

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (Special NOFO) Competition process must be submitted to SpecialCoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under Special NOFO. For more information see the Special NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the Special NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Only new projects may be submitted. New projects must select Unsheltered Set Aside or Rural Set Aside as their funding opportunity. Project applicants must communicate with their CoC to make sure they are applying for the correct funding opportunity.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in the Special NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: Rural Set Aside Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/19/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Apalachee Regional Planning Council
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-1772505
- c. UEI:** ZP4NRU21LL94

d. Address

Street 1: 2507 Callaway Road
Street 2: Suite 102A
City: Tallahassee
County: Leon
State: Florida
Country: United States
Zip / Postal Code: 32303

e. Organizational Unit (optional)

Department Name: Big Bend Continuum of Care
Division Name:

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

Prefix: Mrs.
First Name: Lona
Middle Name:
Last Name: Ford
Suffix:
Title: Contract and Finance Director
Organizational Affiliation: Apalachee Regional Planning Council
Telephone Number: (850) 739-5161
Extension:

Fax Number: (850) 488-1616

Email: Iford@bigbendcoc.org

1C. SF-424 Application Details

9. Type of Applicant: D. Special District Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N-25S
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Big Bend CoC Rural SSO Project

16. Congressional District(s):

16a. Applicant: FL-002, FL-005

16b. Project: FL-002, FL-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 10/31/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

Telephone Number: (850) 792-5015
(Format: 123-456-7890)

Fax Number: (850) 322-4761
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 10/19/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Apalachee Regional Planning Council

Prefix: Mr.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

Organizational Affiliation: Big Bend Continuum Care

Telephone Number: (850) 792-5015

Extension:

Email: jcoleman@bigbendcoc.org

City: Tallahassee

County: Leon

State: Florida

Country: United States

Zip/Postal Code: 32303

2. Employer ID Number (EIN): 59-1772505

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$363,544.00

(Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

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

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

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

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

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

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

Note: If there are no other people included, write NA in the boxes.

Certification

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

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

I AGREE:

Name / Title of Authorized Official: Johnna Coleman, Executive Director

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

Date Signed: 10/19/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Apalachee Regional Planning Council
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Johnna

Middle Name

Last Name: Coleman

Suffix:

Title: Executive Director

Telephone Number: (850) 792-5015
(Format: 123-456-7890)

Fax Number: (850) 322-4761
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 10/19/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Applicant's Organization: Apalachee Regional Planning Council

Name / Title of Authorized Official: Johnna Coleman, Executive Director

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

Date Signed: 10/19/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Apalachee Regional Planning Council

Street 1: 2507 Callaway Road

Street 2: Suite 102A

City: Tallahassee

County: Leon

State: Florida

Country: United States

Zip / Postal Code: 32303

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

Telephone Number: (850) 792-5015
(Format: 123-456-7890)

Fax Number: (850) 322-4761
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 10/19/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|-----------|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Apalachee Regional Planning Council

Prefix: Mr.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

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

Date Signed: 10/19/2022

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Big Bend CoC (BBCoC) has been in operation as the HUD mandated CoC and funded as such for more than 10 years. The CoC's primary goal is to develop and implement strategies to help end homelessness in the Big Bend. The CoC coordinates the community’s policies, strategies, and activities toward ending homelessness by focusing on the following areas: Gathering and analyzing information to determine the local needs of people experiencing homelessness, identifying and bridging gaps in housing and services, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring CoC performance using data. The CoC has managed HUD Planning and HMIS grants for several years without any corrective action plans or grievances.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

BBCoC has significant experience in leveraging funds from a variety of sources, including Federal, State, local, and private sector organizations. We have developed strong relationships with these partners that provide mutual value and benefit both parties involved. This experience allows us to deliver services more effectively and efficiently, while also providing support for other funding initiatives. BBCOC continuously works with our community partners to ensure that we are able to provide a community-wide approach to strategies and activities targeted at ending homelessness. This approach involves an annual evaluation of the types of services provided through our partner agencies to ensure we can collectively impact the community as a whole. Currently, BBCoC holds contracts for HUD, The State of Florida, Leon County government, and the City of Tallahassee of which, all but Leon County, are renewed and re-occurring.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

The financial management structure of BBCoC is overseen by the Board of Directors, the Executive Director and the Contract and Finance Director. Together, they are responsible for managing the long-term and day-to-day monetary operations and strategy of the organization. The Contract and Finance Director oversees incoming and outgoing payments, budget creation, cash management (treasury), accounting, financial reporting and many other tasks related to the finances of the company. BBCoC has a well-defined structure, job design, departmentation, delegation, span of control and chain of command to ensure fidelity of financial fitness for our organization.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. CoC Number and Name: FL-506 - Tallahassee/Leon County CoC

2. CoC Collaborative Applicant Name: Apalachee Regional Planning Council

3. Project Name: Big Bend CoC Rural SSO Project

4. Project Status: Standard

5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside? Rural Set Aside

5a. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

5b. Area(s) affected by the project (rural geo-code(s) only): 129037 Franklin County, 129065 Jefferson County, 129123 Taylor County, 129077 Liberty County, 129079 Madison County
(for multiple selections hold CTRL key)

5c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections:
(for multiple selections hold CTRL key)

6. Component Type: SSO

6a. Select the type of SSO Project: SSO-Street Outreach

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Big Bend CoC-SSO Street Outreach project will focus on engaging unsheltered individuals and families in living situations not meant for human habitation such as parks, cars, abandoned buildings, under bridges or camping grounds in Franklin, Liberty, Jefferson and Madison counties, the designated counties under this NOFO for Rural Set-Asides. Street Outreach advocates will provide consistent engagement to build rapport, provide support and connect clients to housing interventions.

Street Outreach advocates will assess households using a comprehensive, universal tool to assist with connecting them to housing interventions. All information will be entered into HMIS to coordinate and refer households to appropriate services and resources with partner agencies. Street Outreach advocates, acting as an access point for Coordinated Entry, will assist with gathering eligibility documentation, submitting referrals and walking households through the application process for permanent housing assistance. This includes assisting unsheltered households with navigating available and relevant community resources to receive comprehensive care. To do this, Street Outreach Advocates will need to develop/maintain a presence in rural areas. By strategically developing relationships with government officials, law enforcement, faith-based organizations, public school systems, community business owners, etc., our team's ability to provide applicable information will grow and hopefully, coordination amongst mainstream service providers will as well. Additionally, Street Outreach Advocates will engage with and educate community stakeholders and members on this Street Outreach Project's role in their community and where they can fit in.

In addition, clients will be provided with essentials to meet their basic needs, such as food, water, clothing, blankets, clothes, and toiletries by the team. Street Outreach Advocates will couple these materials with information on local resources that regularly provide these essentials, such as food pantries, clothing closets, etc. This project will also work towards closing the transportation gap so that individuals and families can work towards permanent housing, remain in school, secure/maintain employment and attend appointments. It is this Project's goal to not just assist individuals and families out of their housing crises, but to assist them through all processes as well.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?

This project is developed to assist Big Bend CoC's efforts to implement and grow homeless services in the rural county service area as designated through this funding source. BBCoC has plan strives to connect unsheltered and at risk individuals and families in their coverage area to services and resources to reduce the length of time a household experiences homelessness and to reduce the number of people experiencing a housing crisis. This project's goal is to directly engage those individuals and families experiencing unsheltered homelessness in the 5 rural counties and supply them with basic need supplies, connect them to partner and mainstream services, and housing programs.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	90			
Begin program participant enrollment	120			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity	300			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. As an SSO non-CE project answer the following questions:

5a. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Street Outreach advocates are trained to meet unsheltered individuals and families wherever they are, in literal and figurative contexts. In the literal context, physical location. This includes but is not limited to sidewalks/public areas, campgrounds, within the woods, behind businesses and abandoned buildings - places not meant for human habitation. Persons we are aiming to capture will also be present in locations where services are provided such as feeding sites, partner agencies, or clothing closets.

In the figurative context, a person's current cognitive capacity, especially regarding their willingness, or lack thereof, to engage with services. Best practices suggest that street outreach advocates consistently engage unsheltered households offering food, water, and housing assistance to help build trust by providing basic survival essentials and consistent follow-up. In cases when they are not receptive or, what is often referred to in our community as "not ready for services", we take this approach. One of the most important roles of Street Outreach advocates is to understand how to build rapport and genuine relationships with those who are least likely to seek or may be hesitant to receive services.

The Coordinated Entry Assessment will be utilized to identify and thus allow Street Outreach advocates to prioritize individuals and families who have the highest needs. Additionally, the VI-SPDAT results will serve as a qualifying factor for different forms of assistance. Households' history of homelessness, level of need and vulnerability will inform their case plan and any decisions made concerning housing interventions. This valuable information collected through Street Outreach efforts is essential to ensuring we serve those that are the most vulnerable in these communities.

5b. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

Once Street Outreach advocates have conducted an initial coordinated entry assessment, referrals will be made based on the household's vulnerability, the severity of needs, chronic homeless status, and other local relevant data. This process will be standardized and streamlined through the Coordinated Entry Assessment in HMIS. Referrals made to non-HMIS participating agencies will be thoroughly noted in HMIS to ensure continuity of care. The role of CoC's Street Outreach Coordinator, in addition to coordinating street outreach, is to develop collaborative relationships with stakeholders in mainstream health, social services, and community programs. BBCoC's street outreach coordinator will mirror the outreach coordination style and agency network currently facilitated in Leon County. Those entities include Tallahassee Police Department's TEAMS Unit, Apalachee Center's Mobile Response Team, City of Tallahassee's Resiliency and Parks & Recreation Departments, Leon County Sheriff's Office Homeless Outreach Street Team and Mental Health Units, and Bond Clinic's mobile clinic. The goal is to further expand our network and increase the volume of mainstream health, social services, and local programs we collaborate with in outreach efforts. As we do so, we will bring in new partners, as well as current ones, in outreach efforts and service provision in rural communities.

8. Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable. No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Street Outreach advocates are access points to Coordinated Entry. The advocate will complete the Coordinated Entry Assessment. This information gathered will be used to develop an appropriate housing case plan per the participants' needs. This will all be captured in the HMIS database in their housing case plan. Thereafter, the Street Outreach advocate is then tasked to assist the participant with navigating housing intervention options. Once identified, the advocate will walk the household through the process of securing that assistance, whether that is in the form of completing a referral, assisting with filling out an application or connecting them with another advocate. By taking households' chronicity, level of need and vulnerability into account, the advocate can ensure they are being connected to the programs/agencies that are the most appropriate fit and there will be continuity of care. Street outreach staff will be thoroughly trained on this process, as well as understand that our overall goal is to house participants in sustainable, permanent housing. This is a stance our community currently has on housing participants. The goal is to model this in rural communities.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

To expand our network with mainstream health, social services, and employment programs in rural counties, we need to increase our presence there. BBCoC'S Rural Street Outreach Team will begin weekly rotating visits to Franklin, Liberty, Jefferson, Taylor and Madison. This will ensure that each county is visited at least once a month, increasing on a need-by basis. Establishing a consistent presence will build and strengthen community partnerships, allowing BBCoC's Street Outreach Coordinator to support existing local efforts.

Once Street Outreach advocates have conducted an initial coordinated entry assessment, referrals will be made based on the household's vulnerability, the severity of needs, chronic homeless status, and other local relevant data. This process will be standardized and streamlined through the Coordinated Entry Assessment in HMIS. Referrals made to non-HMIS participating agencies will be thoroughly noted in HMIS to ensure continuity of care. The role of CoC's Street Outreach Coordinator, in addition to coordinating street outreach, is to develop collaborative relationships with stakeholders in mainstream health, social services, and community programs. BBCoC's street outreach coordinator will mirror the outreach coordination style and agency network currently facilitated in Leon County. Those entities include Apalachee Center's Mobile Response Team and Bond Clinic's mobile clinic are able to assist in most rural areas. The goal is to further expand our network and increase the volume of mainstream health, social services, and local programs we collaborate with in outreach efforts. As we do so, we will bring in new partners, as well as current ones, in outreach efforts and service provision in rural communities.

The team will act as a vessel for mainstream health, social services, and employment programs for gathering the needed information to further qualify the participant for the program, in addition to acting as a line of communication between them and the participant. We emphasize a strong role in advocacy, assuring that participants have access to all relevant programs to serve their needs. The BBCoC will further strategically develop MOUs with rural county agencies and programs to service rural populations.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Daily
Assistance with Moving Costs	Partner	Daily
Case Management	Partner	Daily
Child Care	Partner	Daily
Education Services	Partner	Daily
Employment Assistance and Job Training	Partner	Daily
Food	Applicant	Daily
Housing Search and Counseling Services	Partner	Daily
Legal Services	Partner	Daily

Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	Monthly
Partner	Daily
Partner	Daily
Applicant	Daily
Partner	Daily
Applicant	Daily
Partner	Daily

Identify whether the project will include the following activities:

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **No**

5A. Program Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	50	100	10	160
	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	30	60		90
Persons ages 18-24	20	40		60
Accompanied Children under age 18	50		10	60
Unaccompanied Children under age 18			5	5
Total Persons	100	100	15	215

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	20	5	2	5	2	5	15	20	20	0
Persons ages 18-24	5	2	5	5	2	2	5	5	5	0
Children under age 18	20			5	2	2	2	20	20	0
Total Persons	45	7	7	15	6	9	22	45	45	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	30	10	5	10	5	10	15	15	15	0
Persons ages 18-24	10	2	2	5	2	5	5	10	10	0
Total Persons	40	12	7	15	7	15	20	25	25	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18	2			2	0	2	2	5	5	0
Unaccompanied Children under age 18	0			5	0	2	2	5	5	0
Total Persons	2			7	0	4	4	10	10	0

Click Save to automatically calculate totals

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes

2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Rural Set Aside

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 3 Years

* 5. Select the costs for which funding is requested:

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Meal and Snack boxes to be purchased from Second Harvest of the Big Bend to provide food and water to unsheltered households for 2 months	\$4,409
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	1.5 FTE Street Outreach Advocates at \$18.00 per hr plus travel to provide street outreach assistance in rural counties.	\$69,792
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Costs associated with operating project including office space, rental, and additional travel and needs	\$3,407
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
Total Annual Assistance Requested		\$77,608
Grant Term		3 Years
Total Request for Grant Term		\$232,824

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.



Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Tablets and monitors for Street Outreach Advocates	\$1,000
2. Software	Programming and apps for tablets for Street Outreach Advocates	\$1,000
3. Services		
4. Personnel	.5 FTE staff for HMIS Coordination and Implementation for rural counties and agencies	\$22,464
5. Space & Operations	Portion of space rental for staff	\$1,000
Total Annual Assistance Requested:		\$25,464
Grant Term:		3 Years
Total Request for Grant Term:		\$76,392

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$90,886
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$90,886

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	City of Tallahass...	\$90,886

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Government
3. **Name of Source:** City of Tallahassee ESG RRH/HMIS
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$90,886

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$77,608	3 Years	\$232,824
5. Operating	\$0	3 Years	\$0
6. HMIS	\$25,464	3 Years	\$76,392
7. Sub-total Costs Requested			\$309,216
8. Admin (Up to 10%)			\$30,318
9. Total Assistance Plus Admin Requested			\$339,534
10. Cash Match			\$90,886
11. In-Kind Match			\$0
12. Total Match			\$90,886
13. Total Budget			\$430,420
14. Rural Set Aside Capacity Building (up to 20% of subtotal of all BLIS + Admin)			\$24,010
15. Total Budget (+ Capacity Building)			\$454,430

MAXIMUM CAPACITY ALLOWABLE HIDDEN: 67,907

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non-Profit Docume...	10/19/2022
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Non-Profit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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 provide

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

Name of Authorized Certifying Official: Johnna Coleman

Date: 10/19/2022

Title: Executive Director

Applicant Organization: Apalachee Regional Planning Council

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	10/18/2022
1C. SF-424 Application Details	No Input Required
Rural Set Aside Project Application FY2022	Page 46
	10/19/2022

1D. SF-424 Congressional District(s)	10/18/2022
1E. SF-424 Compliance	10/18/2022
1F. SF-424 Declaration	10/18/2022
1G. HUD 2880	10/18/2022
1H. HUD 50070	10/18/2022
1I. Cert. Lobbying	10/18/2022
1J. SF-LLL	10/18/2022
IK. SF-424B	10/18/2022
1L. SF-424D	10/18/2022
2A. Subrecipients	No Input Required
2B. Experience	10/19/2022
3A. Project Detail	10/19/2022
3B. Description	10/19/2022
4A. Services	10/19/2022
5A. Households	10/19/2022
5B. Subpopulations	No Input Required
6A. Funding Request	10/18/2022
6F. Supp Srvcs Budget	10/19/2022
6H. HMIS Budget	10/19/2022
6I. Match	10/18/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/19/2022
7D. Certification	10/18/2022

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 08 2017

BIG BEND HOMELESS ASSISTANCE
CONTINUUM OF CARE INC
C/O MIA PARKER
2507 CALLAWAY ROAD STE 200
TALLAHASSEE, FL 32303

Employer Identification Number:
82-0710839
DLN:
17053304359007
Contact Person:
DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
September 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 28, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

BIG BEND HOMELESS ASSISTANCE

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements