has service providers in its area that have demonstrated performance in coordinating with and securing services and benefits for the individuals and households being assisted from the community network of other homeless and mainstream housing and service applicants.

Submit an HMIS Report for service providers that indicates referrals for clients assisted, which includes the referring service provider and the type of service referred to.

5. Does the applicant use the CoC centralized or coordinated assessment system as required by HUD? (DV applicants are not required to participate).

Yes \_\_\_\_\_ No \_\_\_\_\_ DV \_\_\_\_\_

6. The applicant, \_\_\_\_\_, has submitted ESG projects included in the CoC Plan, or is approved by the CoC.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Street Outreach ONLY:**

1. If applicable, based upon the CoC HMIS System, during February 1, 2015 and January 31, 2016, the applicant has achieved the following outcomes for housing permanency in the planning area:
- (a) For Outreach clients assisted, \_\_\_\_\_% of clients who received emergency health services on an outpatient basis by licensed medical professionals.
  - (b) For Outreach clients assisted, \_\_\_\_\_% of clients who received emergency mental health services on an outpatient basis by licensed medical professionals.
  - (c) For Outreach clients assisted, \_\_\_\_\_% of clients who were sheltered as a result of referral from the applicant's street outreach program to community housing applicants.

**Emergency Shelter ONLY:**

1. If applicable, based upon the CoC HMIS System, during February 1, 2015 and January 31, 2016, the applicant has achieved the following outcomes for housing permanency in the planning area:
- (a) For Shelter Facilities clients housed, \_\_\_\_\_% of clients exited the facility to permanent housing.
  - (b) For Shelter Facilities clients housed, \_\_\_\_\_% of clients left the facility with employment income.



(c) If applicable, the applicant's outcomes achieved with its' DCF 2014 shelter award furthered the goals and objectives of the CoC.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Prevention and Rapid Re-housing ONLY:**

1. Based upon the CoC HMIS System, or comparable database for domestic violence (dv) applicants, during February 1, 2015 and January 30, 2016, the applicant has achieved the following outcomes for housing permanency in the planning area:

(a) For Prevention clients assisted, \_\_\_\_\_% of the clients remained in their permanent housing as of ninety (90) days following the last date of assistance provided by the applicant's program.

(b) For Rapid Re-Housing clients assisted, \_\_\_\_\_% of the clients remained in permanent housing provided as of ninety (90) days following the last date of assistance provided by the applicant's program.

On behalf of this CoC (HUD FL \_\_\_\_\_), the above certifications made, and are true and accurate. Further, I am duly authorized to make this certification on behalf of the CoC.

Name of Certifying Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**OVERALL PROJECT BUDGET AND MATCH FORM**

	<u>Grant Activity/Project</u>	<u>\$ Requested</u>	<u>\$ Match Amount</u>	<u>Agency Provider Name</u>	<u>Existing Service</u>	<u>New Service</u>	<u>Number of Persons Homeless To Be Served</u>
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL GRANT</b>							_____
		<b>\$ _____</b>	<b>\$ _____</b>				<b>Total Persons To Be Served</b>

**Instructions**

Please list your grant projects on the above chart. The maximum grant shall be \$250,000 in FY2016-17. *At least 40% of the total project budget must be allocated to prevention and re-housing activities.*

**1. Grant Activity / Project**

Please use the same title or description used in the narrative. Be sure to identify and list each activity to be funded, if more than one is proposed for funding.

**2. \$ Requested**

List the amount of ESG Funds requested for each activity or use separately and the total amount of the Challenge Grant requested.

**3. \$ Match Amount**

List the amount of matching funds that will be submitted for invoicing purposes.

**4. Provider Name**

Identify the specific entity, person, or agency to carry out each activity or use of the ESG Funding. If the lead agency will perform the activity directly, cite the name of the lead agency. If another entity will carry out the activity under contract with the lead agency, provide the legal name of that entity. Complete a separate budget for each provider of service.

**5. Existing or New Service**

Specify whether the activity or use to be funded will support an existing service or use, or whether the funded activity is a new service to fulfill an unmet need.

**6. Number of Homeless Persons Served**

For each activity, identify the estimated number of homeless persons to be served.

**BUDGET AND MATCH FORM**  
**Prevention and Re-Housing**

<b><u>Service Provider:</u></b>		Grant \$	Match \$
1.	<b>Rapid Re-Housing</b>		
	A. Rental Assistance	\$	\$
	B. Housing Relocation and Stabilization		
	i. Financial Assistance Costs	\$	\$
	ii. Services Costs	\$	\$
2.	<b>Homeless Prevention</b>		
	A. Rental Assistance	\$	\$
	B. Housing Relocation and Stabilization		
	i. Financial Assistance Costs	\$	\$
	ii. Services Costs	\$	\$
3.	<b>HMIS</b>		
	A. Cost of contributing data to HMIS for CoC	\$	\$
	B. HMIS Lead Agency Costs for hosting and maintaining system	\$	\$
	C. Victim Services provider costs for comparable database	\$	\$
4.	<b>Administrative Costs [Cap 5%]</b>		
	A. Local government	\$	\$
	B. Private non-profit organization	\$	\$
	<b>TOTAL BUDGET</b>	\$	\$

Submit a separate form for each prevention service provider.

Attach a detailed list of the sources of the required match, including the breakdown by amount of cash match, and/or in-kind services and valuation of such in-kind match.

Applicant: \_\_\_\_\_

**MATCH SOURCES:**

**BUDGET AND MATCH FORM**  
**Emergency Shelter Facilities**

<b><u>Service Provider:</u></b>		<b>Grant \$</b>	<b>Match \$</b>
<b>1.</b>	<b>Essential Services</b> (list activities)		
	A.	\$	\$
	B.	\$	\$
	i.	\$	\$
	ii	\$	\$
<b>2.</b>	<b>Shelter Operations</b> (list activities)		
	A.	\$	\$
	B.	\$	\$
	i.	\$	\$
	ii	\$	\$
<b>3.</b>	<b>Hotel or Motel Vouchers</b>		
	A. ONLY if there is no emergency shelter available or appropriate for a homeless family or individual	\$	\$
<b>4.</b>	<b>Renovations</b>	\$	\$
<b>5.</b>	<b>HMIS</b>	\$	\$
<b>6.</b>	<b>Administrative Costs</b> [Cap 5%]		
	A. Local government	\$	\$
	B. Private non-profit organization	\$	\$
<b>TOTAL BUDGET</b>		<b>\$</b>	<b>\$</b>

Submit a separate form for each service provider.

Attach a detailed list of the sources of the required match, including the breakdown by amount of cash match, and/or in-kind services and valuation of such in-kind match.

Applicant: \_\_\_\_\_

**MATCH SOURCES:**

**BUDGET AND MATCH FORM**  
**Street Outreach Program**

<b><u>Service Provider:</u></b>		<b>Grant \$</b>	<b>Match \$</b>
1.	Engagement	\$	\$
2.	Case Management	\$	\$
3.	Outpatient Health Services by licensed professionals	\$	\$
4.	Outpatient Mental Health Services by licensed professionals	\$	\$
5.	Transportation of outreach workers or unsheltered persons to services	\$	\$
6.	Services for special populations (youth, victim services, persons with HIV/AIDS)	\$	\$
	<b>HMIS</b>	\$	\$
	<b>Administrative Costs [Cap 5%]</b>		
A.	Local government	\$	\$
B.	Private non-profit organization	\$	\$
	<b>TOTAL BUDGET</b>	\$	\$

Submit a separate form for each service provider

Attach a detailed list of the sources of the required match, including the breakdown by amount of cash match, and/or in-kind services and valuation of such in-kind match.

Applicant: \_\_\_\_\_

**MATCH SOURCES:**

**Certification of Local Government Approval  
For Nonprofit Organizations – Emergency Shelter Only  
Required by 25 C.F.R. § 576.202**

I, \_\_\_\_\_ duly authorized to act on behalf of the  
(Name and Title)

\_\_\_\_\_ hereby approve the submission of the following  
(Name of City or County Government)

ESG Application proposed by \_\_\_\_\_  
Name of Agency

which will serve persons  
living in \_\_\_\_\_  
(Name of City or County)

This certification solely warrants that the jurisdiction has agreed to allow the nonprofit organization to seek the grant to be able to serve citizens in need who reside in this jurisdiction. This certification places no responsibility or liability upon the local government jurisdiction related to the nonprofit’s performance of grant-funded activities in our jurisdiction.

By: \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*This form **MUST BE** signed, dated and returned with the grant application in order for the application to be considered for funding.*

**CERTIFICATION REGARDING LOBBYING**  
**Certification for Contracts, Grants, Loans and**  
**Cooperative Agreements**

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

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Individual

\_\_\_\_\_  
Application Number

\_\_\_\_\_  
Address of Organization

**Written Standards**

At a minimum, the written standards must include the information below:

**Street Outreach**

- Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG;
- Standards for targeting and providing essential services;
- Where and how clients will be served;
- What constitutes a client;
- Documentation needed for clients, if any;
- HMIS participation; and
- Coordination of mainstream benefits/coordinated assessment.

**Emergency Shelter**

- Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG;
- Policies and procedures for admission, re-admission, referral, and discharge (clients served, amount of time allowed at shelter, can client return, etc.) ;
- Standards regarding length of stay, safeguards to meet the safety and shelter needs of special populations (domestic violence, dating violence, etc.), and individuals and families who have the highest barriers to housing and are likely to be homeless the longest;
- Facility fee, if applicable;
- Policies and procedures for coordination among other homeless assistance providers (housing needs providers, etc.);
- Grievance procedures (who/how to make complaint);
- Coordination of mainstream benefits/coordinated assessment; and
- HMIS participation.

**Prevention and Rapid Re-housing**

- Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG;
- Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance;
- Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;
- Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time;
- Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.
- HMIS participation; and
- Coordination of mainstream benefits/coordinated assessment.



**ELIGIBILITY BY COMPONENT**  
**(Emergency Solutions Grants Program)**

# HOMELESS DEFINITION

<b>Street Outreach</b>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in SO:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)</li> </ul> <p>SO projects have the following additional limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> <li>• Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter</li> </ul>
<b>Emergency Shelter</b>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in ES projects:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 2 – Imminent Risk of Homeless</li> <li>• Category 3 – Homeless Under Other Federal Statutes</li> <li>• Category 4 – Fleeing/Attempting to Flee DV</li> </ul>
<b>Rapid Re-Housing</b>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)</li> </ul>
<b>Homelessness Prevention</b>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects:</p> <ul style="list-style-type: none"> <li>• Category 2 – Imminent Risk of Homeless</li> <li>• Category 3 – Homeless Under Other Federal Statutes</li> <li>• Category 4 – Fleeing/Attempting to Flee DV</li> </ul> <p>Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects.</p> <p>HP projects have the following additional limitations on eligibility with homeless and at risk of homeless:</p> <ul style="list-style-type: none"> <li>• Must only serve individuals and families that have an annual income <u>below</u> 30% of AMI</li> </ul>

# HOMELESS DEFINITION

<b>Category 1</b>	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p>(I) Has a primary nighttime residence that is a public or private place not meant for human Habitation;</p> <p>(II) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <b>or</b></p> <p>(III) is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</p>
<b>Category 2</b>	<p>(2) Individual of family who will imminently lose their primary nighttime, residence, provided that:</p> <p>(I) Residence will be lost within 14 days of the date of application for homeless assistance;</p> <p>(II) No subsequent residence has been identified; <b>and</b></p> <p>(III) The individual or family lacks the resources or support networks needed to obtain other permanent housing.</p>
<b>Category 3</b>	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <p>(I) Are defined as homeless under the other listed federal statutes;</p> <p>(II) Have not had a lease, ownership interest, or occupancy agreement in permanent Housing during the 60 days prior to the homeless assistance application;</p> <p>(III) Have experienced persistent instability as measured by two moves or more during in the preceding 60; <b>and</b></p> <p>(IV) Can be expected to continue in such status for an extended period of time due to special needs or barriers</p>
<b>Category 4</b>	<p>(4) Any individual or family who:</p> <p>(I) is fleeing, or is attempting to flee domestic violence;</p> <p>(II) Has no other residence; <b>and</b></p> <p>(III) Lacks the resources or support networks to obtain other permanent housing</p>

## FORMULA JURISDICTION EXCEPTIONS

Following are the cities and counties receiving direct federal ESG allocations from HUD, and with Consolidation Plan requirements. These areas will receive second priority funding for the 2016 ESG through the Florida Department of Children and Families. Exceptions are noted.

### **BROWARD COUNTY**

Exceptions – May provide services in the following cities: Ft. Lauderdale, Coconut Creek, Coral Springs, Davie, Deerfield Beach, Hollywood, Lauderhill, Margate, Miramar, Pembroke Pines, Plantation, Pompano Beach, Sunrise, and Tamarac.

### **COLLIER COUNTY**

Exceptions – – May provide services in the following cities: Marco Island and Naples.

### **ESCAMBIA COUNTY**

Exceptions – – May provide services in the following: Pensacola

### **CITY OF HIALEAH**

### **HILLSBOROUGH COUNTY**

### **JACKSONVILLE-DUVAL COUNTY**

### **LEE COUNTY**

Exceptions — May provide services in the following cities: Cape Coral and Ft. Myers.

### **MANATEE COUNTY**

Exception – May provide services in the following: Bradenton

### **MARION COUNTY**

Exception – – May provide services in the following city: Ocala

### **CITY OF MIAMI**

### **MIAMI-DADE COUNTY**

Exceptions – – May provide services in the following cities: Homestead City, Miami Beach, Miami Gardens City and North Miami.

### **ORANGE COUNTY**

### **CITY OF ORLANDO**

### **PALM BEACH COUNTY**

Exceptions – – May provide services in the following cities: Boca Raton, Boynton Beach, Delray Beach and West Palm Beach.

### **PASCO COUNTY**

Exceptions -- May provide services in the following cities: City of Dade City, Zephyrhills

**PINELLAS COUNTY**

Exceptions – May provide services in the following cities: Clearwater and Largo.

**POLK COUNTY**

Exceptions – May provide services in the following cities: Lakeland and Winter Haven.

**SARASOTA COUNTY**

Exceptions: - May provide services in the following cities: Sarasota, North Port, and Venice.

**SEMINOLE COUNTY**

**CITY OF ST. PETERSBURG**

**CITY OF TALLAHASSEE**

**CITY OF TAMPA**

**VOLUSIA COUNTY**

Exceptions -- May provide services in the following cities: Daytona Beach, Deltona and Port Orange.

## ESG Lead-Based Paint Visual Assessment

All units in which ESG program participants reside are subject to LBP requirements. Individuals completing this form must complete the online HUD training:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

Program Participant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Check all that apply:

- Property was built after 1978
- Year Property Built: \_\_\_\_\_
- No child under 6 lives with program participant
- Property is zero bedrooms, SRO housing, elderly housing
- Property has been tested and determined to not contain LBP (attach documentation)
- Property has had LBP hazards removed (attach documentation)

If any items are checked above, no Visual Assessment is required. Please include signatures of participant and agency, and date.

If no items are checked above – Visual Assessment required

- Interior: Is there any peeling, chipping, chalking or cracking paint?
- Interior: Deterioration exceeds the de minimis level?
- Exterior: Is there any peeling, chipping, chalking or cracking paint?
- Exterior: Deterioration exceeds the de minimis level?
- Common Areas: Is there any peeling, chipping, chalking or cracking paint?
- Common Areas: Deterioration exceeds the de minimis level?

Describe any action taken:

Program Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Program Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Solutions Grants (ESG) Program Components Quick Reference

Emergency Solutions Grants (ESG) funds can be used to provide a wide range of services and supports under the five program components: Street Outreach, Emergency Shelter, Rapid Re-housing, Homelessness Prevention, and HMIS. Each component is described in the tables below, accompanied by a list of corresponding ESG activities and eligible costs. Note: Administration is not a component, it is considered an activity. \*\* This list is NOT exhaustive. Always refer to the program regulations at 24 C.F.R. § 576 for complete information about all eligible costs and program requirements.

<b>Component: Street Outreach. These activities are designed to meet the immediate needs of Unsheltered homeless people by connecting them with emergency shelter, housing and/or critical Health services. 24 C.F.R. §576.101</b>	
<b>Activity type: Essential Services</b>	
<u>Eligible costs:</u>	
<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Case Management</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Mental Health Services</li> <li>• Emergency Health Services</li> <li>• Services for Special Populations</li> </ul>

<b>Component: Emergency Shelter. These activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operation costs of shelters, and providing essential services. 24 C.F.R. §576.102</b>			
<b>Activity types:</b>			
Essential Services	Renovation (also includes Major Rehab and Conversion)	Shelter Operations	Assistance Required Under the Uniform Relocation and Real Property Acquisition Act of 1970 (URA)
<u>Eligible costs:</u> <ul style="list-style-type: none"> <li>• Case management</li> <li>• Child Care</li> <li>• Education Services</li> <li>• Employment Assistance and Job Training</li> <li>• Outpatient Health Services</li> <li>• Legal Services</li> <li>• Life Skills Training</li> <li>• Mental Health Services</li> <li>• Substance Abuse Treatment Services</li> <li>• Transportation</li> <li>• Services for Special Populations</li> </ul>	<u>Eligible costs:</u> <ul style="list-style-type: none"> <li>• Labor</li> <li>• Materials</li> <li>• Tools</li> <li>• Other costs for renovation (including rehab or conversion)</li> </ul>	<u>Eligible costs:</u> <ul style="list-style-type: none"> <li>• Maintenance</li> <li>• Rent</li> <li>• Security</li> <li>• Fuel</li> <li>• Equipment</li> <li>• Insurance</li> <li>• Utilities</li> <li>• Food</li> <li>• Furnishings</li> <li>• Supplies necessary for shelter operation</li> <li>• Hotel/Motel Vouchers</li> </ul>	<u>Eligible costs:</u> <ul style="list-style-type: none"> <li>• Relocation payments</li> <li>• Other assistance to displaced persons</li> </ul>

**Component: Rapid Re-Housing. These activities are designed to move homeless people quickly to permanent housing through housing relocation and stabilization services and short-and/or medium-term rental assistance. 24 C.F.R. §576.104**

**Activity types:**

<b>Rental Assistance **</b>	<b>Housing Relocation and Stabilization Services</b>	
<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Short-term rental assistance</li> <li>• Medium-term rental assistance</li> <li>• Rental arrears</li> </ul> <p>**Rental assistance can be project-based or tenant-based.</p>	<b>Financial Assistance</b>	<b>Services Costs</b>
	<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Rental Application Fees</li> <li>• Security Deposits</li> <li>• Last Month’s Rent</li> <li>• Utility Deposits</li> <li>• Utility Payments</li> <li>• Moving Costs</li> </ul>	<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Housing Search and Placement</li> <li>• Housing Stability Case Management</li> <li>• Mediation</li> <li>• Legal Services</li> <li>• Credit Repair</li> </ul>

**Component: Homelessness Prevention. These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for humans through housing relocation and stabilization services and short-and/or medium-term rental assistance. 24 C.F.R. §576.103**

**Activity types:**

<b>Rental Assistance **</b>	<b>Housing Relocation and Stabilization Services</b>	
<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Short-term rental assistance</li> <li>• Medium-term rental assistance</li> <li>• Rental arrears</li> </ul> <p>**Rental assistance can be project-based or tenant-based.</p>	<b>Financial Assistance</b>	<b>Services Costs</b>
	<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Rental Application Fees</li> <li>• Security Deposits</li> <li>• Last Month’s Rent</li> <li>• Utility Deposits</li> <li>• Utility Payments</li> <li>• Moving Costs</li> </ul>	<p>Eligible costs:</p> <ul style="list-style-type: none"> <li>• Housing Search and Placement</li> <li>• Housing Stability Case Management</li> <li>• Mediation</li> <li>• Legal Services</li> <li>• Credit Repair</li> </ul>

**HMIS Component. These activities are designed to fund ESG recipients' and subrecipients' participation in the HMIS collection and analyses of data on individuals and families who are homeless and at risk of homelessness. 24 C.F.R. § 576.107**

**Activity type: HMIS**

Eligible costs:

- Contributing data to the HMIS designated by the CoC for the area;
- HMIS Lead (as designated by the CoC) costs for managing the HMIS system;
- Victim services or legal services provider costs to establish and operate a comparable database.

**\*Administrative Activities. 24 C.F.R. §576.108**

Eligible costs are broadly categorized as follows:

- General management, oversight, and coordination
- Training on ESG requirements
- Consolidated Plan
- Environmental review