

**2022 HUD COC FUNDED PROJECT REVIEW SUMMARY SHEET**

**PROJECT NAME:** \_\_\_\_\_

**PROJECT TYPE:** \_\_\_\_\_ **PROJECT OPERATION DATES:** \_\_\_\_\_

**TOTAL ANNUAL PROJECT FUNDING THROUGH HUD:** \_\_\_\_\_

**NUMBER OF HOUSEHOLDS/INDIVIDUALS TO BE SERVED ANNUALLY: HH** \_\_\_\_\_ **INDIVIDUALS** \_\_\_\_\_

**FUNDING AMOUNT DRAWN FROM HUD ELOCS AS OF LATEST QUARTERLY REPORT:** \_\_\_\_\_

**NUMBER OF HOUSEHOLDS/INDIVIDUALS ACTUALLY SERVED: HH** \_\_\_\_\_ **INDIVIDUALS** \_\_\_\_\_

**Did the project meet the identified deliverables and spending drawdowns?**

Deliverables \_\_\_\_\_

Drawdowns \_\_\_\_\_

**If the project did not meet deliverables and/or drawdowns, was an extension approved?** \_\_\_\_\_

**When does the extension end?** \_\_\_\_\_

**If the project did not need or request an extension, was the APR submitted on time?** \_\_\_\_\_

**What was the cost per household/individual for this project? HH** \_\_\_\_\_ **Individual** \_\_\_\_\_

**Was there a HUD, CoC or other monitoring performed on this project?** \_\_\_\_\_ **When:** \_\_\_\_\_

**Were there any Corrective Action Plans or recommendations imposed as a result of the monitoring(s)?** \_\_\_\_\_

**Describe:** \_\_\_\_\_

\_\_\_\_\_

**Was there technical assistance offered to this project either through HUD or the CoC?** \_\_\_\_\_ **When:** \_\_\_\_\_

\_\_\_\_\_

**Is this project type still needed as identified in the most recent Homelessness Assistance Plan and BBCoC 5 year Strategic Plan?** \_\_\_\_\_

**What was the Bed Utilization Rate as identified on the APR?** \_\_\_\_\_

**What were the APR results on system performance measures?**

Average Change in Overall Cash Income stayers (APR 19a1) \_\_\_\_\_

Average Change in overall Cash Income leavers(APR 19a2) \_\_\_\_\_

Percent of leavers exiting to permanent housing destinations (APR 23c) \_\_\_\_\_

**Did this project have previous year CAPs, mandatory TA that would make this project eligible for reallocation this year?** \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_

**OTHER COMMENTS:**



**2022 HUD NOFO  
Renewal Project Application  
FORM 400-B**

**A. Project Applicant Information**

Agency Name:			
Agency Address:			
City, State, Zip:			
Contact Person:			
Contact Phone and Email		e-mail:	
Agency Executive Director:			
Director Phone and Email:		e-mail:	

**B. Project Information**

Name of Project:			
Project Address, if applicable: (Mark N/A for scattered sites.)	<input type="checkbox"/> N/A		
Is this address confidential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
Project Type	<input type="checkbox"/> CoC Bonus <input type="checkbox"/> HMIS <input type="checkbox"/> PH-PSH <input type="checkbox"/> DV Bonus; <input type="checkbox"/> SSO-CE <input type="checkbox"/> PH-RRH <input type="checkbox"/> Joint TH&PH-RRH		
Date Range of Current Grant	____/____/____ to ____/____/____		
Amount Awarded			
HUD grant number (from GIW)			

### C. Threshold Criteria

<b>1) SAM Registration</b>
Attach documentation of organizations active SAM registration. <b>Attachment SAM.</b>
<b>2) DUNS Number</b>
Attach documentation of organization’s valid DUNS number. <b>Attachment DUNS.</b>
<b>3) Code of Conduct</b>
Attach copy of organizations Code of Conduct demonstrating requirements to conduct business in accordance with ethical standards. <b>Attachment CODE OF CONDUCT</b>
<b>4) Audit Management Letter</b>
Attach a copy of the most recent Audit Management Letter which contains a statement as to whether the audit disclosed any audit findings for which a response is overdue or unsatisfactory. <b>Attachment AUDIT</b>
<b>5) Last completed APR submitted through SAGE</b>
Attach the PDF generated from SAGE of the most recent APR submission. <b>Attachment APR</b>
<b>6) Nondiscrimination Policy</b>
Attach the organizations established nondiscrimination Policy. <b>Attachment NONDISC</b>

### D. Scored Criteria

<b>1) Administration – eSnaps</b>
Attach documentation of at least two staff with active eSnaps profiles as <b>Attachment A.</b>
<b>2) Administration – eLOCCS</b>
Attach documentation of at least two staff with active eLOCCS profiles as <b>Attachment B.</b>
<b>3) Administration – Executed Contract with HUD (including budget)</b>
Attach documentation of contract or initiation of contract as <b>Attachment C.</b>
<b>4) Demonstrated Need</b>
Include narrative and attach documentation of the community need for this project from approved data sources, such as, BBCoC Homelessness Assistance Plan, HMIS, PIT County Reports, or other HUD Approved Databases. <b>Attachment D.</b>
<b>5) Goals of the Homelessness Assistance Plan (HAP)</b>
Include narrative and reference the BBCoC updated HAP indicating how your project has advanced the goals identified in the HAP, citing specific elements to be addressed from the HAP. <b>Attachment E.</b>
<b>6) Coordinated Entry (CE)</b>
Include narrative describing how this project participates in the BBCoC Coordinated Entry Assessment and Referral process. Reference the CE policies and procedures if this project is considered a CE Access Point. <b>Attachment CE.</b>
<b>7) Racial Equity</b>
Include narrative and data demonstrating organizations executive and direct service staff

	racial and ethnic makeup is reflective of the clients served within the past year. <b>Attachment F.</b>
<b>8) Commitment to Housing First</b>	Include narrative and reference the organizations policies and procedures that demonstrate the program does not mandate client participation in services either before obtaining housing or in order to retain housing. In addition, reference established policies and procedures within the organization that prioritize rapid placement and stabilization in permanent housing and improvement of economic self-sufficiency. <b>Attachment G.</b>
<b>9) Program – Staffing Plan with Job Descriptions</b>	Describe how the project has been implemented, including staff qualifications, a staffing plan with dates of hire, location of service delivery, and all available supportive services. For maximum points, provide a detailed plan and attach job descriptions as <b>Attachment H.</b>
<b>10) Program – Organizational Chart</b>	Attach organizational chart as <b>Attachment I.</b> For maximum points, show both staff hired and proposed staffing to be hired and/or unfilled positions.
<b>11) Program – Operational Plan</b>	Describe the following aspects of the project operational plan: <ul style="list-style-type: none"> <li>a. Staffing – Hiring: Provide dates of hire for each project position, indicate if a position is vacant and what methods of recruitment have been used to fill the position to date.</li> <li>b. Training Provided: <ul style="list-style-type: none"> <li>a. New Staff/Orientation</li> <li>b. New Grantee/HUD JAX</li> <li>c. Trauma Informed Care</li> <li>d. Confidentiality and Security</li> <li>e. Conflict Resolution and Grievance P&amp;P</li> </ul> </li> <li>c. Adoption of Policies and Procedures <ul style="list-style-type: none"> <li>a. Homeless status and eligibility determination</li> <li>b. Programmatic requirements</li> </ul> </li> <li>d. Forms and Documentation <ul style="list-style-type: none"> <li>a. Client screening and eligibility forms</li> <li>b. Data collection forms</li> </ul> </li> </ul> For maximum points, attach completed policies and procedures as <b>Attachment J.</b>
<b>12) Client Eligibility</b>	The applicant has clear written procedures to verify client eligibility for program services as defined in the NOFO based on the project type and has defined policies for referring and receipt of referrals through Coordinated Entry. This include detail on how clients will be connected to mainstream benefits promoting economic self-sufficiency. <b>Reference Attachment K.</b>
<b>13) Improvement of System Performance</b>	Provide a narrative demonstrating how the project has improved system performance over the past year and how the project will improve two or more of the HUD System Performances for our Continuum in the future. This includes clear goals and outcomes for

	each measure it will address. <b>Attachment L.</b>
<b>14) Project Outcomes</b>	Provide a narrative demonstrating the proposed outcomes for the project, how the outcomes will be measured, tracked and documented over the project period. <b>Attachment M.</b>
<b>15) Project Budget</b>	Provide a detailed project budget describing how requested funding will be allocated including the cost per person/ per household served and the breakdown of the amount and percent of costs to be spent on housing assistance, supportive services, HMIS and administration. The eSnaps Budget page for the project can be referenced but there should also be narrative including cost per person and household. <b>Attachment N.</b>
<b>16) Match Documentation</b>	Attach a letter from the source of match funds indicating the match funding is dedicated to carrying out activities related to this project. <b>Attachment O.</b>
<b>17) PROOF OF PROJECT SUBMISSION IN ESNAPS</b>	Attach a full export of the project submission in eSnaps as a PDF. <b>Attachment P.</b>

**ATTACHMENT:**

**SAM**



# CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC

Unique Entity ID <b>MLRZG13VEJ51</b>	CAGE / NCAGE <b>5KT73</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Apr 9, 2023</b>	
Physical Address <b>1823 Buford CT Tallahassee, Florida 32308-4465 United States</b>	Mailing Address <b>1823 Buford Court Tallahassee, Florida 32308-4465 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>Centr For Independent Living Of North Florida, Inc.</b>	Division Number <b>(blank)</b>
Congressional District <b>Florida 05</b>	State / Country of Incorporation <b>Florida / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Mar 14, 2022</b>	Submission Date <b>Mar 10, 2022</b>	Initial Registration Date <b>Jul 8, 2009</b>
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## Entity Dates

Entity Start Date <b>Jun 18, 1980</b>	Fiscal Year End Close Date <b>Sep 30</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**No**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Not Selected**

## Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**No**

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**Not Selected**

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?



**Not Selected****Exclusion Summary**

Active Exclusions Records?

**No****SAM Search Authorization**

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes****Entity Types****Business Types**

Entity Structure

**Corporate Entity (Tax Exempt)**

Profit Structure

**Non-Profit Organization**

Entity Type

**Business or Organization**

Organization Factors

**(blank)****Socio-Economic Types**

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments

**Yes**

Debt Subject To Offset

**No**

EFT Indicator

**0000**

CAGE Code

**5KT73****Electronic Funds Transfer**

Account Type

**Checking**

Routing Number

**\*\*\*\*9922**

Lock Box Number

**(blank)**

Financial Institution

**SYNOVUS BANK**

Account Number

**\*\*\*\*01501****Automated Clearing House**

Phone (U.S.)

**8505759621**

Email

**accounting@ability1st.info**

Phone (non-U.S.)

**(blank)**

Fax

**8505755740****Remittance Address****CENTER FOR INDEPENDENT LIVING OF****NORTH FLORIDA D/B/A ABILITY****1823 Buford Court****Tallahassee, Florida 32308****United States****Taxpayer Information**

EIN

**\*\*\*\*1522**

Type of Tax

**Applicable Federal Tax**

Taxpayer Name

**Center for Independent Living of North**

Tax Year (Most Recent Tax Year)

**2020**

Name/Title of Individual Executing Consent

**Executive Director**

TIN Consent Date

**Mar 10, 2022**

Address

**1823 Buford CT****Tallahassee, Florida 32308**

Signature

**Mandy Bianchi****Points of Contact****Accounts Receivable POC**

♀

**Aleighta Brown, Finance Specialist**  
**accounting@ability1st.info**  
**8505759621**

### Electronic Business

 **Aleighta Brown, Finance Specialist**  
**accounting@ability1st.info**  
**8505759621**

**1823 Buford Court**  
**Tallahassee, Florida 32308**  
**United States**

### Government Business


 **Mandy Bianchi, Executive Director**  
**mandybianchi@ability1st.info**  
**8505759621**

**1823 Buford Court**  
**Tallahassee, Florida 32308**  
**United States**

Shelley Shaul, Operations and HR Manager  
 shelleyshaul@ability1st.info  
 8505759621

1823 Buford Court  
 Tallahassee, Florida 32308  
 United States

### Past Performance

 **Jackie Fortmann, Deputy Director**  
**jackiefortmann@ability1st.info**  
**8505759621**

**1823 Buford Court**  
**Tallahassee, Florida 32308**  
**United States**

Jackie Fortmann, Deputy Director  
 jackiefortmann@ability1st.info  
 8505759621

1823 Buford Court  
 Tallahassee, Florida 32308  
 United States

### Security Information

Company Security Level  
**(blank)**

Highest Level Employee Security Level  
**(blank)**

### Service Classifications

#### NAICS Codes

Primary	NAICS Codes	NAICS Title

### Size Metrics

#### IGT Size Metrics

Annual Revenue (from all IGTs)  
**(blank)**

#### Worldwide

Annual Receipts (in accordance with 13 CFR 121) <b>(blank)</b>	Number of Employees (in accordance with 13 CFR 121) <b>(blank)</b>
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#### Location

Annual Receipts (in accordance with 13 CFR 121) <b>(blank)</b>	Number of Employees (in accordance with 13 CFR 121) <b>(blank)</b>
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#### Industry-Specific

Barrels Capacity <b>(blank)</b>	Megawatt Hours <b>(blank)</b>	Total Assets <b>(blank)</b>
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### Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

### Disaster Response

This entity does not appear in the disaster response registry.

**ATTACHMENT:  
DUNS**

## Mandy Bianchi

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**From:** Dun & Bradstreet <DandB@click.dandb.com>  
**Sent:** Thursday, August 25, 2022 11:44 AM  
**To:** Mandy Bianchi  
**Subject:** Your DUNS Lookup Request for Center For Independent Living of North Florida Inc.



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\$todayformat(0,MM/dd/yyyy)

\$FIRST\_NAME\$ Bianchi,

The following is the Dun & Bradstreet D-U-N-S® Number for **Center For Independent Living of North Florida Inc.**

D-U-N-S number: **107552796**

If this is YOUR COMPANY, learn how to monitor and potentially impact your Dun & Bradstreet?business credit file with [CreditBuilder?](#).

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Call **1-800-700-2733**, Monday through Friday, 8:00 AM to 6:00 PM local time or contact us at [Dun & Bradstreet support](#).

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101 JFK Parkway, Short Hills, NJ 07078

**ATTACHMENT:  
CODE OF CONDUCT**



1823 Buford Court ♦ Tallahassee, Florida 32308  
850-575-9621 (voice) ♦ 850-575-5740 (fax) ♦ 850-576-5245 (TDD) ♦ [www.ability1st.info](http://www.ability1st.info)

## CODE OF CONDUCT

Ability1st prohibits the solicitation and acceptance of gifts or gratuities by officers, employees, volunteers and agents for their personal benefit in excess of minimal value. The administrative and disciplinary actions for violations of this policy will be determined by the severity of the violation according to the Progressive Disciplinary Action Policy as follows:

Disciplinary action, short of termination, may take several forms depending on the severity of the problem and number of occurrences. At the discretion of the Executive Director, disciplinary action may be initiated at any step. Generally disciplinary action shall be progressive in nature (except for misconduct) and includes the following:

1. **Verbal Counseling** – must be documented. From time to time, significant problems or deficiencies related to job performance occur. Supervisors should provide counseling regarding any such problems or deficiencies. In any case where a supervisor provides counseling, the supervisor should document the occurrence of the counseling in memo form to the employee, including the date and substance of the counseling session. The employee should be asked in the memo to initial the memo indicating that the memo accurately summarizes the counseling session. The employee should be given a copy of the memo and the original initialed copy should be placed in the employee’s personnel file. Verbal counseling is not necessary prior to taking other disciplinary action, including termination, against an employee.
2. **Written Reprimand** – A written reprimand is a form of corrective supervisory feedback in response to a serious incident, violation of policy or procedure, or inability to respond to supervision provided through verbal counseling. A reprimand is documented in memo form, with the words “WRITTEN REPRIMAND” printed in large, bold letters across the top of the page. A written reprimand must contain a description of the

inappropriate behavior, the date of its occurrence, and a list of steps or actions the employee must take to correct the behavior. A written reprimand must be provided in a face-to-face conference between the employee and the supervisor and initialed by the employee acknowledging receipt. A written reprimand must be pre-approved by the Executive Director. The written reprimand must be copied for the employee's personnel file.

- 3. Suspension** – not to exceed 10 days, requires approval of the Executive Director. No compensation is paid but benefits continue. Documentation is kept in the personnel file.


Written notice of suspension will be provided, which includes the employee's name, the effective date of the suspension, the reason for the suspension, and instructions for contact with Ability1st. The Executive Director will sign the written notice of suspension.

If an internal investigation regarding employee conduct is necessary, the Executive Director will determine the type of investigation and who conducts the investigation.

The outcome of the investigation is to be documented by the Executive Director. If necessary, the Executive Director will consult the Board of Directors regarding appropriate action.

- 4. Termination** – this decision may only be made by the Executive Director. Documentation is kept in the personnel file (refer to policy A-21 for the grounds for termination).

All officers, employees, volunteers or agents of Ability1st must sign below indicating their awareness of this Code of Conduct:

_____ Printed Name	_____ Signature	_____ Date
<u>Mandy Bianchi, Executive Director</u>	<u></u> Signature	<u>10/5/2021</u> Date

**ATTACHMENT:  
AUDIT**





July 18, 2022

Center for Independent Living of North Florida, Inc.  
D/B/A Ability1<sup>st</sup> and Affiliate  
1823 Buford Court  
Tallahassee, FL 32308-4465

We have audited the consolidated financial statements of Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate for the year ended September 30, 2021, and have issued our report thereon dated July 18, 2022. Professional standards require that we advise you of the following matters relating to our audit.

### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated October 16, 2019, our responsibility, as described by professional standards, is to form and express an opinion about whether the consolidated financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit of the consolidated financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the consolidated financial statements are free of material misstatement. An audit of consolidated financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We have provided our findings regarding significant control deficiencies over financial reporting and material weaknesses, and material noncompliance, and other matters noted during our audit in a separate letter to you dated .

### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

## **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, and our firm, have complied with all relevant ethical requirements regarding independence.

In order to eliminate threats to independence related to nonattest services that we provide you, we have instituted a quality control review over all nonattest work. Also, in the engagement letter, we identified a person within your organization with the skills knowledge and expertise to review our nonattest work on your behalf.

## **Qualitative Aspects of the Entity's Significant Accounting Practices**

### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate is included in Note 1 to the consolidated financial statements. There has been no initial selection of accounting policies and no changes in significant accounting policies or their application during the fiscal year ended September 30, 2021. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

### *Significant Accounting Estimates*

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimate affecting the consolidated financial statements are:

Management's estimate of depreciation expense is based on the underlying assets depreciation calculated using the straight-line method over the assets' useful lives. We evaluated the key factors and assumptions used to develop the estimate of depreciation expense in determining that it is reasonable in relation to the consolidated financial statements taken as a whole.

Management's estimate of the functional expenses is based on the underlying cost allocation plan developed by the Organization calculated which is based on employee's time. We evaluated the key factors and assumptions used to develop the estimate of functional expenses in determining that it is reasonable in relation to the consolidated financial statements taken as a whole.

### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the consolidated financial statements are the disclosures on contingent liabilities.

### **Significant Difficulties Encountered during the Audit**

We encountered no difficulties in dealing with management relating to the performance of our audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. Management has corrected all identified misstatements.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. See attached list of material misstatements that we identified as a result of our audit procedures were brought to the attention of, and corrected by, management.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to Center for Independent Living of North Florida, Inc. D/B/A Ability 1<sup>st</sup> and Affiliate's consolidated financial statements or the auditor's report. No such disagreements arose during the course of our audit.

### **Representations Requested from Management**

We have requested certain representations from management which are included in the attached letter dated July 18, 2022.

### **Management Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

### **Other Significant Matters, Findings or Issues**

In our normal course of our professional association with Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate we generally discuss a variety of matters, including the application of accounting principles and auditing standards, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate's auditors.

**Bank Reconciliations** – During our audit, we noted the Organization did not reconcile two bank statements to financial records within the accounting system. As a best practice, we recommend the Organization review their bank reconciliation process, and ensure bank statement balances are reconciled to the general ledger.

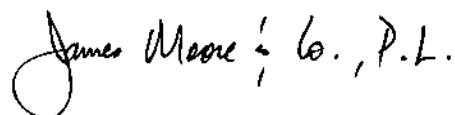
**Other Information in Documents Containing Audited Consolidated Financial Statements**

Pursuant to professional standards, our responsibility as auditors for other information in documents containing the Organization's audited consolidated financial statements does not extend beyond the consolidated financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information. However, in accordance with such standards, we have read the information and agreed information to the underlying accounting records from which it was derived.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the consolidated financial statements.

This report is intended solely for the information and use of Partners and management of Center for Independent Living of North Florida, Inc. D/B/A Ability1<sup>st</sup> and Affiliate and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in black ink that reads "James Moore & Co., P.L." The signature is written in a cursive style with a large, looping initial 'J'.

JAMES MOORE & CO., P.L.

Client: 500364 - Center for Independent Living of North Florida, Inc.  
Engagement: 500364 - CENTER FOR INDEPENDENT LIVING OF NORTH FL, INC.  
Period Ending: 9/30/2021  
Trial Balance: TB-01.1 - APCH Trial Balance  
Workpaper: TB-02.1 - Adjusting Journal Entries - APCH (HUD Corp) Report

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries JE # 1</b>		<b>B-05</b>		
To adjust BBHC accounts receivable per confirmation received from BBHC				
5044L	APCH Leasing		25,232.00	
11000	Accounts Receivable			25,232.00
<b>Total</b>			<u><u>25,232.00</u></u>	<u><u>25,232.00</u></u>
<b>Adjusting Journal Entries JE # 2</b>		<b>BB-01.1</b>		
To adjust APCH payable to CIL receivable - to net during elim entries				
11010	Loan From A1st (journal entries		95.00	
6900	Staff & Board Expenses			95.00
<b>Total</b>			<u><u>95.00</u></u>	<u><u>95.00</u></u>
<b>Adjusting Journal Entries JE # 3</b>		<b>TB, B-01</b>		
To adjust expenses in APCH to actual based on revenues received				
11005	Amount Loaned from Ability 1st		14,001.00	
6002	APCH RENT Personnel Reimburseme			14,001.00
<b>Total</b>			<u><u>14,001.00</u></u>	<u><u>14,001.00</u></u>
<b>Adjusting Journal Entries JE # 4</b>		<b>TB</b>		
Reclass for presentation purposes				
6500	Occupancy		215.00	
6900	Staff & Board Expenses		44.00	
6802	Staff travel			259.00
<b>Total</b>			<u><u>259.00</u></u>	<u><u>259.00</u></u>

Client: **500364 - Center for Independent Living of North Florida, Inc.**  
Engagement: **500364 - CENTER FOR INDEPENDENT LIVING OF NORTH FL, INC.**  
Period Ending: **9/30/2021**  
Trial Balance: **TB-01 - CIL Trial Balance**  
Workpaper: **TB-02 - Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries JE # 1</b>		<b>BB-01</b>		
To reclass HSHT deferred revenue to receivable at year end				
1095-JMCO	Able Trust		16,508.00	
338.21c	Unearned Revenue HSHT Gadsden			5,510.00
338.21L	Unearned Revenue HSHT Leon Co			5,499.00
338.21W	Unearned Revenue Wakulla County			5,499.00
<b>Total</b>			<b>16,508.00</b>	<b>16,508.00</b>
<b>Adjusting Journal Entries JE # 2</b>		<b>AA-01, 10-01</b>		
To record forgiveness of PPP to proceeds of debt				
355	Note Payable		162,100.00	
JMCO - 7000	Proceeds of Debt			162,100.00
<b>Total</b>			<b>162,100.00</b>	<b>162,100.00</b>
<b>Adjusting Journal Entries JE # 3</b>		<b>N-01</b>		
To adjust Endowment activity to actual for the CY				
267	Community Foundation Endowment		2,064.00	
268	Gain/Loss on Investment			2,064.00
<b>Total</b>			<b>2,064.00</b>	<b>2,064.00</b>
<b>Adjusting Journal Entries JE # 4</b>		<b>A-01, B-02</b>		
To reverse the effects of AR recorded as Cash at year end				
1004	VR		17,209.00	
703	Tallahassee State Bank Operating			17,209.00
<b>Total</b>			<b>17,209.00</b>	<b>17,209.00</b>
<b>Adjusting Journal Entries JE # 5</b>		<b>UV-03</b>		
To record CY depreciation expense				
6400	DEPRECIATION		9,626.00	
260	Accumulated Depreciation			9,626.00
<b>Total</b>			<b>9,626.00</b>	<b>9,626.00</b>
<b>Adjusting Journal Entries JE # 6</b>		<b>UV-04</b>		
To record CY additions				
258	Computer Equip. & Upgrades		6,995.00	
266	Equipment - Administration		1,299.00	
6507	Internet/Website			6,995.00
6700	EQUIPMENT			1,299.00
<b>Total</b>			<b>8,294.00</b>	<b>8,294.00</b>
<b>Adjusting Journal Entries JE # 7</b>		<b>B-06/10-01</b>		
To record UW revenue earned				
1410	United Way Promise to Pay		5,032.00	
5010Gad	UW - Gadsden Co.			5,032.00
<b>Total</b>			<b>5,032.00</b>	<b>5,032.00</b>
<b>Adjusting Journal Entries JE # 8</b>		<b>10-01, 50-01</b>		
To record vehicle donation and pass-through to consumer				
7360	Misc.		3,615.00	
5019MIS	Miscellaneous Donations			3,615.00
<b>Total</b>			<b>3,615.00</b>	<b>3,615.00</b>
<b>Adjusting Journal Entries JE # 9</b>		<b>TB, B-01</b>		
To adjust expenses to APCH to actual based on revenues received				
6044REN	Personnel - APCH Rent Admin		14,001.00	
364	Loan to APCH, Inc.			14,001.00
<b>Total</b>			<b>14,001.00</b>	<b>14,001.00</b>
<b>Adjusting Journal Entries JE # 10</b>		<b>BB-01, 10-01</b>		

Client: **500364 - Center for Independent Living of North Florida, Inc.**  
Engagement: **500364 - CENTER FOR INDEPENDENT LIVING OF NORTH FL, INC.**  
Period Ending: **9/30/2021**  
Trial Balance: **TB-01 - CIL Trial Balance**  
Workpaper: **TB-02 - Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
To adjust Bridge to Independence activity to actual				
5058	Bridge to Independence		6,462.00	
370	Unearned Rev Bridge to Independ			6,462.00
<b>Total</b>			<b><u>6,462.00</u></b>	<b><u>6,462.00</u></b>
<b>Adjusting Journal Entries JE # 11</b>				
To adjust Reeve Foundation activity to actual				
JMCO - 339	Deferred Revenue	<b>BB-01, 10-01</b>	3,234.00	
5073	Christopher Reeve Foundation			3,234.00
<b>Total</b>			<b><u>3,234.00</u></b>	<b><u>3,234.00</u></b>
<b>Adjusting Journal Entries JE # 12</b>				
To adjust VR AR to actual -recognize revenues up to VR expenses for the period and reverse effect of PY unbilled AR				
1004	VR	<b>B-01, 10-01</b>	3,896.00	
5004	VR		12,484.00	
1004	VR			12,484.00
5004	VR			3,896.00
<b>Total</b>			<b><u>16,380.00</u></b>	<b><u>16,380.00</u></b>
<b>Adjusting Journal Entries JE # 13</b>				
To reclass ESG Outreach grant funds for FS presentation				
5000	CONTRACT REVENUES	<b>10-01</b>	48,812.00	
JMCO 5001	ESG Revenues			48,812.00
<b>Total</b>			<b><u>48,812.00</u></b>	<b><u>48,812.00</u></b>
<b>Adjusting Journal Entries JE # 14</b>				
To adjust unearned for ESG to actual				
336	Unearned Revenue - ESG-CV 2	<b>BB-01, B-02</b>	1,989.00	
1095	ESG-CV Outreach, Rapid ReHouse			1,989.00
<b>Total</b>			<b><u>1,989.00</u></b>	<b><u>1,989.00</u></b>

Valuing each person's  
**Ability1<sup>st</sup>**

1823 Buford Court • Tallahassee, Florida 32308  
850-575-9621 (voice) • 850-575-5740 (fax) • [www.ability1st.info](http://www.ability1st.info)

July 18, 2022

James Moore & Co., P.L.  
2477 Tim Gamble Place, Suite 200  
Tallahassee, Florida 32308-4386

This representation letter is provided in connection with your audit of the consolidated financial statements of Center for Independent Living of North Florida, Inc. D/B/A/ Ability 1<sup>st</sup>, which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, for the purpose of expressing opinions as to whether the consolidated financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP)

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audit.

**Consolidated Financial Statements**

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated October 16, 2019, for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. GAAP.
- The consolidated financial statements referred to above are fairly presented in conformity with U.S. generally accepted accounting principles.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.



- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the consolidated financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- We have complied with all contractual agreements, grants, and donor restrictions.
- We have maintained an appropriate composition of assets in amounts needed to comply with all donor restrictions.
- We have accurately presented the entity's position regarding taxation and tax-exempt status.
- The bases used for allocation of functional expenses are reasonable and appropriate.
- We have included in the financial statements all assets and liabilities under the entity's control.
- We have designed, implemented, and maintained adequate internal controls over the receipt and recording of contributions.
- Reclassifications between net asset classes are proper.
- Methods and significant assumptions used by management to determine fair values, their consistency in application, and the completeness and adequacy of fair value information for financial statement measurement and disclosure purposes are appropriate.
- Receivables recorded in the consolidated financial statements represent valid claims against debtors for sales or other charges arising on or before the balance sheet date and have been reduced to their estimated net realizable value.
- We have identified all accounting estimates that could be material to the consolidated financial statements, including the key factors and significant assumptions underlying those estimates, and we believe the estimates are reasonable in the circumstances. There are no estimates that may be subject to a material change in the near term that have not been properly disclosed in the consolidated financial statements. We understand that near term means the period within one year of the date of the consolidated financial statements. In addition, we have no knowledge of concentrations existing at the date of the consolidated financial statements that make the Organization vulnerable to the risk of severe impact that have not been properly disclosed in the financial statements. We understand that concentrations include individual or group concentrations of contributors, grantors, clients, customers, suppliers, lenders, products, services, fund-raising events, sources of labor or materials, licenses or other rights, or operating areas or markets. We further understand that severe impact means a significant financially disruptive effect on the normal functioning of the Organization.
- The Organization has filed required Federal and state income tax returns. However, the Organization's income tax returns are subject to examination by the IRS generally for three years after they were filed. The Organization recognizes tax benefits only to the extent that it is "more likely than not" that its tax positions will be sustained upon IRS examination. Accordingly, any provision for unpaid income taxes (liability for unrecognized tax benefits) in the balance sheet would reflect all tax positions that the Organization believes do not have greater than a 50%

chance of realization after examination. The Organization has reviewed and evaluated the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the consolidated financial statements of the Organization.

- We understand that you prepared the trial balance for use during the audit and that your preparation of the trial balance was limited to formatting information into a working trial balance based on management's chart of accounts.
- We understand that as part of your audit, you prepared the adjusting journal entries necessary to convert our cash basis records to the accrual basis of accounting and acknowledge that we have reviewed and approved those entries and accepted responsibility for them.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- The bases used for allocation of functional expenses are reasonable and appropriate.
- We have included in the consolidated financial statements all assets and liabilities under the entity's control.
- Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- We have provided to you our views on reported audit findings, conclusions, and recommendations, as well as planned corrective actions.
- Guarantees, whether written or oral, under which the Organization is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
- With respect to the preparation of the draft consolidated financial statements and related notes and schedule of expenditures of federal awards, preparation of depreciation schedule, tax preparation services, and data collection form, we have performed the following:
  - Made all management decisions and performed all management functions;
  - Assigned a competent individual to oversee the services (Mandy Bianchi);
  - Evaluated the adequacy of the services performed;
  - Evaluated and accepted responsibility for the result of the service performed; and
  - Established and maintained internal controls, including monitoring ongoing activities
- During the year ended September 30, 2021, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the

financial and other impact to the entity as of July 18, 2022, management believes that a material impact on the entity's financial position and results of future operations is reasonably possible.

### **Information Provided**

- We have provided you with:
  - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the consolidated financial statements, such as records, documentation, and other matters;
  - Additional information that you have requested from us for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- All transactions have been recorded in the accounting records and are reflected in the consolidated financial statements.
- We have disclosed to you the results of our assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud.
- We have provided to you our analysis of the entity's ability to continue as a going concern, including significant conditions and events present, and if necessary, our analysis of management's plans, and our ability to achieve those plans.
- We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
  - Management;
  - Employees who have significant roles in internal control; or
  - Others when the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's consolidated financial statements communicated by employees, former employees, analysts, regulators, or others.
- We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing consolidated financial statements.
- We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the consolidated financial statements.
- We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
- Except as made known to you and disclosed in the notes to the consolidated financial statements, the Organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral except as made known to you.

- We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us; and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of consolidated financial statement amounts or other financial data significant to the audit objectives.
- Center for Independent Living of North Florida, Inc. D/B/A Ability1st and Affiliate are exempt under Sections of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the Organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.

### **Single Audit**

With respect to federal awards, we represent the following to you:

- We are responsible for understanding and complying with and have complied with the requirements of and the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) as applicable.
- We are responsible for the preparation and presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance.
- We believe the schedule of expenditures of federal awards, including its form and content, is fairly presented in accordance with the Uniform Guidance.
- The methods of measurement or presentation have not changed from those used in the prior period.
- We are responsible for including the auditor's report on the schedule of expenditures of federal awards in any document that contains the schedule and that indicates that the auditor has reported on such information.
- We have identified and disclosed all of our government programs and related activities subject to the Uniform Guidance compliance audit.
- We have notified you of federal awards and funding increments that were received before December 26, 2014, and differentiated those awards from awards received on or after December 26, 2014, and subject to the audit requirements of the Uniform Guidance.
- We have notified you if we have elected to delay implementation the procurement sections (317 to 326) of the Uniform Guidance as allowed for two fiscal years after the effective date of the uniform guidance. We understand that sections 317 to 326 are allowed to be delayed until fiscal years beginning on or after December 26, 2017 (if electing to delay).
- When the schedule of expenditures of federal awards is not presented with the audited financial statements, management will make the audited financial statements readily available to the intended users of the schedule of expenditures of federal awards no later than the date of issuance by the entity of the schedule of expenditures of federal awards and the auditor's report thereon.

- We have, in accordance with the Uniform Guidance, identified in the schedule of expenditures of federal awards, expenditures made during the audit period for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, food commodities, direct appropriations, and other assistance.
- We are responsible for understanding and complying with the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of our federal programs and have identified and disclosed to you federal statutes, regulations, and the terms and conditions of federal awards that are considered to have a direct and material effect on each major federal program; and we have complied with these direct and material compliance requirements.
- We have provided to you our interpretations of any compliance requirements that have varying interpretations.
- We are responsible for establishing and maintaining, and have established and maintained, effective internal control over compliance for federal programs that provide reasonable assurance that we are managing our federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award that could have a material effect on our federal programs. Also, no changes [or disclose the changes made] have been made in the internal over compliance or other factors that might significantly affect internal control, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance have occurred subsequent of the period covered by the auditor's report.
- We have made available to you all contracts and grant agreements (including amendments, if any) and any other correspondence with federal agencies or pass-through entities relating to federal programs.
- We have received no requests from a federal agency to audit one or more specific programs as a major program.
- We have identified and disclosed to you all amounts questioned and any known noncompliance with the direct and material compliance requirements of federal awards, including the results of other audits or program reviews or stated that there was no such noncompliance. We also know of no instances of noncompliance with direct and material compliance requirements occurring subsequent to the period covered by the auditor's report.
- We have disclosed to you any communications from federal awarding agencies and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
- We have charged costs to federal awards in accordance with applicable cost principles, including amounts claimed or used for matching determined in accordance with relevant guidelines in the Uniform Guidance.

- We have made available to you all documentation related to the compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements.
- Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic financial statements have been prepared (and are prepared on a basis consistent with the schedule of expenditures of federal awards).
- The copies of federal program financial reports provided to you are true copies of the reports submitted, or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
- We have properly classified amounts claimed or used for matching in accordance with related guidelines in the Uniform Guidance.
- We have charged costs to federal awards in accordance with the provisions of the Uniform Guidance.
- We are responsible for and have accurately prepared the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance, and we have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
- We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
- The reporting package does not contain personally identifiable information.
- We are responsible for and have accurately completed the appropriate sections of the Data Collection Form and we are responsible for taking corrective action on audit findings of the compliance audit and have developed a corrective action plan that meets the requirements of the Uniform Guidance.
- We have disclosed all contracts or other agreements with service organizations and disclosed to you all communications from these service organizations relating to noncompliance at the organizations.
- We have reviewed, approved, and taken responsibility for the financial statements and related notes and an acknowledgment of the auditor's role in the preparation of this information.
- We have reviewed, approved, and taken responsibility for accrual adjustments and an acknowledgment of the auditor's role in the preparation of the adjustments.
- We have disclosed to you the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance during the reporting period.

Signed: Mandy Bianchi  
Title: Executive Director

**ATTACHMENT:**

**APR**



## HUD Annual Performance Report - CoC

Grant: A Place Called Home - FL0077L4H061912 Type: PH

### Q01a. Grant Information - From e-snaps and LOCCS

Grant Number	FL0077L4H061912
Recipient	FL-506: Big Bend Homeless Coalition, Inc.
CoC Number and Name	FL-506 Tallahassee/Leon County CoC
CoC Component Type	PH
CoC Project Type	PSH
Total Award Amount (from the application in e-snaps)	\$433,567.00
Operating Year Start Date	7/1/2020
Operating Year End Date	8/31/2021
Grant Term in Months	14
Grant Information Was Updated on	8/24/2022

### Q01b. Grant Information - User-supplied

#### Grant Information

The APR you are reporting on is for the following grant. This data in this form is prepopulated from data exported from e-snaps and LOCCS.

All information in the APR must be provided for the Operating Year as shown above.

If the term of the grant was formally extended by HUD and the local HUD field office updated LOCCS accordingly, the term in months would show as more than 12 months and the Operating Year End Date would be adjusted accordingly. If an extension was received for filing the APR no term change would be made in LOCCS and the reporting period will remain the same. All information submitted in this APR must reflect the full operating year.

The Operating Year is established in LOCCS with the first draw of funds on the grant. If it is not correct, contact the local HUD field office directly for the date to be corrected in LOCCS. Once it is corrected and the data has been transmitted to Sage the form will automatically update. You cannot change the date yourself either through LOCCS or in Sage.

#### Grant Focus Information

Identify the specific project type of this grant:	PSH
Was this project funded under a special initiative?	No
Target subpopulation(s): Does your project have a specific population focus?	Yes
→If yes, which population?	Chronic Homeless
Are 100% of the clients in HMIS or where applicable in a comparable data base?	Yes

### Q02. Bed and Unit Inventory and Utilization

	As Proposed in the Application Total	Occupied AND Available for Occupancy As Completed in the APR by the Recipient				Average % of Actually Available to Proposed
		January	April	July	October	
Units	45	44	43	43	44	96.67%
Beds	45	44	43	43	44	96.67%

**Q03. Contact Information**

Prefix	Mrs
First Name	Mandy
Middle Name	L
Last Name	Bianchi
Suffix	
Organization	The Center for Independent Living of North Florida DBA Ability 1st
Department	
Title	Executive Director
Street Address 1	1823 Buford Court, Tallahassee, FL, 32308
Street Address 2	
City	Tallahassee
State / Territory	Florida
ZIP Code	32308
E-mail Address	mandybianchi@ability1st.info
Confirm E-mail Address	mandybianchi@ability1st.info
Phone Number	(850)575-9621
Extension	
Fax Number	

**Q04a: Project Identifiers in HMIS**

Organization Name	Organization ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project	Project ID(s) of affiliations	CoC Number	Geocode	Victim Service Provider	HMIS Software Name
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	3				FL-506	129073	0	ServicePoi

**Q05a: Report Validationa Table**

Total Number of Persons Served	54
Number of Adults (Age 18 or Over)	54
Number of Children (Under Age 18)	0
Number of Persons with Unknown Age	0
Number of Leavers	10
Number of Adult Leavers	10
Number of Adult and Head of Household Leavers	10
Number of Stayers	44
Number of Adult Stayers	44
Number of Veterans	1
Number of Chronically Homeless Persons	51
Number of Youth Under Age 25	0
Number of Parenting Youth Under Age 25 with Children	0
Number of Adult Heads of Household	53
Number of Child and Unknown-Age Heads of Household	0
Heads of Households and Adult Stayers in the Project 365 Days or More	37

**Q06a: Data Quality: Personally Identifying Information (PII)**

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	Total	% of Error Rate
Name	0	0	0	0	0%
Social Security Number	0	0	0	0	0%
Date of Birth	0	0	0	0	0%
Race	0	0	0	0	0%
Ethnicity	0	0	0	0	0%
Gender	0	0	0	0	0%
Overall Score				0	0%

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q06b: Data Quality: Universal Data Elements**

Data Element	Error Count	% of Error Rate
Veteran Status	1	1.85%
Project Start Date	0	0%
Relationship to Head of Household	1	1.85%
Client Location	0	0%
Disabling Condition	1	1.85%

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q06c: Data Quality: Income and Housing Data Quality**

Data Element	Error Count	% of Error Rate
Destination	0	0%
Income and Sources at Start	3	5.56%
Income and Sources at Annual Assessment	8	21.62%
Income and Sources at Exit	0	0%

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q06d: Data Quality: Chronic Homelessness**

Entering into project type	Count of Total Records	Missing Time in Institution	Missing Time in Housing	Approximate Date Started DK/R/missing	Number of Times DK/R/missing	Number of Months DK/R/missing	% of Records Unable to Calculate
ES, SH, Street Outreach	0	0	0	0	0	0	0
TH	0	0	0	0	0	0	0
PH (All)	38	0	0	0	0	0	0
Total	38	0	0	0	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q06e: Data Quality: Timeliness**

Time for Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	2	4
1-3 Days	6	0
4-6 Days	3	1
7-10 Days	1	1
11+ Days	1	4

**Q06f: Data Quality: Inactive Records: Street Outreach & Emergency Shelter**

Data Element	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0
Bed Night (All Clients in ES - NBN)	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q07a: Number of Persons Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	54	54	0	0	0
Children	0	0	0	0	0
Client Doesn't Know/ Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0
For PSH & RRH – the total persons served who moved into housing	52	52	0	0	0

**Q07b: Point-in-Time Count of Persons on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	44	44	0	0	0
April	43	43	0	0	0
July	43	43	0	0	0
October	44	44	0	0	0

**Q08a: Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	53	53	0	0	0
For PSH & RRH – the total households served who moved into housing	52	52	0	0	0

**Q08b: Point-in-Time Count of Households on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	43	43	0	0	0
April	42	42	0	0	0
July	42	42	0	0	0
October	43	43	0	0	0

**Q09a: Number of Persons Contacted**

Number of Persons Contacted	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

**Q09b: Number of Persons Engaged**

Number of Persons Engaged	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Contacts	0	0	0	0
6-9 Contacts	0	0	0	0
10+ Contacts	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q10a: Gender of Adults**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	21	21	0	0
Female	33	33	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	54	54	0	0
Trans Female (MTF or Male to Female) ☺				
Trans Male (FTM or Female to Male) ☺				

Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☺.

**Q10b: Gender of Children**

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	0	0	0	0
Trans Female (MTF or Male to Female) ☺				
Trans Male (FTM or Female to Male) ☺				

Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☺.

**Q10c: Gender of Persons Missing Age Information**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	0	0	0	0	0
Trans Female (MTF or Male to Female) ☹					
Trans Male (FTM or Female to Male) ☹					

Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☹.

**Q11: Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0	0	0	0	0
5 - 12	0	0	0	0	0
13 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	0	0	0	0	0
35 - 44	10	10	0	0	0
45 - 54	12	12	0	0	0
55 - 61	19	19	0	0	0
62+	13	13	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0

**Q12a: Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	25	25	0	0	0
Black, African American, or African	28	28	0	0	0
Asian or Asian American	0	0	0	0	0
American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0

**Q12b: Ethnicity**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	53	53	0	0	0
Hispanic/Latin(a)(o)(x)	1	1	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0

**Q13a1: Physical and Mental Health Conditions at Start**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	39	39	0	0		0	0
Alcohol Use Disorder	4	4	0	0		0	0
Drug Use Disorder	4	4	0	0		0	0
Both Alcohol Use and Drug Use Disorders	4	4	0	0		0	0
Chronic Health Condition	22	22	0	0		0	0
HIV/AIDS	1	1	0	0		0	0
Developmental Disability	3	3	0	0		0	0
Physical Disability	29	29	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q13a2: Number of Conditions at Start**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
None	2	2	0	0		0	0
1 Condition	16	16	0	0		0	0
2 Conditions	18	18	0	0		0	0
3+ Conditions	17	17	0	0		0	0
Condition Unknown	1	1	0	0		0	0
Client Doesn't Know/Client Refused	0	0	0	0		0	0
Data Not Collected	0	0	0	0		0	0
Total	54	54	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q13b1: Physical and Mental Health Conditions at Exit**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	9	9	0	0		0	0
Alcohol Use Disorder	2	2	0	0		0	0
Drug Use Disorder	0	0	0	0		0	0
Both Alcohol Use and Drug Use Disorders	2	2	0	0		0	0
Chronic Health Condition	7	7	0	0		0	0
HIV/AIDS	1	1	0	0		0	0
Developmental Disability	1	1	0	0		0	0
Physical Disability	6	6	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q13b2: Number of Conditions at Exit**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
None	0	0	0	0		0	0
1 Condition	2	2	0	0		0	0
2 Conditions	2	2	0	0		0	0
3+ Conditions	6	6	0	0		0	0
Condition Unknown	0	0	0	0		0	0
Client Doesn't Know/Client Refused	0	0	0	0		0	0
Data Not Collected	0	0	0	0		0	0
Total	10	10	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q13c1: Physical and Mental Health Conditions for Stayers**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	31	31	0	0		0	0
Alcohol Use Disorder	2	2	0	0		0	0
Drug Use Disorder	4	4	0	0		0	0
Both Alcohol Use and Drug Use Disorders	2	2	0	0		0	0
Chronic Health Condition	16	16	0	0		0	0
HIV/AIDS	0	0	0	0		0	0
Developmental Disability	2	2	0	0		0	0
Physical Disability	24	24	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q13c2: Number of Conditions for Stayers**

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
None	1	1	0	0		0	0
1 Condition	14	14	0	0		0	0
2 Conditions	16	16	0	0		0	0
3+ Conditions	12	12	0	0		0	0
Condition Unknown	1	1	0	0		0	0
Client Doesn't Know/Client Refused	0	0	0	0		0	0
Data Not Collected	0	0	0	0		0	0
Total	44	44	0	0		0	0

☞ The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

**Q14a: Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	19	19	0	0	0
No	35	35	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0



**Q14b: Persons Fleeing Domestic Violence**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	1	1	0	0	0
No	18	18	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>19</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Q15: Living Situation**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	34	34	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	20	20	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Interim Housing ☺					
<b>Subtotal</b>	<b>54</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>54</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>

☺ Interim housing is retired as of 10/1/2019.

**Q16: Cash Income - Ranges**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No income	9	2	0
\$1 - \$150	0	0	0
\$151 - \$250	0	0	0
\$251 - \$500	2	0	0
\$501 - \$1000	23	1	3
\$1,001 - \$1,500	6	4	1
\$1,501 - \$2,000	9	8	5
\$2,001+	5	14	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
Number of Adult Stayers Not Yet Required to Have an Annual Assessment	0	7	0
Number of Adult Stayers Without Required Annual Assessment	0	8	0
Total Adults	54	44	10

**Q17: Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	3	1
Unemployment Insurance	0	0	0
SSI	31	20	8
SSDI	16	7	4
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	3	2	0
Pension from Former Job	1	0	1
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	2	1	0
Adults with Income Information at Start and Annual Assessment/Exit	0	29	0

**Q18: Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status**

	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	2	2	0
Adults with Only Other Income	41	24	9
Adults with Both Earned and Other Income	2	1	1
Adults with No Income	9	2	0
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of Adult Stayers Not Yet Required to Have an Annual Assessment	0	7	0
Number of Adult Stayers Without Required Annual Assessment	0	8	0
Total Adults	54	44	10
1 or More Source of Income	47	27	10
Adults with Income Information at Start and Annual Assessment/Exit	0	29	0

Q19a1: Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have it at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not have the Income Category at Start or at Annual Assessment	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Annual Assessment; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	2	0	26	29	2	<i>6.90%</i>
Average Change in Earned Income	0	0		1747.00	0			1747.00	
Number of Adults with Other Income	0	0	2	20	2	4	29	23	<i>79.31%</i>
Average Change in Other Income	0	0		915.05	1963.00			1067.00	
Number of Adults with Any Income (i.e., Total Income)	0	0	2	22	2	2	29	25	<i>86.21%</i>
Average Change in Overall Income	0	0		990.68	1963.00		966.00	1121.40	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q19a2: Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have it at Exit	Retained Income Category but Had Less \$ at Exit than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not have the Income Category at Start and Gained the Income Category at Exit	Did Not have the Income Category at Start or at Exit	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Exit; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	9	10	1	<i>10.00%</i>
Average Change in Earned Income	0	0		0	0			520.00	
Number of Adults with Other Income	0	2	3	3	2	0	10	5	<i>50.00%</i>
Average Change in Other Income	0	-606.50		782.67	1232.50			962.60	
Number of Adults with Any Income (i.e., Total Income)	0	2	3	3	1	0	10	5	<i>50.00%</i>
Average Change in Overall Income	0	-606.50		782.67	1680.00		412.00	1066.60	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q19b: Disabling Conditions and Income for Adults at Exit

	AD: Adult with Disabling Condition	AD: Adult without Disabling Condition	AD: Total Adults	AD: % with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: % with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: % with Disabling Condition by Source
Earned Income	0	1	1	<i>0%</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Supplemental Security Income (SSI)	7	1	8	<i>87.50%</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Social Security Disability Insurance (SSDI)	4	0	4	<i>100.00%</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
VA Service-Connected Disability Compensation	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Private Disability Insurance	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Worker's Compensation	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Temporary Assistance for Needy Families (TANF)	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Retirement Income from Social Security	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Pension or retirement income from a former job	1	0	1	<i>100.00%</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Child Support	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Other source	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
No Sources	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>
Unduplicated Total Adults	9	1	10		0	0	0		0	0	0	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q20a: Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	31	15	9
WIC	1	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	1	0	0

**Q20b: Number of Non-Cash Benefit Sources**

	<b>Benefit at Start</b>	<b>Benefit at Latest Annual Assessment for Stayers</b>	<b>Benefit at Exit for Leavers</b>
No sources	22	14	1
1+ Source(s)	31	15	9
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	1	15	0
<b>Total</b>	<b>54</b>	<b>44</b>	<b>10</b>

**Q21: Health Insurance**

	<b>At Start</b>	<b>At Annual Assessment for Stayers</b>	<b>At Exit for Leavers</b>
Medicaid	34	20	10
Medicare	17	8	1
State Children's Health Insurance Program	0	0	0
VA Medical Services	0	0	0
Employer Provided Health Insurance	0	0	0
Health Insurance Through COBRA	0	0	0
Private Pay Health Insurance	1	1	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	11	4	0
Client Doesn't Know/Client Refused	1	0	0
Data Not Collected	1	8	0
Number of Stayers Not Yet Required to Have an Annual Assessment	0	7	0
1 Source of Health Insurance	31	22	9
More than 1 Source of Health Insurance	10	3	1

**Q22a1: Length of Participation – CoC Projects**

	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>
30 Days or Less	1	0	1
31 to 60 Days	2	2	0
61 to 90 Days	2	0	2
91 to 180 Days	3	0	3
181 to 365 Days	3	2	1
366 to 730 Days (1-2 yrs)	12	2	10
731 to 1,095 Days (2-3 yrs)	2	0	2
1096 to 1,460 Days (3-4 yrs)	8	2	6
1461 to 1,825 Days (4-5 yrs)	5	1	4
More than 1,825 Days (>5 yrs)	16	1	15
Data Not Collected	0	0	0
<b>Total</b>	<b>54</b>	<b>10</b>	<b>44</b>

**Q22b: Average and Median Length of Participation in Days**

	<b>Leavers</b>	<b>Stayers</b>
Average Length	793.00	1854.00
Median Length	439.00	1201.00

<sup>1</sup> Note that medians cannot be weighted or averaged across multiple CSVs together in a single report. Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q22c: Length of Time between Project Start Date and Housing Move-in Date**

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	11	11	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	12	12	0	0	0
Average length of time to housing	1.00	1.00	0	0	0
Persons who were exited without move-in	1	1	0	0	0
Total persons	13	13	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q22e: Length of Time Prior to Housing - based on 3.917 Date Homelessness Started**

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	8	8	0	0	0
366 to 730 days (1-2 Yrs)	15	15	0	0	0
731 days or more	26	26	0	0	0
Total (persons moved into housing)	49	49	0	0	0
Not yet moved into housing	1	1	0	0	0
Data not collected	4	4	0	0	0
Total persons	54	54	0	0	0

Q23c: Exit Destination

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	1	1	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	3	3	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	4	4	0	0	0
Total persons whose destinations excluded them from the calculation	4	4	0	0	0
Percentage	<i>66.67%</i>	<i>66.67%</i>	<i>0</i>	<i>0</i>	<i>0</i>

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q25a: Number of Veterans**


	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	1	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a Veteran	52	52	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	1	1	0	0
Total	54	54	0	0

**Q25b: Number of Veteran Households**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	1	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a Veteran	51	51	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	1	1	0	0
Total	53	53	0	0

**Q25c: Gender - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	1	1	0	0
Female	0	0	0	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	1	1	0	0
Trans Female (MTF or Male to Female) 				
Trans Male (FTM or Female to Male) 				

**Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with .**

**Q25d: Age - Veterans**

	Total	Without Children	With Children and Adult	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	0	0	0	0
55 - 61	1	1	0	0
62+	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	1	1	0	0



**Q25e: Physical and Mental Health Conditions - Veterans**

	Conditions At Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	0	0	0
Alcohol Use Disorder	0	0	0
Drug Use Disorder	0	0	0
Both Alcohol Use and Drug Use Disorders	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Developmental Disability	0	0	0
Physical Disability	1	1	0

**Q25f: Cash Income Category - Income Category - by Start and Annual /Exit Status - Veterans**

Number of Veterans By Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	1	1	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	0	0	0
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of Veterans Not yet Required to Have an Annual Assessment	0	0	0
Number of Veterans Without Required Annual Assessment	0	0	0
Total Veterans	1	1	0

**Q25g: Type of Cash Income Sources - Veterans**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
SSI	1	1	0
SSDI	0	1	0
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit	0	1	0

**Q25: Type of Non-Cash Benefit Sources - Veterans**

	<b>Benefit at Start</b>	<b>Benefit at Latest Annual Assessment for Stayers</b>	<b>Benefit at Exit for Leavers</b>
Supplemental Nutritional Assistance Program	0	0	0
WIC	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

Q25i: Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0	0	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q26a: Number of Households w/at least one or more Chronically Homeless person**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	51	51	0	0	0
Not Chronically Homeless	2	2	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	53	53	0	0	0

**Q26b: Number of Chronically Homeless Persons by Household**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	51	51	0	0	0
Not Chronically Homeless	3	3	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	54	54	0	0	0

**Q26c: Gender of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	20	20	0	0	0
Female	31	31	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	51	51	0	0	0

Trans Female (MTF or Male to Female) ☺

Trans Male (FTM or Female to Male) ☺

📌 Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with ☺.

**Q26d: Age of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	0	0	0	0	0
35 - 44	8	8	0	0	0
45 - 54	12	12	0	0	0
55 - 61	19	19	0	0	0
62+	12	12	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	51	51	0	0	0

**Q26e: Physical and Mental Health Conditions - Chronically Homeless Persons**

	Conditions at Start	Conditions at Latest Assessment (Stayers)	Conditions at Exit (Leavers)
Mental Health Disorder	39	31	8
Alcohol Use Disorder	4	2	2
Drug Use Disorder	4	4	0
Both Alcohol Use and Drug Use Disorders	3	1	2
Chronic Health Condition	22	16	7
HIV/AIDS	1	0	1
Developmental Disability	3	2	1
Physical Disability	29	24	6

**Q26f: Client Cash Income - Chronically Homeless Persons**

Number of Chronically Homeless Persons By Income Category	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	2	2	0
Chronically Homeless Persons with Only Other Income	39	23	9
Chronically Homeless Persons with Both Earned and Other Income	2	1	0
Chronically Homeless Persons with No Income	8	2	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons Not yet Required to Have an Annual Assessment	0	7	0
Number of Chronically Homeless Persons Without Required Annual Assessment	0	7	0
Total Chronically Homeless Persons	51	42	9

**Q26g: Type of Cash Income Sources - Chronically Homeless Persons**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	3	0
Unemployment Insurance	0	0	0
SSI	29	19	7
SSDI	15	7	4
VA Service-Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	3	2	0
Pension from Former Job	1	0	1
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	2	1	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit	0	28	0

**Q26b: Type of Non-Cash Benefit Sources - Chronically Homeless Persons**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	29	15	8
WIC	1	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	1	0	0

**Q27a: Age of Youth**


	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	0	0	0	0	0

**Q27b: Parenting Youth**

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parent Youth <18	0	0	0	0
Parent Youth 18 to 24	0	0	0	0

**Q27c: Gender - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	0	0	0	0	0
Trans Female (MTF or Male to Female) 					
Trans Male (FTM or Female to Male) 					

**Effective 10/1/2021, this table contains a consolidated Transgender row which includes the sum of data from the previously separate Transgender rows, tagged with .**

Q27d: Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Interim Housing ☞					
<b>Subtotal</b>	0	0	0	0	0
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Other Locations</b>					
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

☞ Interim housing is retired as of 10/1/2019.

**Q27e: Length of Participation - Youth**

	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>
30 Days or Less	0	0	0
31 to 60 Days	0	0	0
61 to 90 Days	0	0	0
91 to 180 Days	0	0	0
181 to 365 Days	0	0	0
366 to 730 Days (1-2 yrs)	0	0	0
731 to 1095 Days (2-3 yrs)	0	0	0
1,096 to 1,460 Days (3-4 yrs)	0	0	0
1,461 to 1,825 Days (4-5 yrs)	0	0	0
More than 1,825 Days (>5 yrs)	0	0	0
Data Not Collected	0	0	0
Total	0	0	0



Q27f: Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0	0	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q27g: Cash Income - Sources - Youth**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service – Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit	0	0	0

**Q27h: Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth**

Number of Youth By Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	0	0	0
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	0	0	0
Youth with Client Doesn't Know/Client Refused Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment	0	0	0
Number of youth stayers without required annual assessment	0	0	0
<b>Total Youth</b>	0	0	0
1 or more source of income	0	0	0
Youth with Income Information at Start and Annual Assessment/Exit	0	0	0

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q27i: Disabling Conditions and Income for Youth at Exit

	AD: Youth with Disabling Condition	AD: Youth without Disabling Condition	AD: Total Youth	AD: % with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: % with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: % with Disabling Condition by Source	UB Yo wi Di Cc
Earned Income	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Supplemental Security Income (SSI)	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Social Security Disability Insurance (SSDI)	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
VA Service-Connected Disability Compensation	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Private Disability Insurance	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Worker's Compensation	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Temporary Assistance for Needy Families (TANF)	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Retirement Income from Social Security	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Pension or retirement income from a former job	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Child Support	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Other source	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
No Sources	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0	0	0	<i>0</i>	0
Unduplicated Total Youth	0	0	0		0	0	0		0	0	0		0

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Q28. Financial Information**

<b>Development</b>	
Acquisition	0
Rehabilitation	0
New Construction	0
<b>Development Subtotal</b>	<b>0.00</b>
<b>Supportive Services</b>	
Assessment of Service Needs	0
Assistance with Moving Costs	0
Case Management	66,424.25
Child Care	0
Education Services	0
Employment Assistance	0
Food	0
Housing /Counseling Services	0
Legal Services	0
Life Skills	0
Mental Health Services	0
Outpatient Health Services	0
Outreach Services	0
Substance Abuse Treatment Services	0
Transportation	0
Utility Deposits	0
Operating	0
<b>Supportive Services Subtotal</b>	<b>66,424.25</b>
<b>HMIS</b>	
Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	0
Services (Training, Hosting, Programming)	0
Personnel (Costs Associated with Staff)	0
Space and Operations	0
<b>HMIS Subtotal</b>	<b>0.00</b>
<b>Leasing, Rental Assistance, and Operating</b>	
Real Property Leasing (Does Not Require Match)	341,613.75
Short /Medium-Term Rental Assistance	0
Long-Term Rental Assistance	0
Operating Costs	0
<b>Leasing, Rental Assistance, &amp; Operating Subtotal</b>	<b>341,613.75</b>
<b>Administration</b>	
Administration	25,529.00
<b>Administration Subtotal</b>	<b>25,529.00</b>
<b>Total Expenditures</b>	<b>433,567.00</b>
<b>Match</b>	
Cash Match	23,000.00
In-Kind Match	0
<b>Total Match</b>	<b>23,000.00</b>
<b>Total Expenditures Requiring a Match</b>	<b>91,953.25</b>
<b>Percentage Match</b>	<b>25.01%</b>

---

**Total Budget (Expenditures Plus Match)** 456,567.00

**Q29. Performance - Accomplishments**

Please describe any significant accomplishments achieved by your program during the operating year: Despite challenges with COVID, we were able to main a 96% utilization rate. Additionally, 86% of individuals gained or increased income from start to annual assessment.

**Q30. Additional Comments**

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization:

---

**ATTACHMENT:  
NONDISC**

acknowledgment verifying agreement to this handbook, that the Organization may conduct occasional criminal, employment, driving and educational backgrounds on employees as it deems necessary to conduct its operation in a profitable and legal manner. The Organization reserves the right to take any and all action it deems necessary to act upon the results of such ongoing screening.

#### Ability1st Policy A-5

### **EQUAL EMPLOYMENT OPPORTUNITY, AFFIRMATIVE ACTION AND CIVIL RIGHTS**

#### **POLICY:**

We are committed to providing equal opportunity in all of our employment practices, including selection, hiring, promotion, transfer, and compensation, to all qualified applicants and employees without regard to age, race, color, sex, religion, national origin, marital status, gender identity or expression, or sexual orientation, disability or any other protected status in accordance with the requirements of all federal, state and local laws.

In accordance with the Standards and Assurances for Centers for Independent Living, Section 725, Section (6) of the 1992 amendments to the Rehabilitation Act, the Ability1st shall ensure that the majority of staff are individuals with disabilities.

#### **PROCEDURES:**

1. This policy shall apply to all terms, conditions, and privileges of employment, including, but not limited to, hiring, probation, training, promotion, demotion, and compensation and employee facilities.
2. Any advertisement for a job opening shall contain a statement that qualified persons with disabilities are encouraged to apply.
3. The work area will be free of any behavior, conduct, action, or inference that could result in discriminatory insults, intimidation, or harassment.
4. Employees with questions or concerns about any type of discrimination in the workplace must bring these issues to the attention of their immediate supervisor or the Executive Director. Employees can raise concerns or make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## HARASSMENT

### **PROHIBITION OF DISCRIMINATION AND HARASSMENT AND COMPLAINT PROCEDURE**

Harassment is a form of intimidating, threatening, and/or predatory behavior in which a person targets another employee(s) for harmful or unfair actions relating to an individual's age, race, color, sex (including same-sex sexual harassment), religion, national origin, gender identity or expression, or sexual orientation, or disability. This treatment is discrimination and is illegal under federal, state, and local laws. For the purposes of this policy, "sexual harassment" specifically is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Title VII of the Civil Rights Act of 1964 recognizes two types of sexual harassment: a) *quid pro quo* and b) hostile work environment. Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

This policy applies to all employees of our Organization working at all locations. All employees have an obligation to report harassment or discrimination in the workplace—even if he or she is not the victim.

All workers, including supervisors and managers, will be subject to discipline, up to and including discharge, for any act of harassment or discrimination they commit.

#### *Examples of Prohibited Conduct*

Though harassment, including sexual harassment, encompasses a wide range of conduct, some examples of specifically prohibited conduct include the following:

- Physical assaults of a sexual nature, such as rape, sexual battery, molestation or attempts to commit these assaults, and intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another employee's body or poking another employee's body.



- Unwelcome sexual advances, propositions, or other sexual comments, such as sexually oriented gestures, noises, remarks, jokes or comments about a person's sexuality or sexual experience.
- Inappropriate statements, written or verbal, comments, jokes, or threats directed toward a person based on his or her age, race, color, sex (including same-sex sexual harassment), religion, national origin, gender identity or expression, or sexual orientation, or disability.
- Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward.
- Preferential treatment or promises of preferential treatment to an employee based on his or her age, race, color, sex (including same-sex sexual harassment), religion, national origin, gender identity or expression, or sexual orientation, or disability.
- Negative treatment or threats of negative treatment to an employee based on his or her age, race, color, sex (including same-sex sexual harassment), religion, national origin, gender identity or expression, or sexual orientation, or disability.
- Subjecting, or threats of subjecting, an employee to unwelcome sexual attention or conduct or intentionally making performance of the employee's job more difficult because of that employee's sex.
- Sexual or discriminatory displays or publications anywhere in our workplace by our employees.
- Retaliation for sexual harassment complaints.

#### *Responding to Violations of this Policy*

If an employee believes that he or she has been subject to discrimination, harassment, or any unwelcome sexual attention, he or she may address the situation directly and immediately to the harasser, if possible. You are not required to address the situation with the harasser if there is any concern of aggression or harm. If the inappropriate conduct does not cease, or if the employee is unable to or uncomfortable with addressing the alleged harasser directly, he or she should report the incident to his or her own supervisor or manager. If the inappropriate conduct does not cease, or if the employee is unable to or uncomfortable with addressing the situation with the supervisor or manager, he or she should report the incident to the Human Resource Director. If the Human Resource Director is not available or the employee is uncomfortable addressing the situation with the Human Resources Director, the employee may report the incident to the CEO/Executive Director/President.

It is important to report any and all concerns of discrimination, harassment, or inappropriate sexual conduct to the HR director or a supervisor/manager as soon as possible. Management must

be made aware of the situation so that it can conduct an immediate and impartial investigation and take appropriate action to remediate or prevent the prohibited conduct from continuing.

Employees who violate this policy are subject to appropriate discipline. If an investigation results in a finding that this policy has been violated, the mandatory minimum discipline is a written reprimand. The discipline for very serious or repeat violations is termination of employment. Persons who violate this policy may also be subject to civil damages or criminal penalties.

All inquiries, complaints, and investigations are treated discreetly. Information is revealed strictly on a need-to-know basis. Information contained in a formal complaint is closely contained. All information pertaining to a discrimination or harassment complaint, or investigation is maintained by the HR director in secure files. The HR director can answer any questions relating to the procedures for handling information related to discrimination or harassment complaints and investigations to complainants and respondents.

#### *Retaliation Prohibited*

Federal, state, and local laws prohibit punishing job applicants or employees for asserting their rights to be free from discrimination, harassment, or inappropriate sexual conduct. Asserting these rights is called "protected activity," and it can take many forms. For example, it is unlawful to retaliate against applicants or employees for:

- filing or being a witness in a complaint, investigation, or lawsuit;
- communicating with a supervisor or manager about employment discrimination, including harassment;
- answering questions during an employer investigation of alleged harassment;
- refusing to follow orders that would result in discrimination;
- resisting sexual advances, or intervening to protect others; and
- requesting accommodation of a disability or for a religious practice.

Participating in a complaint process is protected from retaliation under all circumstances. Other acts to oppose discrimination are protected as long as the employee was acting on a reasonable belief that something in the workplace may violate federal, state, and/or local laws addressing the employment relationship, even if he or she did not use legal terminology to describe it or is ultimately incorrect about the issue, provided the employee has made complaint in good faith.

Engaging in protected activity, however, does not shield an employee from all discipline or discharge. Employers are free to discipline or terminate workers if motivated by non-retaliatory and non-discriminatory reasons that would otherwise result in such consequences.

**ATTACHMENT: A**

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Applicants  
Funding Opportunity  
Registrations  
Projects  
Submissions


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**Applicant:**

**Applicant Details**

**Applicant Name:** The Center for Independent Living of North Florida, Inc., dba Ability1st  
**Applicant Number:** 107552796

**Registrants**



Delete	Open	Name	User Name	Email	Group
		Bianchi, Mandy	danielmoore	<a href="mailto:mandybianchi@ability1st.info">mandybianchi@ability1st.info</a>	<input type="text" value="Administrator"/>
		Fortmann, Jackie	jackiefortmann	<a href="mailto:jackiefortmann@ability1st.info">jackiefortmann@ability1st.info</a>	<input type="text" value="Administrator"/>

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**ATTACHMENT: B**



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### MANDY BIANCHI Approving Official User Portfolio

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Click [this link](#) for additional information on the LOCCS certification process.

User	Certification Status			Effective Date	Times Accessed	Last Accessed	HUD-27054E Authorization(s)	
	Next	Last	Status				Organization	Program
1) <b>BROWN, ALEIGHA V</b> ✓	10-01-2022	08-15-2022	02-25-2022	18	08-17-2022	<b>THE CENTER FOR INDEPENDENT LIVING O</b>	(59-2091522) SNAP	Special Needs Assistance

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# MANDY BIANCHI

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### HUD-27054E LOCCS Security

<b>User:</b> <b>BIANCHI, MANDY</b> CTR INDEPENDENT LIVING-EXEC DIR 1823 BUFORD CT TALLAHASSEE, FL 32308 <b>Phone:</b> (850) 575-9621 <b>Ext:</b> <b>Email:</b> <a href="mailto:mandybianchi@ability1st.info">mandybianchi@ability1st.info</a>
--

**Effective Date:** 2021-07-26 **Last access Date:** 2022-08-29 08:37 **Last Certified Date:**

### HUD-27054E Program Area Authorizations

### Secure Systems LOCCS Assigned Roles

<b>ADM</b>	<b>Administrator</b>
<b>QRY</b>	<b>Query</b>

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**ATTACHMENT: C**





U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
400 West Bay Street Suite 1015  
Jacksonville, FL 32202

Grant Number (FAIN): Multiple Projects  
Tax ID Number: 59-2898810  
DUNS Number: 942306390

### CONTINUUM OF CARE PROGRAM (CDFA# 14,267) GRANT AGREEMENT

This Grant Agreement ("this Agreement") is made by and between the United States Department of Housing and Urban Development ("HUD") and Big Bend Homeless Coalition, Inc. (the "Recipient").

This Agreement, the use of funds provided under this Agreement (the "Grant" or "Grant Funds"), and the operation of projects assisted with Grant Funds are governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the "Act"), the Continuum of Care Program rule at 24 CFR part 578 (the "Rule"), as amended from time to time, and the Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Non-competitive Funding Notice, Notice CPD-21-01. Capitalized terms that are not defined in this Agreement shall have the meanings given in the Rule.

Only the project (those projects) listed below are funded by this Agreement. HUD's total funding obligation for this grant is \$1,217,195, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

**A PLACE CALLED HOME (APCH) CoC PSH**

<b>Project No.</b>	<b>Grant Term</b>	<b>Budget Period/Performance Period</b>	<b>Total Amount</b>
FL0077L4H062013	12	09/01/2021-8/31/2022	\$454,433
<b>allocated between budget line items as follows:</b>			
a. Continuum of Care planning activities			\$0
b. Leasing			\$368,633
c. Rental assistance			\$0
d. Supportive Services			\$60,271
e. Operating costs			\$0
f. Homeless Management Information System			\$0
g. Administrative costs			\$0
h. Relocation costs			\$25,529
i. HPC homelessness prevention activities:			\$0
Housing relocation and stabilization services			\$0
Short-term and medium term rental assistance			\$0

### **Pre-award Costs for Continuum of Care Planning**

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the start date of the award budget period/performance period, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

### **These provisions apply to all Recipients:**

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

The budget period/performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period/performance period (or final operating year for Supportive Housing Program (SHP) and Shelter Plus Care (S+C) grants being renewed for the first time) under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's budget period/performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant agreement being renewed and the date this Agreement is renewed may be reimbursed with Grant Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period/performance period (or final operating year for SHP and S-C grants being renewed for the first time) under the grant that has been renewed.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period/performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**

By:

  
(Signature)


Lisa Hill, Director  
(Typed Name and Title)

August 13, 2021  
(Date)

**RECIPIENT**

Big Bend Homeless Coalition, Inc.  
(Name of Organization)

By:

  
(Signature of Authorized Official)

Sylvia Smith, Executive Director  
(Typed Name and Title of Authorized Official)

8/30/21  
(Date)

## INDIRECT COST RATE SCHEDULE

Agency/Dept./Major Function	Indirect cost rate	Direct Cost Base
_____	_____%	_____
_____	_____%	_____
_____	_____%	_____
_____	_____%	_____

*This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.*

*For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.*

*For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.*

*For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.*

*To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).*

**ATTACHMENT: D**

**Attachment D- Demonstrated Need**

Q4: Include narrative and attach documentation of the community need for this project from approved data sources, such as, BCoC Homelessness Assistance Plan, HMIS, PIT County Reports, or other HUD Approved Databases.

A Place Called Home is one of two current PSH programs serving individuals who are chronically homeless in our community. This program addresses a significant need in our community: subsidized housing with wrap around support services for individuals with chronic housing instability. The most recent 2022 PIT data identifies 153 individuals who are chronically homeless in our community: 380 individuals in Emergency Shelter and 164 individuals that are unsheltered. Since the last PIT count (2021) the number of unsheltered individuals has increased by 55% which is concerning as this may result in an increase in chronically homeless individuals next year. The 2022 PIT count reported a decrease in chronically homeless individuals this year from 197 to 153, however, this year is still the third highest year of chronically homeless individuals since 2016.

We expect that the need for this program will continue to rise due to the current housing crisis as a result of increased property and rental costs. Rentdata.org reports that fair market rent prices in Tallahassee are very high compared to the national average. They report Tallahassee's FMR is more expensive than 90% of other FMR areas.

Attached: PIT count, FMR (Rentdata.org)

## 2022 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

Population; Sheltered and Unsheltered Count

### Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	37	3	3	43
Total Number of persons (Adults & Children)	121	7	11	139
Number of Persons (under age 18)	76	3	3	82
Number of Persons (18 - 24)	6	0	2	8
Number of Persons (over age 24)	39	4	6	49

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	73	5	6	84
Male	48	2	5	55
Gender that is not singularly 'Female' or 'Male'	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	107	6	11	124
Hispanic/Latino	14	1	0	15



## 2022 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous	2	0	0	2
Asian or Asian American	0	0	0	0
Black, African American, or African Native Hawaiian or Pacific Islander	87	5	1	93
White	4	0	0	4
Multiple Races	21	2	8	31
	7	0	2	9

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	1		0	1
Total number of persons	2		0	2

Population: Sheltered and Unsheltered Count

**Persons in Households with only Children**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	13	0	0	0	13
Total Number of children (under age 18)	20	0	0	0	20

Gender (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	14	0	0	0	14
Male	6	0	0	0	6
Gender that is not singularly 'Female' or 'Male'	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0

Ethnicity (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	19	0	0	0	19
Hispanic/Latino	1	0	0	0	1

Race (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	2	0	0	0	2
Asian or Asian American	0	0	0	0	0
Black, African American, or African Native Hawaiian or Pacific Islander	16	0	0	0	16
White	0	0	0	0	0
Multiple Races	2	0	0	0	2
	0	0	0	0	0

Chronically Homeless (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	0

## 2022 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

Population: Sheltered and Unsheltered Count

### Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	239	70	0	141	450
Total Number of persons (Adults)	239	70	0	153	462
Number of Persons (18 - 24)	7	0	0	1	8
Number of Persons (over age 24)	232	70	0	152	454

Gender (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	77	27	0	43	147
Male	162	43	0	109	314
Gender that is not singularly 'Female' or 'Male'	0	0	0	1	1
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0

Ethnicity (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	226	68	0	139	433
Hispanic/Latino	13	2	0	14	29

## 2022 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

Race (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	2	0	0	8	10
Asian or Asian American	2	1	0	0	3
Black, African American, or African	142	49	0	53	244
Native Hawaiian or Pacific Islander	3	1	0	2	6
White	62	18	0	75	175
Multiple Races	8	1	0	15	24

Chronically Homeless (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	74		0	77	151

Date of PIT Count: 2/21/2022

Population: Sheltered and Unsheltered Count

### Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	289	73	0	144	506
Total Number of Persons	380	77	0	164	621
Number of Children (under age 18)	96	3	0	3	102
Number of Persons (18 to 24)	13	0	0	3	16
Number of Persons (over age 24)	271	74	0	158	503

### Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	164	32	0	49	245
Male	216	45	0	114	375
Gender that is not singularly 'Female' or 'Male'	0	0	0	1	1
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0

### Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	352	74	0	150	576
Hispanic/Latino	28	3	0	14	45

### Race

5/25/2022 6:47:23 PM

Point In Time Summary for FL-506 - Tallahassee/Leon County CoC

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	6	0	0	8	14
Asian or Asian American	2	1	0	0	3
Black, African American, or African	245	54	0	54	353
Native Hawaiian or Pacific Islander	7	1	0	2	10
White	105	20	0	83	208
Multiple Races	15	1	0	17	33

**Chronically Homeless**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	76		0	77	153



### Big Bend CoC 2021 Point In Time (PIT) Data

	2016	2017	2018	2019	2020	2021	2022
Total Households	699	880	698	811	647	547	506
Total Persons	869	1072	893	966	805	621	621
Total Adults > 24	638	798	650	756	596	530	503
Total Children <18	167	189	188	143	160	67	102
Total Youth ages 18-24	64	85	55	67	49	24	16
Veterans	117	110	106	91	83	95	86
Unsheltered Persons	148	122	99	91	109	91	164
Chronically Homeless	78	117	151	152	192	197	153
Adults with Serious Mental Illness	166	210	85	142	258	121	107
Adults w/ Substance Use Disorder	87	110	37	56	116	44	89
Adults with HIV/AIDS	8	8	10	22	19	11	11
Victims of Domestic Violence	117	72	73	61	142	17	11

The Point In Time Count (PIT) is a census of literally homeless persons and families, meaning the count only includes individuals and families who live in a place not meant for human habitation (including the streets or in their car), emergency shelter, transitional housing, and hotels paid for by a government or charitable organization on the night of 2/21/2022.

During the 2022 PIT count, we were actively surveying and conducting homeless services under CDC guidance, meaning there were implications related to the pandemic reflected in our data. There were some slight differences in our methodology and how we conducted the PIT count under CDC guidance as compared to past years. These changes include;

- We typically use 60-100 community volunteers to conduct PIT surveys with those thought to be experiencing homelessness. Due to changes in safety and COVID related protocols, we relied on 30 community volunteers and seasoned Outreach Advocates working with our homeless service providers to conduct the surveys to decrease the potential for spread and exposure of COVID-19.



- The PIT report includes survey data from the following counties: **Leon, Gadsden, Jefferson and Taylor** (Wakulla, Franklin, Liberty, and Madison Counties were represented in the Homeless Management Information Systems service data but did not participate in the surveying effort for the 2022 PIT count)
- We believe the count is lower for 2021 for multiple reasons which include:
  - Actual reduction in those experiencing homelessness because of Emergency Shelter Diversion Programs and COVID related relief funds that prevented households from falling into homelessness over the preceding 2 years.
  - We typically are able to more comprehensively survey 5 of our 8 counties. This year we were only able to survey 4 counties given the limitations related to COVID. Past years data indicates there are an estimated 12-24 individuals experiencing homelessness in Madison and Franklin counties that were not captured in this year's count.
  - Given the need to limit face to face exposure time, we shortened our survey this year as an added precaution for COVID. This means that we were unable to ask multiple questions on disability and income status. The 2021 data indicates significant decrease in the amount of people experiencing homelessness with mental health issues, substance use issues, and/or HIV/AIDS. This is not a true decrease; This decrease is related to the data that was captured this year, during a pandemic, versus previous years where surveys were more detailed, lengthy and comprehensive.
  - We show a significant decrease in those reporting that they were victims of domestic violence. This data point was also impacted by the survey tool asking fewer question about DV, as well as the dynamic of many households not seeking DV services due to confinement and quarantine with their abuser throughout the pandemic. Often, households living in unsafe domestic violence situation are identified through school systems, with schools operating under a combination of in person and remote, virtual learning. Many of the households with DV have not been identified as they would have been if there were only in person schooling where teachers and administrators might catch signs of DV.

**Points to Note:**

- From 2021, our homelessness PIT count has remained even (621 total people experience homelessness in our 8-county area on any given night)
- Our chronically homeless individuals have shown a steady annual increase from 2016-2021, increasing by 40%. For 2022, our **chronically homeless count has decreased by 22% (153 individuals)**
- There was an **increase in our unsheltered population this year**, going from 91 last year to 164 this year. This is partially due to a lower number of volunteers during the 2021 PIT count due to the COVID-19 pandemic. Since our highest unsheltered count in 2015 at 217 persons, we have decreased our unsheltered homeless population to 164 in 2022, for a 24% reduction in unsheltered homelessness.
- There was a decrease in our **veteran population**, going from 95 last year to 86 this year. Since our highest veteran count in 2015 at 119 to 86 veterans in 2021, **we have reduced veteran homelessness by 27% (33 veterans)**

*If you have questions, comments or concerns about these PIT count results, please contact Johnna Coleman at [jcoleman@bigbendcoc.org](mailto:jcoleman@bigbendcoc.org)*



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# Tallahassee Fair Market Rent FY 2022 Tallahassee, FL HUD Metro FMR Area

Rental Data

Fair Market Rent Prices in Tallahassee, FL :

Florida

<b>\$837</b>	<b>\$941</b>	<b>\$1,124</b>	<b>\$1,470</b>	<b>\$1,596</b>
Studio / Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom
0-BR	1-BR	2-BR	3-BR	4-BR

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Expensive 40th Percentile Metro Area

Fair Market Rent prices in Tallahassee are **very high** compared to the national average. This FMR area is **more expensive** than **90%** of other FMR areas. Fair Market Rent for a two-bedroom apartment in Tallahassee is \$1,124 per month.

The previous year, rent for a two-bedroom home was \$1,024 per month. This is a 9.77% increase year-over-year.

This FMR rate applies to **Greensboro, FL, Gretna, FL, Midway, FL, Chattahoochee, FL, Havana, FL, Quincy, FL** and other cities within the region. The Metro Code or CBSA code for this region is **METRO45220M45220**.

Additionally, This Fair Market Rent (FMR) area **Tallahassee, FL HUD Metro FMR Area** spans one county or city in Florida which is listed in the table below. Estimated population of Tallahassee, FL HUD Metro FMR Area FMR area is 46,115 people based on latest Census data.

Compared to the rest of Florida, the Tallahassee FMR area is more expensive than 66% of the state.

Florida Rents Map

Click on the map to view more another region.

See Nationwide Map (/states/2022/#map)



The watch made for workouts

**ATTACHMENT: E**

### Attachment E- Goals of the Homeless Assistance Plan (HAP)

Q5: Include narrative and reference the BCoC updated HAP indicating how your project has advanced the goals identified in the HAP, citing specific elements to be addressed from the HAP.

The proposed project will positively impact the CoC's System Performance Measures as noted below:

- **SysPM2 - DECREASE returns to homelessness**

This will be accomplished by effective implementation of PSH programming which stabilizes chronically homeless individuals in PSH placements preventing returns to homelessness. Also, by systematically addressing the barriers to housing stability over time, discharges to permanent housing are more effective and successful, thus preventing returns to homelessness.

*Our last submitted APR (07/1/20-08/31/21), (Q23c) shows 10 individuals exited our program and only 1 person returned to homelessness. 4 individuals exited to other permanent destinations, 2 were admitted to institutional settings and unfortunately, 3 individuals passed away.*

- **Sys PM 4 - INCREASE or maintain income for persons in housing programs**

This will be accomplished by several means. First improving HMIS data entry accuracy will increase accurate capture of increases in total income. Second, by increasing attention to participant's SSI/SSDI re-certifications, this will prevent the loss of cash entitlement benefits. Finally, by focusing on supports needed to gain earned income, this will significantly impact the percentage of adult participants who increase earned income in a program year.

*Our last submitted APR (07/1/20-08/31/21) shows that 6.90% of individuals in our PSH program had an increase in earned income and 79.31% of our individuals in PSH had an increase in other income. (Q191a)*

- **Sys PM 7 - INCREASE permanent housing placements from Outreach, ES, TH, PH-RRH**

**programs and retention of permanent housing.** Retention of permanent housing will be the primary focus of this measure and will focus as noted above on increasing the effectiveness of Supportive services to PSH participants, which is directly related to housing stability.

*Our PSH program consistently maintains a retention rate of 95% or higher.*

Additionally, our established outreach team will continue to focus on identifying chronically homeless unsheltered individuals in the community and link them to PSH through coordinated entry. *In the last year, our street outreach team has successfully placed 7 chronically homeless unsheltered individuals into PSH for Individuals.*

Also, the proposed project will address several of the Overarching Objectives for the Chronically Homeless.

Specifically, **Obj. 2 - Prioritize housing for chronically homeless individuals and Obj. 4 - Increase use of Housing 1st model in permanent housing by providing education and support to housing providers.**

APCH goals related to the BBCoC HAP include:

- Linking the APCH PSH program leasing assistance to supportive services in order to effectively assist the hardest-to-serve chronically homeless individuals.
- Promoting fairness and uniformity in tenant selection for eligible homeless individuals.
- Overcoming barriers to accessing housing typically faced by homeless individuals prioritized for this program
- Promoting efficiencies in the application and referral process

The APCH Program is expected to continue to offer access to decent, safe and affordable mainstream housing for individuals who are chronically homeless with disabilities and to help such individuals maintain long-term, stable, and successful tenancies.

Attached: APR, HAP

Q19a1: Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have it at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not have the Income Category at Start or at Annual Assessment	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Annual Assessment; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	2	0	26	29	2	6.90%
Average Change in Earned Income	0	0		1747.00	0			1747.00	
Number of Adults with Other Income	0	0	2	20	2	4	29	23	79.31%
Average Change in Other Income	0	0		915.05	1963.00			1067.00	
Number of Adults with Any Income (i.e., Total Income)	0	0	2	22	2	2	29	25	86.21%
Average Change in Overall Income	0	0		990.68	1963.00		966.00	1121.40	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q19a2: Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have it at Exit	Retained Income Category but Had Less \$ at Exit than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not have the Income Category at Start and Gained the Income Category at Exit	Did Not have the Income Category at Start or at Exit	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Exit; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	9	10	1	10.00%
Average Change in Earned Income	0	0		0	0			520.00	
Number of Adults with Other Income	0	2	3	3	2	0	10	5	50.00%
Average Change in Other Income	0	-606.50		782.67	1232.50			962.60	
Number of Adults with Any Income (i.e., Total Income)	0	2	3	3	1	0	10	5	50.00%
Average Change in Overall Income	0	-606.50		782.67	1680.00		412.00	1066.60	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q23c: Exit Destination

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	1	1	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	3	3	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	4	4	0	0	0
Total persons whose destinations excluded them from the calculation	4	4	0	0	0
Percentage	<i>66.67%</i>	<i>66.67%</i>	<i>0</i>	<i>0</i>	<i>0</i>

Numbers in *green italics* have been recalculated or weighted based on available totals.

**Big Bend Continuum of Care  
Homelessness Assistance Plan (HAP) 2021-2025 (v.20210601)**

**Homeless Definition:** HUD defines homelessness as being in one of four categories: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless under other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence. These categories are more fully defined at the end of this document.

**Data Driven Plan:** The Homeless Assistance Plan is updated and refined annually through ongoing community and agency feedback as well as a data driven approach using client data collected through the Homeless Management Information System, Coordinated Assessment Tool, System Performance Measures and other needs assessment engagement survey tools. There are three major System Performance Measures that should be improved upon as the goal of this version of the HHAP; **Decrease average length of time homeless, decrease returns to homelessness and increase placement and retention of permanent housing.**

<p><b>Improving System Performance</b></p>	<p><b>Across all areas of homelessness we need to focus efforts to improve system performance by;</b> Measuring all System Performance Measures frequently to improve specific outcomes tied to each measure</p> <p><b>Sys PM 1 - DECREASE</b> the overall average and median <b>length of time a person remains homeless</b> ..... Target 2021: Average less than 144 nights, Median less than 65 nights <i>Ultimate Goal by 2025: Average is 30 nights or less</i></p> <p><b>SysPM2 - DECREASE</b> returns to homelessness .....Target 2021: Returns to homelessness with in .....6 months less that 21% .....2 years, less than 33% <i>Ultimate Goal by 2025: Returns in 2 years, less than 20%</i></p> <p><b>Sys PM 3 - DECREASE</b> number of homeless persons in <b>annual and PIT</b> count .....Target: PIT Count is less than 900 Annual Count is less than 2900</p> <p><b>Sys PM 4 - INCREASE</b> or <b>maintain income</b> for persons in housing programs.....Target: Increase income for more than 60% system stayers Increase income for more than 30% system leavers</p> <p><b>Sys PM 5 - DECREASE</b> instances of <b>1<sup>st</sup> time homelessness</b>.....Target: first time homeless count is less than 1500</p> <p><b>Sys PM 7 - INCREASE</b> permanent housing placements from Outreach, ES, TH, PH-RRH programs and <b>retention of permanent housing</b> .....Target: Increase placements to permanent housing from outreach to be greater than 65% of outreach exits Increase placements to permanent housing from ES, SH, TH and PH-RRH to be greater than 30% <i>Ultimate Goal by 2025: Increase placements to permanent housing from ES, SH, TH and PH-RRH to be greater than 60%</i> Increase rate of retention of permanent housing to be greater than 95%</p>
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	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Overarching Objectives</b>	<p><b>Obj. 1 – Prioritize housing for homeless veterans, reaching Functional Zero for Veterans by 2024 as defined by the Built for Zero national effort.</b></p> <p><b>Obj. 2 – At least 90% of veterans with homelessness prevention financial assistance will remain in permanent housing for at least 6 months following assistance.</b></p> <p><b>Obj. 3 – At least 85% of the veterans receiving rapid re-housing assistance will remain in permanent housing for at least 6 months following assistance.</b></p> <p><b>Obj. 4 – Ensure the Inflow of new veterans experiencing homelessness each month is less than the Outflow of veterans exiting to permanent housing each month.</b></p> <p><b>Obj. 5 – Ensure no service eligible Veteran experiences homelessness for more than 30 consecutive days.</b></p>	<p><b>Obj. 1 – Increase units of permanent housing by 300 units for individuals and couples with no minor children who receive \$750 per month in income or less and have chronic homelessness histories.</b></p> <p><b>Obj. 2 – Promote use of local ordinance and inclusionary housing regulations mandating new residential developments dedicate a minimum of 5% of newly developed unites be dedicated to those exiting chronic homelessness for which they would pay no more than 30% of their monthly income to maintain a permanent lease.</b></p> <p><b>Obj. 3 – Prioritize housing for chronically homeless individuals, and adult couples, reaching Functional Zero for Chronically Homeless Adults by 2025 as defined by the Built for Zero national effort.</b></p> <p><b>Obj. 4 - Increase funding dedicated to operations of permanent supportive housing programs to ensure participants do not reenter homelessness.</b></p>	<p><b>Obj. 1 – Ensure no families with minor children experiences unsheltered homelessness.</b></p> <p><b>Obj. 2 – Increase permanent housing appropriate for families with minor children with extremely low income and histories of homelessness by 500 units.</b></p> <p><b>Obj. 3 – Ensure at least 85% of the families receiving rapid re-housing assistance remain in permanent housing for at least 6 months following receipt of last rental payment or case management assistance.</b></p> <p><b>Obj. 4 – Increase access to section 8 housing vouchers for families with minor children and encourage use of homeless priority among PHAs.</b></p> <p><b>Obj. 5 – Reduce the average length of time that a family is literally homeless to no more than 30 days.</b></p>	<p><b>Obj. 1 – Implement the use of Host Homes for runaway, LGBTQ+ and at-risk youth as a emergency shelter diversion practice for youth.</b></p> <p><b>Obj. 2 – Identify resources and implement programing for parenting youth and pregnant youth experiencing homelessness.</b></p> <p><b>Obj. 3- Ensure no minor youth, up to age 18, experiences unsheltered homelessness.</b></p> <p><b>Obj. 4- Increase permanent housing units for youth including support services by 30 units.</b></p> <p><b>Obj. 5 – Increase funding dedicated to operating Transitional/Medium-Term/Bridge housing and support services for youth.</b></p> <p><b>Obj. 6 – Utilize the Youth Action Board committee of the BBCoC to vet and prioritize youth specific service and intervention approaches.</b></p>	<p><b>Obj. 1 – Promote use of local ordinance and inclusionary housing regulations mandating new residential developments dedicate a minimum of 10% of newly developed unites to those exiting homelessness for which they would pay no more than 30% of their monthly income to maintain a permanent lease.</b></p> <p><b>Obj. 2 - Increase permanent housing by 30 units for those with Sexual Offender and Predator status.</b></p> <p><b>Obj. 3 – Establish prevention assistance programs targeted to serve the elderly or medically needy designed to keep these individuals in permanent housing.</b></p> <p><b>Obj. 4 – Expand function of Landlord Liaison Initiatives to include identifying and engaging landlords willing to housing Sexual Offenders and those with Felonies in background as well as those with no or low credit.</b></p>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Coordinated Entry</b> <i>(Intake, Assessment &amp; Referrals)</i>	a. Ensure Emergency Shelters and SSVF and VA Outreach Teams are the primary Access Points for Veterans through Coordinated Entry.	a. Collaborate with agencies serving individuals experiencing chronic homelessness to ensure that agencies are fully utilizing the Coordinated Entry System in HMIS, which will connect clients with appropriate services. b. Increase functionality of Coordinated Entry service referral system by to allow for all HMIS participating agencies to send and receive support services and housing referrals within HMIS.	a. Collaborate with agencies serving families and children who are experiencing homelessness to ensure households are assessed and entered in the Coordinated Entry System in HMIS, within the first 14 days of becoming homeless. b. Expand use of the Coordinated Entry System to other emergency assistance providers for the purposes of case coordination and ensuring duplicative services are avoided. c. Utilize Homeless School Liaisons as an Access Partner for Coordinated Entry in rural communities	a. Collaborate with agencies serving youth who are experiencing homelessness to ensure that agencies are fully utilizing the Coordinated Entry System in HMIS, which will connect clients with appropriate services and housing opportunities. b. Partner with the child welfare, juvenile justice and at-risk youth programs to ensure they can assess youth experiencing homelessness through the Coordinated Entry System.	a. Collaborate with agencies serving individuals experiencing homelessness to ensure that agencies are fully utilizing the Coordinated Entry System in HMIS, which will connect clients with appropriate services and housing opportunities. b. Increase functionality of Coordinated Entry System to incorporate Landlords who have vacant permanent units prioritized for those exiting homelessness.

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Prevention &amp; Diversion</b>	<ul style="list-style-type: none"> <li>a. Connect clients to legal aid when necessary to avoid entering homelessness. Specifically adding resources for Veteran’s Tax Court and Veteran Justice Outreach.</li> <li>b. Increase financial resources available for homeless prevention and diversion efforts for veterans who do not qualify for VA and SSVF assistance.</li> </ul>	<ul style="list-style-type: none"> <li>a. Connect clients to legal aid when necessary to avoid entering homelessness.</li> <li>b. Prioritize individuals with chronic homeless histories for Diversion and Prevention resources in order to keep them from returning to homelessness.</li> <li>c. Create a formal partnership providing mediation and legal expertise for chronically homeless cases that have been permanently housed and face eviction again.</li> </ul>	<ul style="list-style-type: none"> <li>a. Dedicate funding for Diversion activities through Family Emergency Shelters and Prevention Providers.</li> <li>b. Create a formal partnership providing mediation and legal expertise for families facing eviction.</li> <li>c. Expand Prevention activities serving our 7 rural counties targeted at families at imminent risk of homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>a. Seek funding through the HUD YHDP to implement Host Homes to divert youth from entering homelessness and emergency shelter.</li> <li>b. Increase resources available for homeless prevention and diversion for youth ages 16-24.</li> <li>c. Create a formal partnership with local CBC, Department of Children and Families and Department of Justice to prevent and divert youth 16-24 from entering homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>a. Connect clients to legal aid when necessary to avoid entering homelessness.</li> <li>b. Increase resources available for homeless prevention and diversion efforts system wide</li> <li>c. Dedicate funding to Reentry and Discharge planning from county jails and hospitals to avoid discharges directly to the streets or emergency shelters.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Unsheltered Homelessness/ Outreach</b>	<ul style="list-style-type: none"> <li>a. Utilize SSVF funded Outreach workers as a component of the CoC Coordinated Outreach efforts.</li> <li>b. Assess all unsheltered Veterans through SSVF and VA Outreach for completion of Coordinated Entry Assessment and Referral.</li> <li>c. SSVF and VA Outreach teams to provide support for clients needing access to basic needs items such as hygiene, tarps, survival aid and access to emergency shelter.</li> </ul>	<ul style="list-style-type: none"> <li>a. Dedicate case management and outreach services to chronic subpopulation that will follow clients through to support them after the first few months of permanent housing.</li> <li>b. Identify Individuals who are currently residing in primitive camps and prioritize permanent housing options to meet the needs of chronic and unsheltered population with limited income.</li> <li>c. Offer permanent housing to ALL Chronic clients every 14 days.</li> <li>d. Expand outreach coordination to include law enforcement, institutions and hospitals to ensure proper discharge planning to avoid unsheltered homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>a. Collaborate with Homeless School Liaisons to identify families needing prevention, diversion, shelter and permanent housing resources.</li> <li>b. Collaborate with local CBC, Department of Children and Families and Department of Justice to identify families with children who are literally homeless needing resources.</li> <li>c. Ensure there is adequate funding to cover hotel/motel vouchers for families needing short term stays to avoid unsheltered homelessness among families with minor children in all 8 counties.</li> </ul>	<ul style="list-style-type: none"> <li>a. Utilize youth specific outreach teams to identify and assess unsheltered youth through age 24.</li> <li>b. Provide services and goods to meet basic needs for run away, homeless, and street youth and connect to service providers for youth to exit the streets into stable housing.</li> <li>c. Provide basic needs and assistance to homeless youth to increase youth’s personal safety, well-being, and self-sufficiency; and provide positive adult connections.</li> </ul>	<ul style="list-style-type: none"> <li>a. Expand outreach coordination to include outreach to local county jails and hospitals for those that are likely to be discharged to homelessness.</li> <li>b. Continue to conduct bi-weekly outreach coordination calls facilitated by the CoC ensuring all “hot spots” for unsheltered homelessness are visited regularly by outreach workers.</li> <li>c. Evaluate the advantages of conducting an unsheltered Point In Time Count semi-annually, once in January and once during June, July, or August to better understand influx of unsheltered homelessness, specifically within Leon County.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Emergency Shelter</b>	<ul style="list-style-type: none"> <li>a. Increase resources dedicated to emergency shelter operations.</li> <li>b. Increase resources for emergency shelter case management in order to enforce a 30:1 Client : Case Manager ratio.</li> <li>c. Increase use of hotel/motels as emergency shelter when congregate shelters are at capacity</li> <li>d. Create shelter programing for clients with pets.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase resources available for emergency shelter operations.</li> <li>b. Ensure clients nearing chronic homelessness are prioritized for permanent housing opportunities.</li> <li>c. Ensure no client remains homeless and in emergency shelter for more than 12 months.</li> <li>d. Reduce the rate of returns to chronic homelessness by prioritizing use of diversion and prevention for the formerly chronic population.</li> <li>e. Increase resources for emergency shelter case management in order to enforce a 30:1 Client : Case Manager ratio.</li> <li>f. Increase use of hotel/motels as emergency shelter when congregate shelters are at capacity</li> <li>g. Create shelter programing for clients with pets.</li> </ul>	<ul style="list-style-type: none"> <li>a. Assess the need for additional shelter capacity in neighboring counties.</li> <li>b. Increase resources for emergency shelter case management in order to enforce a 30:1 Client : Case Manager ratio.</li> <li>c. Ensure no household remains homeless and in emergency shelter for more than 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>a. Identify need and potential funding for emergency shelter beds targeting youth ages 18-24, including LGBTQ+ youth.</li> <li>b. Designate a "Safe Place" within the current Emergency Shelter system for LGBTQ+ youth.</li> <li>c. Increase resources for emergency shelter case management in order to enforce a 14:1 Client : Case Manager ratio.</li> <li>d. Evaluate the need for emergency shelter options for minors with children and/or pregnant minors.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase resources for emergency shelter case management in order to enforce a 30:1 Client : Case Manager ratio.</li> <li>b. Identify funding required to implement a small 12-18 bed a Safe Haven Shelter option.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Medium Term Supportive Housing/Bridge Housing/Transitional Housing</b>	<ul style="list-style-type: none"> <li>a. Strategize with GPD Transitional Housing Provider to turnover units to Bridge Housing and permanent housing units in order to achieve Functional Zero.</li> <li>b. Create Bridge Housing option with 15 units.</li> <li>c. Identify need and scope of services and support for Respite Living Program.</li> </ul>	<ul style="list-style-type: none"> <li>a. Create Bridge Housing option up to 20 units for chronic population waiting for PSH and working to identify housing.</li> <li>b. Identify need and scope of services and support for Respite Living Program.</li> </ul>	<ul style="list-style-type: none"> <li>a. Identify funding to increase transitional housing options for families with children by 94 beds.</li> <li>a. Increase funding options covering support staff costs for transitional and medium term supportive housing.</li> <li>b. Identify need and scope of services and support for Respite Living Program.</li> </ul>	<ul style="list-style-type: none"> <li>a. Apply for HUD YHDP Grant to implement a 18-24 bed Bridge/Medium Term Supportive Living program for youth ages 16-24.</li> <li>b. Increase funding available for providing life skills training and transitional supports to better prepare them for housing stability in the future.</li> </ul>	<ul style="list-style-type: none"> <li>a. Identify funding and Implement housing options for sexual offenders/predators and those exiting institutions by 18 units.</li> <li>a. Increase funding options covering discharge planning from jails and prisons so that those re-entering can go directly into medium term supportive options rather than shelter or the streets.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Permanent Rental Housing</b> <i>(Rapid Rehousing, Rental, Permanent Supportive Housing, Vouchers)</i>	<ul style="list-style-type: none"> <li>a. Increase the number of VASH Vouchers available to CoC Coverage area.</li> <li>b. Identify funding for 10 additional units of PSH for veterans not eligible for VASH Vouchers.</li> <li>c. Utilize Emergency Housing Vouchers designated through PHAs to serve veterans not qualifying for other assistance.</li> <li>d. Identify housing options with higher levels of care including Assisted Living Facilities and Nursing Homes targeted towards serving veterans that are service eligible and ineligible.</li> </ul>	<ul style="list-style-type: none"> <li>a. Ensure PSH clients are assessed annually and supported to move on to other permanent housing as intensive support services are no longer needed.</li> <li>b. Expand local funding of Permanent Supportive Housing program operations.</li> <li>c. Identify funding of pilot project utilizing 3-4 small quad apartments to house those with SPMI who lack family support.</li> <li>d. Work with local governments to incentivize development/rehab housing stock making a portion of the units available to extremely low income clients exiting chronic homeless.</li> <li>e. Continue the work of the Landlord Liaisons focusing on education, recruitment and support of landlords willing to house those with unstable housing backgrounds.</li> <li>f. Expand access to the landlord mitigation fund as a security measure for landlords housing chronic clients.</li> <li>g. Expand the work of the Landlord Liaison focusing on education, recruitment and support of landlords willing to house those with barriers to housing.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase funding dedicated to PSH units for families with minor children by 30 units.</li> <li>b. Work with PHAs to identify 300 set aside voucher for homeless families with children and or prioritize section 8 vouchers to homeless families first.</li> <li>c. Utilize Emergency Housing Vouchers designated through PHAs.</li> <li>d. Increase RRH funds available for families with children and couples with no children.</li> <li>e. Increase funding and partnerships to provide component of wrap around services and continued case management to help sustain housing.</li> <li>f. Work with local governments to incentivize development/rehab housing stock making a portion of the units available to extremely low income families exiting homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>a. Apply for the HUD YHDP to fund a pilot Youth PSH program for 18-24 year olds with chronic homelessness, family violence, child welfare involvement, juvenile justice involvement, developmental disabilities or generational homelessness histories.</li> <li>b. Identify or create appropriate housing with supports for pregnant youth and youth with children.</li> <li>c. Implement use of roommate matching criteria to decrease financial burden on youth.</li> <li>d. Expand the work of the Landlord Liaison focusing on education, recruitment and support of landlords willing to house youth needing stable housing.</li> <li>e. Expand financial assistance services to include Direct Cash Transfers (DCT) to youth to cover basic needs, including permanent housing costs.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase local funding of PSH operations.</li> <li>b. Identify and partner with Senior Citizen Housing communities and senior service organizations to refer elderly homeless individuals to the most appropriate housing and care options.</li> <li>c. Expand MoUs with Florida Housing Finance Corporation funded tax credit properties setting aside units for seniors, those with disabilities and extremely low incomes.</li> <li>d. Explore use of Sponsor Housing agreements and Master Leasing entities to help permanently house those with backgrounds that prohibit them from attaining a lease on their own.</li> <li>e. Identify or create dedicated housing for sexual offenders/predators in compliance with residence requirements.</li> <li>f. Implement roommate matching criteria to lower cost burden of housing.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Unaccompanied Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Home Ownership</b>	<p>a. Provide education on Veteran’s Home Loan assistance programs.</p>	<p>a. Assess if there is any participant in the THA voucher program or PSH programs that could transition to home ownership.</p> <p>b. Educate those identified to move towards home ownership on mortgages, subsidies, and other home ownership opportunities through relationships with community partner organizations.</p>	<p>a. Provide opportunities for education on federal, state and local incentive programs to qualify low-income households for home purchases.</p> <p>b. Encourage local incentives for developers creating low-cost, smaller sized housing to be created for home ownership.</p>	<p>a. Offer connections to budgeting, saving and future planning education to youth, sparking interest in homeownership goals.</p>	<p>b. Create formal partnerships with local organizations specializing in home ownership preparation and first-time home buyer education.</p>



	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Unaccompanied Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Employment &amp; Income Support Services</b>	<ul style="list-style-type: none"> <li>a. Identify programs focused on vocational training and certification programs at free or substantially reduced cost.</li> <li>b. Expand veteran involvement in employment and income support services.</li> <li>c. Ensure that SSVF programing offers the services of a SOAR processor to improve system access for veterans trying to secure/restore SSI/SSDI benefits.</li> <li>d. Partner with CareerSource Capital Region and the VET program to assist all veterans seeking employment.</li> </ul>	<ul style="list-style-type: none"> <li>a. Expand participant involvement with employment and income support services.</li> <li>b. Increase number of SOAR processors dedicated to chronic clients, to improve system access for individuals trying to secure/restore SSI/SSDI benefits.</li> <li>c. Increase referrals to WIPA programs to ensure access to work incentive programs.</li> <li>d. Increase referrals to programs offering job readiness and employability training support services (including financial literacy supports) to help individuals access employment programs/efforts.</li> <li>e. Increase number of representative payees available for chronic clients.</li> <li>f. Create training on gaining part time employment and maintaining disability benefits for PSH participants.</li> </ul>	<ul style="list-style-type: none"> <li>a. Expand participant involvement with employment and income support services.</li> <li>b. Ensure case managers serving families are SOAR certified to improve system access for families trying to secure/restore SSI/SSDI benefits.</li> <li>c. Create training on gaining part time employment and maintaining disability benefits for PSH participants.</li> </ul>	<ul style="list-style-type: none"> <li>a. Explore the development of a vocational training program for youth experiencing homelessness.</li> <li>b. Increase number of SOAR processors dedicated to youth, to improve system access for individuals trying to secure/restore SSI/SSDI benefits.</li> <li>c. Build partnerships with local businesses to pair youth with internships and apprenticeships.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase access to SOAR processors to improve system access for individuals trying to secure/restore SSI/SSDI benefits.</li> <li>b. Expand participant involvement with employment and income support services.</li> <li>c. Create training on gaining part time employment and maintaining disability benefits for PSH participants.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Unaccompanied Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Transportation Assistance</b>	<ul style="list-style-type: none"> <li>a. Increase transportation options for cross county travel (outer counties to Leon for services) when services cannot be delivered in rural counties.</li> <li>b. Encourage public transportation services to allow homeless veterans to receive free or reduced fare bus passes.</li> </ul>	<ul style="list-style-type: none"> <li>a. Continue to collaborate with public transportation services through the partnership with StarMetro to ensure organizations serving the chronically homeless can purchase reduced fare bus passes for clients.</li> <li>b. Provide education on reduced fare bus transportation services options for individuals in PSH programs.</li> </ul>	<ul style="list-style-type: none"> <li>a. Increase transportation options for cross county travel (outer counties to Leon for services) when services cannot be delivered in rural counties.</li> <li>b. Continue to collaborate with public transportation services to ensure homeless services programs can receive vouchers/discounted rates for clients who are homeless.</li> <li>c. Continue partnership with County Schools to provide transportation to and from school through the McKinney Vento Act.</li> </ul>	<ul style="list-style-type: none"> <li>a. Continue to collaborate with public transportation services to ensure homeless services programs can receive vouchers/discounted rates for clients who are homeless.</li> <li>b. Continue partnership with County Schools to provide transportation to and from school through the McKinney Vento Act.</li> <li>c. Increase transportation options for cross county travel (outer counties to Leon for services) when services cannot be delivered in rural counties.</li> </ul>	<ul style="list-style-type: none"> <li>a. Continue to collaborate with public transportation services to ensure homeless services programs can receive vouchers/discounted rates for clients who are homeless.</li> <li>b. Increase free and reduced transportation services options for individuals accessing homeless services and exiting the homeless system of care to permanent housing.</li> <li>c. Increase transportation options cross county travel (outer counties to Leon for services) when services cannot be delivered in rural counties.</li> <li>d. Provide homeless families with education about the McKinney Vento act and accommodations for bus travel to maintain school placements.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Unaccompanied Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Childcare</b>	<ul style="list-style-type: none"> <li>a. If needed, connect veteran families to various childcare opportunities through set-aside vouchers available through ELC.</li> </ul>	<ul style="list-style-type: none"> <li>a. Ensure chronically homeless families are prioritized for ELC vouchers if requested.</li> </ul>	<ul style="list-style-type: none"> <li>a. Refer homeless households needing childcare to the Early Learning Coalition for vouchers.</li> </ul>	<ul style="list-style-type: none"> <li>a. Connect pregnant youth with childcare options upon birth of child through ELC.</li> </ul>	<ul style="list-style-type: none"> <li>a. Ensure families with minor children have access to childcare vouchers in all 8 counties if they are experiencing homelessness.</li> </ul>
<b>Healthcare/Benefits</b>	<ul style="list-style-type: none"> <li>a. Initiate partnership with health care providers and hospitals and increase collaboration on discharge policy and procedures.</li> <li>b. Identify health care and benefit resources for veterans who do not qualify for veteran's assistance due to dishonorable discharge, etc.</li> <li>c. Connect Veterans with a dishonorable discharge with VA access to Mental Health Services now available.</li> <li>d. Identify need and funding for service ineligible veterans needing temporary respite housing</li> </ul>	<ul style="list-style-type: none"> <li>a. Access Medicaid benefits for those who qualify to cover cost of case management and peer support services among individuals experiencing chronic homelessness.</li> <li>b. Initiate partnership with health care providers and hospitals and increase collaboration on discharge policy and procedures.</li> <li>c. Ensure healthcare supports and services for individuals experiencing chronic homelessness are accessible.</li> <li>d. Ensure behavioral healthcare supports and substance abuse treatment services for individuals experiencing chronic homelessness are available through partnership with providers and the area Managing Entity.</li> </ul>	<ul style="list-style-type: none"> <li>a. Assess how access to Medicaid benefits can be used for case management services among families experiencing homelessness.</li> <li>b. Initiate partnership with health care providers and hospitals and increase collaboration on discharge policy and procedures.</li> <li>c. Ensure healthcare supports and services for families experiencing homelessness are available through partnership with mainstream providers and providers operating in the Kearney Center.</li> <li>d. Work to improve access of families and children without insurance to ongoing behavioral health services.</li> </ul>	<ul style="list-style-type: none"> <li>a. Connect youth experiencing homelessness with managed care plans for education on accessing benefits of health insurance and acquiring health insurance.</li> <li>b. Initiate partnership with health care providers and hospitals and increase collaboration on discharge policy and procedure.</li> </ul>	<ul style="list-style-type: none"> <li>a. Initiate partnership with health care providers and hospitals and increase collaboration on discharge policy and procedure.</li> <li>b. Complete data analysis on need for temporary respite housing to decrease use of emergency departments as primary health care.</li> </ul>

	<b>Veteran Homelessness</b>	<b>Chronic Homelessness</b>	<b>Family &amp; Child Homelessness</b>	<b>Unaccompanied Youth Homelessness</b>	<b>All Other Types of Homelessness</b>
<b>Education/Advocacy</b>	<ul style="list-style-type: none"> <li>a. Implement PR campaign and Action Plan promoting reaching Functional Zero for Veteran Homelessness by 2024.</li> <li>b. Implement standardized education to clients on budgeting, how to be a good roommate/tenant and life skills needed to retain housing.</li> <li>c. Provide seminars for case managers and clients on fair housing laws through local partner organizations.</li> <li>d. Collaborate with local substance abuse providers to offer education on Harm Reduction for clients with SA issues and housing stability issues.</li> </ul>	<ul style="list-style-type: none"> <li>a. Implement PR campaign and Action Plan promoting reaching Functional Zero for Chronic Homelessness by 2025.</li> <li>b. Conduct Landlord education and engagement to reduce common barriers to housing for individuals with criminal backgrounds, eviction and damage histories</li> <li>c. Implement standardized education to clients on budgeting, how to be a good roommate/tenant and life skills needed to retain housing.</li> <li>d. Collaborate with local substance abuse providers to offer education on Harm Reduction for clients with SA issues and housing stability issues.</li> <li>e. Provide seminars for case managers and clients on fair housing laws through local partner organizations.</li> </ul>	<ul style="list-style-type: none"> <li>a. Provide educational seminar to Homeless School Liaisons on existing prevention and homelessness resources in September each year.</li> <li>b. Implement standardized education to clients on budgeting, how to be a good roommate/tenant and life skills needed to retain housing.</li> <li>c. Provide seminars for case managers and clients on fair housing laws through local partner organizations.</li> <li>d. Collaborate with local substance abuse providers to offer education on Harm Reduction for clients with SA issues and housing stability issues.</li> <li>e. Partner with DCF and the CBC to offer training on family safety practices.</li> </ul>	<ul style="list-style-type: none"> <li>a. Implement standardized education to clients on budgeting, how to be a good roommate/tenant and life skills needed to retain housing.</li> <li>b. Provide seminars for case managers and clients on fair housing laws through local partner organizations.</li> <li>c. Collaborate with local substance abuse providers to offer education on Harm Reduction for clients with SA issues and housing stability issues.</li> <li>d. Continue outreach efforts to hotels, restaurants, and businesses to educate on how to identify and help trafficked/exploited youth and individuals.</li> <li>e. Provide education to local entities interesting in serving as a Sponsor or Master Lease Holder for youth who do not have access to cosigners and are experiencing homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>a. Partner with Florida Coalition to End Homelessness to advocate for increased DCF Challenge and Staffing Grant funds dedicated to BBCoC</li> <li>b. Advocate at the federal and state level to increase funding allocations and further explain the complexity of being an 8 county CoC, with one city that is an ESG entitlement jurisdiction.</li> <li>c. Provide an Annual Homelessness Update report to each county commission within the CoC coverage are with recommendations about allocation of resources to prevent and end homelessness.</li> <li>d. Encourage local funders to measure performance of homelessness specific projects through the 6 identified HUD System Performance Measures and partner with the CoC to administer and allocate funding of homeless prevention and homelessness services.</li> </ul>

**ATTACHMENT: CE**

**Attachment CE: Coordinated Entry**

Q6: Include narrative describing how this project participates in the BCoC Coordinated Entry Assessment and Referral process. Reference the CE policies and procedures if this project is considered a CE Access Point.

Ability 1st is a current coordinated entry access point and only accepts referrals through the coordinated entry process. This process involves using an assessment tool (Vi-SPDAT) to identify a household's level of need as it relates to health, daily activities, medical history, and homeless experiences. If the individual scores 8+, they will be assessed for A Place Called Home. Once a household has been referred for A Place Called Home, our Housing and Homeless Services Director attends case conferencing meetings, where the following is discussed:

- Participants and what housing resources they are eligible for
- Current location of client (camping, at a shelter, unknown, etc.);
- Barriers (review and problem solve);
- Safety (brainstorm how to ensure any unsheltered participants are safe for the near-term);
- Next steps: identify what is next or critical action items, including roles and timelines as well as any participant updates that need to be documented.

Individuals are prioritized for available slots based the BCoC's prioritization guidelines and eligible applicants are referred to Ability 1st. Once referred, our housing coordinator begins the process of identifying permanent stable housing for the consumer. Once housed, the consumer is provided with ongoing supportive services to assist them in maintaining housing and furthering their independence.

Attached: CE Access Point

**Attachment 1:**  
**Coordinated Entry Access Point**  
**Hours of Operation**  
**(Subject to Change)**

**Designated Access Points:**

<b>Access Point</b>	<b>Location</b>	<b>Assessment Hours</b>
CCYS Going Places Drop in Center for Youth	654 Dunn Street Tallahassee, FL 32304	Tuesday-Thursday: 12 noon-7 pm Friday: 2 pm-7 pm Saturday: 12 noon- 5 pm
The Kearney Center Emergency Shelter for Individuals	2650 Municipal Way Tallahassee, FL 32304	Monday- Friday: 8:30 am- 4:30 pm
HOPE Community Emergency Shelter for Families	2729 West Pensacola St. Tallahassee, FL 32304	Monday- Thursday: 10am-7 pm Friday: 10 am-4 pm By-Appointment
Ability 1 <sup>st</sup>	1823 Buford Court, Tallahassee, FL 32308	Monday, Tuesday, and Thursday: 1 pm-4 pm Wednesday and Friday: 9 am- 12 noon

**Street Outreach Teams**

Dedicated outreach teams, including street outreach, will function as access points to the CE process by seeking to engage persons who may be served through CE but who are not seeking assistance via agencies that offer participate in CE. Each team will be trained to provide assessments while conducting outreach.

**ATTACHMENT: F**



## Attachment F- Racial Equity

Q7: Include narrative and data demonstrating organizations executive and direct service staff racial and ethnic makeup is reflective of the clients served within the past year.

### **Agency wide comparison:**

We were able to provide a “snapshot” of the racial and ethical makeup of our consumers by pulling an APR from HMIS. Our consumers who are seeking housing services are entered into HMIS, however, this does not account for all our consumers as our main client documentation system (COMS) does not have the capability to exclude those entered into HMIS, so pulling data from COMS, would duplicate consumers, resulting in skewed data. We feel confident that the APR reporting provides adequate data to convey our consumer’s racial and ethnic makeup.

The majority (56%) of our consumers report racially as Black/African American, along with 40% of our staff, and 57% of our Board reporting as the same race. We realize that these percentages are not within 10% of each other and we plan to correct this while hiring for two current position vacancies. We will also have a position opening for a new program that will begin October 1<sup>st</sup> that we will be hiring for in the next month.

38% of consumers report their race as White, along with 60% of staff and 43% of the Board.

The majority of our consumers (94%) report their ethnicity as non-Hispanic/Latino, along with 95.5% of staff and 100% of the Board.

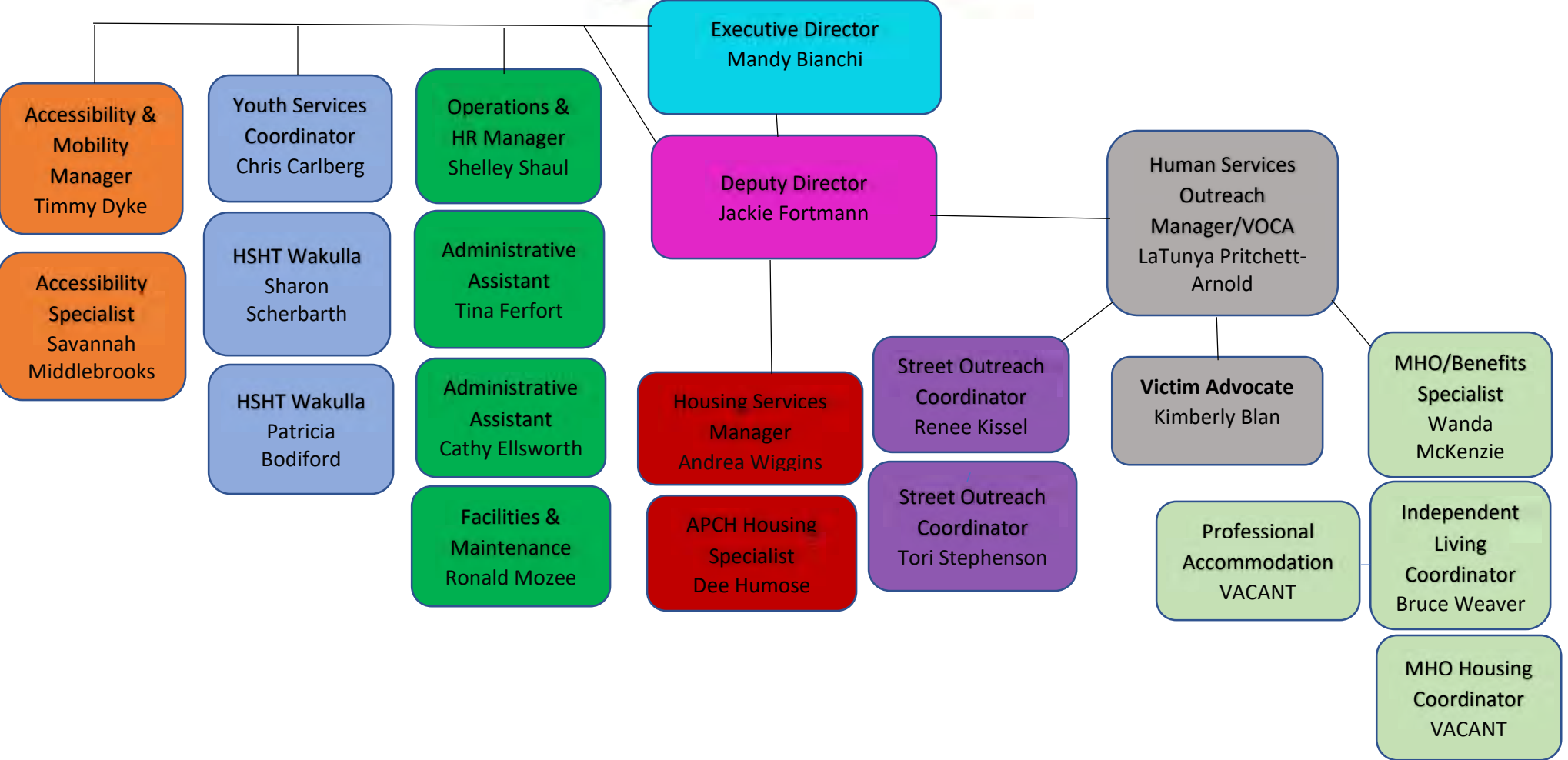
The majority of our Executive Staff (Executive Director, Deputy Director, Office Manager, Human Services Outreach Manager) identify as White (75%) and (25%) report as African American. This is an area that can be approved upon to become more diverse to more adequately match clients served.

In the last year, Our Place Called Home for Individuals program comprised of the following racial components: 25 Black/African American, 21 White. This equates to roughly 54% of the program comprising of the Black/African American race and 46% who identify as White.

Our staff members operating this program, the Housing Services Director and Housing Coordinator all report as Black/African American (100%). While our staff for this program, do not meet the 10% match of the 54% of the majority of the program, it does match more closely to the majority of the program.

Overall, based on the data presented, we feel as though our staff structure will be racially and ethnically representative of the consumers that we serve once our vacancies are filled.

Attached: Org chart, APR (clients served)



## Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
256447	08/29/2022 09:49:51 AM (0.00 mins)	COCAPR		Jackie Fortmann	FL506 - BBCoC: Ability 1st	Jackie Fortmann	Running
256445	08/29/2022 09:42:20 AM (0.13 mins)	COCAPR		Jackie Fortmann	FL506 - BBCoC: Ability 1st	Jackie Fortmann	Completed
256406	08/26/2022 03:55:42 PM (0.57 mins)	COCAPR		Jackie Fortmann	FL506 - BBCoC: Ability 1st	Jackie Fortmann	Completed
256405	08/26/2022 03:55:16 PM (1.00 mins)	COCAPR		Jackie Fortmann	FL506 - BBCoC: Ability 1st	Jackie Fortmann	Completed
256404	08/26/2022 03:54:45 PM (0.06 mins)	COCAPR		Jackie Fortmann	FL506 - BBCoC: Ability 1st	Jackie Fortmann	Completed

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## Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider #	FL506 - BBCoC: Ability 1st (9346) <input checked="" type="radio"/> This provider AND its subordinates <input type="radio"/> This provider ONLY
Program Date Range #	09/01/2021 to 08/31/2022
Entry/Exit Types #	<input type="checkbox"/> Basic <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

## CoC-APR Report Results - Date Ran: 08/26/2022 03:55:16 PM - Report ID: 256405

### 4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider																	
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st	9346	Services Only (HUD)		Yes	9346	FL-506	129073	False																	
FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	PH - Permanent Supportive Housing (disability required for entry) (HUD)				FL-506	129073	False																	
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	PH - Permanent Supportive Housing (disability required for entry) (HUD)				FL-506	129073	False																	
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st DCF-ESG Rapid Rehousing	9702	PH - Rapid Re-Housing (HUD)				FL-506	129073	False																	
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st DCF-ESG Street Outreach	9701	Street Outreach (HUD)				FL-506	129073	False																	
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Rapid Rehousing (DCF-ESG-CV) (RRH)	9570	PH - Rapid Re-Housing (HUD)				FL-506	129073	False																	
FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	Street Outreach (HUD)				FL-506	123000	False																	
FL506 - BBCoC: Ability 1st - Street Outreach (CoT-ESG-CV) (SO)	5978	FL506 - BBCoC: Ability 1st - Street Outreach (DCF-ESG-CV) (SO)	9569	Street Outreach (HUD)				FL-506	123000	False																	
ZZZ><(inactive)><FL506 - APCH2	5844	ZZZ><(inactive)><FL506 - APCH2	5844	PH - Permanent Supportive Housing (disability required for entry) (HUD)				FL-506	Missing	False																	

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### 5a - Report Validations Table

Report Validations Table	
1. Total Number of Persons Served	407
2. Number of Adults (age 18 or over)	319
3. Number of Children (under age 18)	86
4. Number of Persons with Unknown Age	2

5. Number of Leavers	251
6. Number of Adult Leavers	197
7. Number of Adult and Head of Household Leavers	205
8. Number of Stayers	156
9. Number of Adult Stayers	122
10. Number of Veterans	13
11. Number of Chronically Homeless Persons	202
12. Number of Youth Under Age 25	21
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	295
15. Number of Child and Unknown-Age Heads of Household	8
16. Heads of Households and Adult Stayers in the Project 365 Days or More	56

#### 6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	1	0	0	1	0%
SSN (3.2)	40	2	1	43	11%
Date of Birth (3.3)	1	1	0	2	0%
Race (3.4)	0	0		0	0%
Ethnicity (3.5)	1	2		3	1%
Gender (3.6)	0	0		0	0%
<b>Overall Score</b>				<b>45</b>	<b>11%</b>

#### 6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	1	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	14	3%
Client Location (3.16)	3	1%
Disabling Condition (3.8)	11	3%

#### 6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	14	6%
Income and Sources (4.2) at Start	20	6%
Income and Sources (4.2) at Annual Assessment	19	34%
Income and Sources (4.2) at Exit	17	8%

#### 6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	126			27	15	18	22%
TH	0	0	0	0	0	0	0%
PH(all)	84	0	0	1	0	0	1%
<b>Total</b>	<b>210</b>						<b>14%</b>

#### 6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	132	53
1 - 3 days	26	81
4 - 6 days	3	1
7 - 10 days	6	6
11+ days	7	34

#### 6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	16	16	100%
Bed Night (All clients in ES - NBN)	0	0	0%

#### 7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	319	277	42		0
Children	86		75	11	0
Client Doesn't Know/Client Refused	2	0	0	0	2
Data Not Collected	0	0	0	0	0

<b>Total</b>	<b>407</b>	<b>277</b>	<b>117</b>	<b>11</b>	<b>2</b>
For PSH and RRH - the total persons served who moved into housing	<b>100</b>	<b>57</b>	<b>43</b>	<b>0</b>	<b>0</b>
<b>7b - Point-in-Time Count of Persons on the Last Wednesday</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
January	<b>181</b>	<b>118</b>	<b>58</b>	<b>3</b>	<b>2</b>
April	<b>198</b>	<b>137</b>	<b>56</b>	<b>3</b>	<b>2</b>
July	<b>125</b>	<b>78</b>	<b>44</b>	<b>3</b>	<b>0</b>
October	<b>124</b>	<b>76</b>	<b>44</b>	<b>3</b>	<b>1</b>
<b>8a - Number of Households Served</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Total Households	<b>303</b>	<b>263</b>	<b>33</b>	<b>5</b>	<b>2</b>
For PSH and RRH - the total persons served who moved into housing	<b>70</b>	<b>56</b>	<b>14</b>	<b>0</b>	<b>0</b>
<b>8b - Point-in-Time Count of Households on the Last Wednesday</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
January	<b>127</b>	<b>107</b>	<b>18</b>	<b>0</b>	<b>2</b>
April	<b>150</b>	<b>130</b>	<b>18</b>	<b>0</b>	<b>2</b>
July	<b>88</b>	<b>74</b>	<b>14</b>	<b>0</b>	<b>0</b>
October	<b>88</b>	<b>72</b>	<b>15</b>	<b>0</b>	<b>1</b>
<b>9a - Number of Persons Contacted</b>					
		<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First contact - Worker unable to determine</b>
Once		<b>98</b>	<b>0</b>	<b>81</b>	<b>0</b>
2-5 Times		<b>4</b>	<b>0</b>	<b>3</b>	<b>0</b>
6-9 Times		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10+ Times		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Persons Contacted</b>		<b>102</b>	<b>0</b>	<b>84</b>	<b>0</b>
<b>9b - Number of Persons Engaged</b>					
		<b>All Persons Contacted</b>	<b>First Contact - NOT staying on the Streets, ES, or SH</b>	<b>First contact - WAS staying on Streets, ES, or SH</b>	<b>First contact - Worker unable to determine</b>
Once		<b>64</b>	<b>0</b>	<b>55</b>	<b>0</b>
2-5 Times		<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
6-9 Times		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
10+ Times		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Persons Engaged</b>		<b>65</b>	<b>0</b>	<b>56</b>	<b>0</b>
<b>Rate of Engagement</b>		<b>64%</b>	<b>0%</b>	<b>67%</b>	<b>0%</b>
<b>10a - Gender of Adults</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown Household Type</b>	
Male	<b>158</b>	<b>149</b>	<b>9</b>	<b>0</b>	
Female	<b>160</b>	<b>127</b>	<b>33</b>	<b>0</b>	
No Single Gender	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Questioning	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Transgender	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Client Doesn't Know/Client Refused	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Data Not Collected	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	
<b>Subtotal</b>	<b>319</b>	<b>277</b>	<b>42</b>	<b>0</b>	
<b>10b - Gender of Children</b>					
	<b>Total</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>	
Male	<b>34</b>	<b>26</b>	<b>8</b>	<b>0</b>	
Female	<b>52</b>	<b>49</b>	<b>3</b>	<b>0</b>	
No Single Gender	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Questioning	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Transgender	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Client Doesn't Know/Client Refused	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Data Not Collected	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Subtotal</b>	<b>86</b>	<b>75</b>	<b>11</b>	<b>0</b>	
<b>10c - Gender of Persons Missing Age Information</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Male	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Female	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

### 11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	18		16	2	0
5 - 12	45		40	5	0
13 - 17	23		19	4	0
18 - 24	22	16	6		0
25 - 34	31	17	14		0
35 - 44	50	36	14		0
45 - 54	90	84	6		0
55 - 61	72	70	2		0
62 +	54	54	0		0
Client Doesn't Know/Client Refused	2	0	0	0	2
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>407</b>	<b>277</b>	<b>117</b>	<b>11</b>	<b>2</b>

### 12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	158	136	20	1	1
Black, African American, or African	229	129	89	10	1
Asian or Asian American	6	4	2	0	0
American Indian, Alaska Native, or Indigenous	4	4	0	0	0
Native Hawaiian or Pacific Islander	1	1	0	0	0
Multiple Races	9	3	6	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
<b>Total</b>	<b>407</b>	<b>277</b>	<b>117</b>	<b>11</b>	<b>2</b>

### 12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	383	260	111	10	2
Hispanic/Latin(a)(o)(x)	19	14	4	1	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data Not Collected	4	3	1	0	0
<b>Total</b>	<b>407</b>	<b>277</b>	<b>117</b>	<b>11</b>	<b>2</b>

### 13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	167	142	17	6	0	2
Alcohol Use Disorder	13	13	0	0	0	0
Drug Use Disorder	23	21	2	0	0	0
Both Alcohol and Drug Use Disorders	19	18	1	0	0	0
Chronic Health Condition	87	79	7	1	0	0
HIV/AIDS	5	3	2	0	0	0
Development Disability	26	12	2	12	0	0
Physical Disability	123	116	6	1	0	0

### 13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	94	80	8	4	0	2
Alcohol Use Disorder	9	9	0	0	0	0
Drug Use Disorder	9	9	0	0	0	0
Both Alcohol and Drug Use Disorders	10	9	1	0	0	0
Chronic Health Condition	54	45	6	3	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	18	7	0	11	0	0
Physical Disability	69	65	3	1	0	0

### 13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children	Children in HH with Children	With Only Children	Unknown Household Type
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Column1	Column12	Column2	Column3	Column4	Column5	Column6
<b>Race</b>	<b>Consumers</b>		<b>Staff</b>		<b>Board</b>	
White	158	38%	12	60%	4	43%
Black/African American	229	56%	8	40%	7	57%
Asian	6	1.40%	0	0	0	0
American Indian of Alaska Native	4	0.98%	0	0	0	0
Native Hawaiian or Other Pacific Islander	1	0.002	0	0	0	0
Multiple Races	9	0.02%	0	0	0	0
Doesn't Know/Refused	0	0.00%	0	0	0	0
Not Collected	0	0.00%	0	0	0	0
<b>TOTAL</b>	<b>407</b>	<b>100%</b>	<b>20</b>	<b>100%</b>	<b>11</b>	<b>100%</b>

Column1	Column2	Column3	Column4	Column5	Column6	Column7
<b>Ethnicity</b>	<b>Clients</b>		<b>Staff</b>		<b>Board</b>	
Non-Hispanic/Non-Latino	383	94%	20	100.00%	14	100%
Hispanic/Latino	19	4.66%	0	0.00%	0	0
Doesn't Know/Refused	1	0.00%	0	0	0	0
Not Collected	4	2.20%	0	0	0	0
<b>TOTAL</b>	<b>407</b>	<b>100%</b>	<b>20</b>	<b>100.00%</b>	<b>14</b>	<b>100.00%</b>

**ATTACHMENT: G**



### **Attachment G- Commitment to Housing First**

Q8: Include narrative and reference the organizations policies and procedures that demonstrate the program does not mandate client participation in services either before obtaining housing or in order to retain housing. In addition, reference established policies and procedures within the organization that prioritize rapid placement and stabilization in permanent housing and improvement of economic self-sufficiency.

All Participants will be considered “Housing Ready” without prejudice. Consistent with a Housing First Approach, APCH PSH Program staff will work to house participants as quickly as possible regardless of barrier. Likewise, APCH PSH Program will comply with all CoC Policy and Procedure, HUD Regulation, ADA and Fair Housing Standards.

#### **Policy: Tenants have full rights, responsibilities, and legal protections**

a. Procedure: It is the practice of APCH PSH Program Coordinators to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and

local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances.

#### **6. Policy: Successfully executing and maintaining a lease agreement is the sole requirement for entering or maintaining a PSH placement**

a. APCH PSH Program Coordinators will limit mandatory conditions for eligible participants entering or maintaining their enrolled status within the APCH PSH Program to their willingness to cooperate to the extent necessary to maintain their responsibilities under the executed Lease/Sublease agreement.

#### **Policy: APCH Program practices are designed to prevent lease violations and evictions**

APCH PSH Program Housing Coordinators will make every effort to prevent lease violations and evictions among tenants. For instance, alcohol or drugs use in and of itself is not considered to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.s. selling illegal substances.) Further, APCH PSH Program Housing Coordinators will provide tenants some flexibility and recourse in the rent payment.

To this end, rather than moving towards eviction proceedings due to missed rent payments, APCH PSH Program allow tenants to enter into payment Installment plans for rent arrears or offer money management assistance to tenants.

**Policy: There Is No Designated Length of Stay in the APCH PSH Program**

APCH PSH Program Housing Coordinators will ensure that participants are informed and understand that housing is provided without a designated length of stay that permits them to live as independently as possible.

**There are few to no programmatic prerequisites to permanent housing entry-** The APCH PSH Housing Coordinators will offer participants of the APCH PSH Program permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program.

**There are low barrier admission practices-** Procedure: APCH PSH Program Housing Coordinators will make every effort to "screen-in" rather than screen out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. APCH PSH Program Coordinators will utilize a tenant selection practice that prioritizes people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

**Participants will experience a rapid and streamlined entry into housing-** In order to ameliorate the potential anxiety and uncertainty experienced by participants during a lengthy housing application and approval process, APCH PSH Housing Coordinator will make every effort to help participants move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

**Supportive services are voluntary but can and should be used to persistently engage tenants to ensure housing stability-** APCH PSH Program Housing Coordinator will proactively offer supportive services to participants in order to help them achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing will be utilized which can confront and mitigate the harms of drug and alcohol use through non-judgmental communication. Motivational interviewing will also be utilized to help households acquire and utilize new skills and information.

Attached: P&P Housing First

#### D. Housing First Policies and Procedures

**Policy:** It is the Policy of Ability1st that the APCH PSH Program will utilize the core features of Housing First in the context of permanent supportive housing program provision as follows:

**1. Policy: There are few to no programmatic prerequisites to permanent housing entry**

- a. Procedure: The APCH PSH Housing Coordinators will offer participants of the APCH PSH Program permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program.

**2. Policy: There are low barrier admission practices**

- a. Procedure: APCH PSH Program Housing Coordinators will make every effort to "screen-in" rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. APCH PSH Program Coordinators will utilize a tenant selection practice that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

**3. Policy: Participants will experience a rapid and streamlined entry into housing**

- a. Procedure: In order to ameliorate the potential anxiety and uncertainty experienced by participants during a lengthy housing application and approval process, APCH PSH Housing Coordinators will make every effort to help participants move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

**4. Policy: Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability**

- a. Procedure: APCH PSH Program Housing Coordinators will proactively offer supportive services to participants in order to help them achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing will be utilized which can confront and mitigate the harms of drug and alcohol use through non-judgmental communication. Motivational interviewing will also be utilized to help households acquire and utilize new skills and information.

**5. Policy: Tenants have full rights, responsibilities, and legal protections**

- a. Procedure: It is the practice of APCH PSH Program Coordinators to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances.

**6. Policy: Successfully executing and maintaining a lease agreement is the sole requirement for entering or maintaining a PSH placement**

- a. APCH PSH Program Coordinators will limit mandatory conditions for eligible participants entering or maintaining their enrolled status within the APCH PSH Program to their willingness to cooperate to the extent necessary to maintain their responsibilities under the executed Lease/Sublease agreement.

**7. Policy: APCH Program practices are designed to prevent lease violations and evictions**

- a. APCH PSH Program Housing Coordinators will make every effort to prevent lease violations and evictions among tenants. For instance, alcohol or drug use in and of itself is not considered to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Further, APCH PSH Program Housing Coordinators will provide tenants some flexibility and recourse in the rent payment. To this end, rather than moving towards eviction proceedings due to missed rent payments, APCH PSH Program allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

**8. Policy: There is No Designated Length of Stay in the APCH PSH Program**

- a. APCH PSH Program Housing Coordinators will ensure that participants are informed and understand that ed housing is provided without a designated length of stay that permits them to live as independently as possible.

## CHAPTER 3 - Eligible Program Activities

### A. PSH Program Eligible Activities

The APCH PSH Programs only receive funding for leasing assistance, support services (defined in the Interim rule) and project administration.

### B. Use of Program Revenue

"Program Revenue" may occur for many reasons. In most cases, program revenue comes from occupancy charges paid to APCH PSH Program. However, HUD may on occasion direct a program to treat returned funds as program revenue.

APCH PSH Program must serve at least as many participants as shown in the individual Project applications to HUD (45 individuals, 14 families.) Therefore, APCH PSH Program must determine that there are sufficient grant funds available to assist the specific number of participants through the grant term before using Program Revenue for other purposes.

Any use of Program Revenue must be consistent with HUD guidance. Specifically, they must be used within the specific project they originated with, and they must be used on an "eligible" budget line item as outlined in the Interim Rule.

### C. Program Match

As a CoC Program recipient, APCH PSH Program is required to document match provided to the grant. Match can include cash, in-kind goods or services. Services may be provided by a variety of entities; the recipient, or social service agencies in the community. The CoC Program Interim Rule outlines the match requirements in

**ATTACHMENT: HEALTH**

**Attachment H: Coordination with Healthcare Organization**

Q7. Include narrative on how project participants will be connected to obtain health insurance and address healthcare needs. Attach MoUs with healthcare organizations and letters of financial or in-kind commitment to this project by healthcare organizations.

Participants without income will be connected to our in-house Benefits Specialist, who will conduct an assessment to assess whether they may qualify for SSI/SSDI and if they do qualify, they will assist the participant in applying for these benefits, for which upon approval will provide them with monthly income and Medicaid health benefits.

While a participant is uninsured, our Housing Coordinator will connect them with Neighborhood Medical, for which provides checkups, preventive care, diagnosis, treatment, medication therapy and follow-up care to those who are currently uninsured. Once a participant receives insurance, our housing coordinator will assist them in coordinating any healthcare needs.

We also work closely with the Apalachee Center, to assist participants in keeping up with their mental health appointments and medication.

**ATTACHMENT: H**

### **Attachment H- Staffing Plan with Job Descriptions**

Q8. Describe how the project will be implemented, including staff qualifications, a staffing plan with target dates of hire, location of service delivery, and all available supportive services. For maximum points, provide a detailed plan and attach job descriptions

A Place Called Home is a scattered-site, permanent supportive housing (PSH) project that provides leasing assistance and voluntary support services to a minimum of 45 single individuals who are chronically homeless and highly vulnerable upon entry into the program. All referrals to this program come through the BBCoC Coordinated Entry process where participants are identified and prioritized for housing placement based on those who have been homeless for the greatest time and with the greatest barriers to stable housing. This occurs via coordination with our primary referral partners: The Kearney Center (local emergency shelter provider), Refuge House (our community's domestic violence shelter), and Street Outreach teams. The renewal project would continue to provide at least 45 housing units to serve participants within the Big Bend CoC. The renewal project will provide for a Housing Coordinator that will process applications for leasing assistance, verify eligibility criteria, negotiate leases with local landlords to allow individuals with problematic rental/credit history, process rent payments, and document progress. Service delivery for the project is provided at the Ability 1st office, at the consumer's home or in integrated community settings based on consumer preference. Home visits are also provided to address landlord/tenant issues and to ensure lease preservation.

#### **Supportive Services Plan:**

The A Place Called Home Housing Coordinator provides supportive services for participants in the program. This includes an ongoing assessment of participant service needs and case management tasks. This position further provides direct assistance with the participant's housing search, any moving/relocation costs transportation related referrals. Offered support services include individualized life skills training, information and referral, supportive counseling and maintaining entitlement benefits. The Housing Services Director supervises the program and attends PSH meetings to coordinate referrals to the program.

Other critical services include crisis counseling, health care advocacy and victimization related counseling by the housing coordinator, supportive services specialist, and other Ability1st staff. Additional supports are provided via in-house referral to other Ability1st staff members such as our SOAR trained SSI/SSDI Benefits Specialists and our SAMH funded Public Transportation specialist. Finally, the Housing Coordinator makes direct referrals to:

- Leon County Schools/ACE for GED/Adult Education
- Local Food Banks/SNAP for supplemental food resources



APCH RENEWAL FY 22

- Legal Services of North Florida for legal services
- Apalachee Center/Florida Therapy for mental health treatment
- BOND/Neighborhood Medical/Care Point for outpatient health/primary care
- DISC Village for substance abuse treatment

Attachment: APCH Staffing Plan, Job Descriptions

**A Place Called Home 2022 Renewal Staff  
Implementation Plan: 2022-2023**

The following staffing plan is anticipated for the renewal of A Place Called Home Program:

APCH Housing Coordinator	1.0	FTE	(Current HUD/Match Funded)
<b>Total</b>	<b>1.00</b>	<b>FTE</b>	

The A Place Called Home (APCH) Housing Coordinator is an existing staff position for Ability1st that is supported primarily via current HUD A Place Called Home funding. This position provides direct services to the A Place Called Home program participants, ongoing coordination of supportive services and data collection and reporting. Program services primarily consist of:

- Verification of HUD program eligibility documentation
- HMIS Data collection
- Recruitment and retention of landlords/property managers
- Negotiation of leases
- Development and review of Client Services Agreement and ISP
- Housing advocacy efforts to maintain lease agreements
- Supportive Counseling
- General Independent Living Skills Training
- Information and Referral
- Budgeting/Financial Literacy Skills
- General Case Management

## The Center for Independent Living of North Florida DBA Ability1st

### APCH Housing Coordinator Job Description

#### Summary:

This is a full-time professional position responsible for implementing services of the HUD Supported Housing Program called A Place Called Home (APCH) which provides leasing assistance to homeless individuals that have disabilities. This position provides a range of services to the program's consumer's which include monthly assistance with rent and utility payments to the relevant landlord and City of Tallahassee. Position involves substantial responsibility for data collection, ensuring and documenting eligibility and HMIS data entry and reporting. This position reports to the Deputy Director.

#### Tasks:

- Develops relationships with housing providers (apartment complexes, affordable housing providers, leasing agents, etc.) that are willing to accept the Leasing Program payments for residents rent as well as work cooperatively in maintain housing stability. Negotiates with housing providers on behalf of consumers. (8%)
- Determine and document consumer eligibility for APCH for Individuals. (10%)
- Locate appropriate housing and complete HUD inspections. (10%)
- Conducts monthly home visits with Program Participants to assess compliance with lease agreements as the basis for making monthly rent payment to landlord. (40% of total)
- Advocate for the housing needs of the consumer with program landlords.. (5%)
- Completes payment requests monthly for consumer rent/utility payments. (5%)
- Completes recertification of services annually. (2%)
- Completes ongoing mandatory HMIS and COMS data entry, along with updating of independent living goals. (10%)
- Provide Information and referral and supportive services in conjunction with the Intensive Supportive Services Specialist. (10%)

#### Qualifications:

BS/BA in counseling, social work or related field with two years human services experience. Must have reliable transportation or be able to arrange own travel when required to meet job responsibilities.

*Note: the agency reserves the right, at the discretion of the Executive Director, to modify this job description at any time and requires only written notification to the employee.*

11/21

## The Center for Independent Living of North Florida DBA Ability1st

### Housing Services Manager Job Description

#### Summary:

This is a full-time, professional position responsible for direct supervision of the HUD Supported Housing Programs called A Place Called Home (APCH) and A Place Called Home for Families which provides leasing assistance to homeless persons that have disabilities and their minor dependent children. This position is also responsible for the implementation of A Place Called Home for Families. This position provides a range of services to the program's consumers and their families which include monthly assistance with rent and utility payments to the relevant landlord and City of Tallahassee. Position involves substantial responsibility for data collection, ensuring and documenting eligibility and HMIS data entry and reporting. This position reports to the Executive Director.

#### Tasks:

- Develops relationships with housing providers (apartment complexes, affordable housing providers, leasing agents, etc.) that are willing to accept the PSH Leasing Program payments for residents rent as well as work cooperatively in maintaining housing stability.
- Determine and document family eligibility for APCH for Families, oversee eligibility compliance for APCH for Individuals.
- Participate in biweekly meetings of the Coordinated Entry/PSH Staffing Committee.
- Locate appropriate housing and assist consumer in negotiating a lease with the respective housing entity.
- Conducts monthly home visits with Program Participants to assess progress in maintaining lease agreements in preparation for making monthly rent payment to landlord.
- Advocate for the housing needs of the participants with program landlords/property managers.
- Offer/Provide a range of direct support services including referrals to agency and community service providers.
- Completes ongoing mandatory HMIS and COMS data entry.
- Direct supervision of A Place Called Home Coordinator and the Intensive Supportive Housing Specialist, along with general program supervision for APCH and APCH for Families.
- Completes annual progress report for APCH for Families in the HUD/SAGE system.
- Assist with renewing yearly HUD funding, assists with applying for additional funding to support programming.

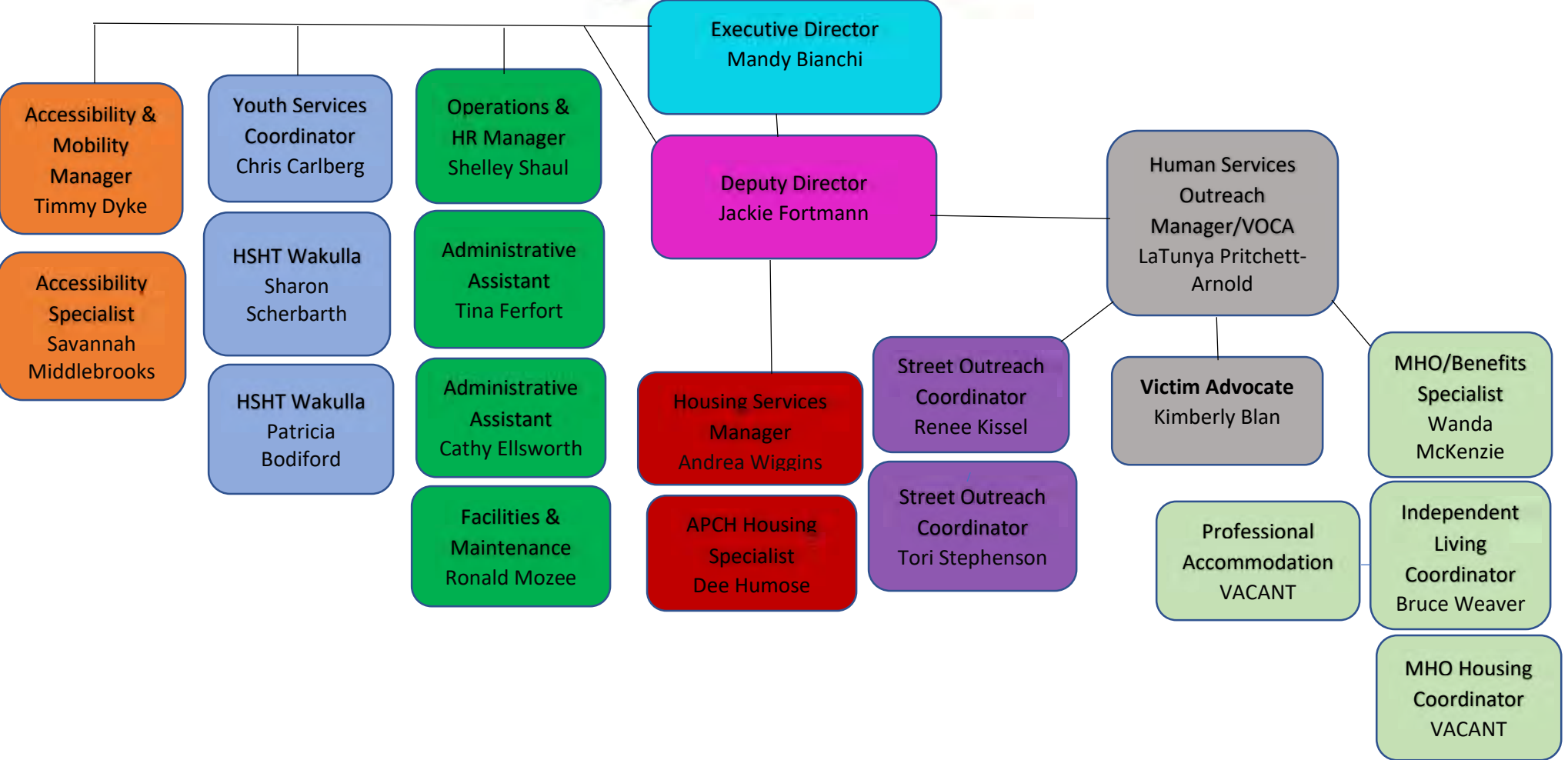
#### Qualifications:

BS/BA in counseling, social work or related field with two years of direct, human services experience, specific to serving persons with disabilities experiencing homelessness. Must have reliable transportation or be able to arrange own travel when required to meet job responsibilities.

*Note: the agency reserves the right, at the discretion of the Executive Director, to modify this job description at any time and requires only written notification to the employee.*

11/2021

**ATTACHMENT: I**



**ATTACHMENT: J**

### Attachment J- Operational Plan

Q10. Describe the following aspects of the project operational plan:

- a. Staffing – Hiring: Provide dates of hire for each project position, indicate if a position is vacant and what methods of recruitment have been used to fill the position to date.

**Our Family Housing Director was hired In August of 2008 and is over our Housing Services Program. She runs our APCHF program and supervises the APCH program, including managing referrals to both programs.**

**Our Family Housing Coordinator was hired in September of 2001, and she provides general supportive services for program participants including assistance with the participants housing search, landlord negotiations, case management tasks and assists our participants with maintaining housing stability.**

**(Job Descriptions in Attachment H)**

b. Training Provided:

- a. New Staff/Orientation- **All employees will be required to undergo an initial period of orientation that takes place throughout the first 30 days of employment. Orientation will consist of such items as Independent Living history and philosophy, benefits, policy and procedures manual, confidentiality practices, job description, organizational structure, agency services and other material as deemed appropriate by the Executive Director. At the end of 30 days, the employee and supervisor, indicating that the employee has received and understands each aspect of the orientation, will sign an orientation checklist. This checklist will be kept in the employee's personnel file.**
- b. New Grantee/HUD JAX- **We are committed to having our executive staff attend this training once per year, along with at least one direct care staff member.**
- c. Trauma Informed Care- **We now mandate trauma informed care training once a year. This is something that has been implemented in the past year as we believe it is instrumental to proper service delivery.**
- d. Confidentiality and Security- **All staff must complete HIPAA Training and Security Awareness Training through the Dept. of Children and Families annually.**
- e. Conflict Resolution and Grievance P&P- **All new staff members are presented and informed about our conflict resolution process and Grievance policies and procedures during the onboarding process. We have implemented an acknowledgment of all policies and procedures, in the form of an acknowledgement form to be signed annually for all staff members.**

c. Adoption of Policies and Procedures

- a. Homeless status and eligibility determination- **All participants must meet the HUD**



**definition of Chronic Homelessness and be accompanied by appropriate supporting documentation. (See full program eligibility pg. 12 of Attachment J for further clarification)**

- b. Programmatic requirements- Successfully executing and maintaining a lease agreement is the sole requirement for entering or maintaining a PSH placement. APCH PSH Program Coordinators will limit mandatory conditions for eligible participants entering or maintaining their enrolled status within the APCH PSH Program to their willingness to cooperate to the extent necessary to maintain their responsibilities under the executed Lease/Sublease agreement.**

d. Forms and Documentation

- a. Client screening and eligibility forms- See attachment J
- b. Data collection forms- See attachment J

For maximum points, attach completed policies and procedures as **Attachment J**.

Attachment: APCH P&P, Screening and eligibility forms, data collection forms.

A Place  
Called Home  
&  
APCH for Families

Permanent  
Supportive  
Housing Program

Policies and Procedures  
Manual

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## CHAPTER ONE PERMANENT SUPPORTIVE HOUSING (PSH)

### A. APCH/APCHF Project(s) PSH Statement of Goals and Objectives

The functions and responsibilities of the A Place Called Home and APCH for Families Projects of Ability1st's Permanent Supportive Housing (PSH) staff, hereinafter referred to as APCH PSH Program of Ability1st shall be in compliance with the personnel policies of Ability1st. The APCH PSH program shall be in compliance with all federal (including the CoC Program), state and local housing laws, rules and regulations. Per the CoC Program regulations (Section 578.103(d)(2)), HUD requires recipients to provide citizens, public agencies, and other interested parties with reasonable access to records regarding any uses of CoC Program funding the recipient has received within the past 5 years. These documents are maintained by Ability1st and available by sending a request to [mandybianchi@ability1st.info](mailto:mandybianchi@ability1st.info).

This APCH PSH Program's Policies and Procedures Manual outlines the policies and procedures for the CoC Program-funded Leasing Assistance. APCH PSH Programs have two overarching goals: (1) the reduction and prevention of homelessness of people with disabilities, and (2) the reduction and prevention of inappropriate institutionalization of low-income people with disabilities. Recognizing the extraordinary lengths that were made to access this CoC Program leasing assistance from Congress, APCH PSH Program seeks to insure that CoC Program leasing assistance supports and serves the most-in-need homeless individuals in the Big Bend Area. With the transition to the administration of the program under HUD's CoC Program, APCH PSH Programs will continue its policy to target these Permanent Housing opportunities to homeless individuals with the greatest needs by integrating the referral process of the PSH Initiative with the respective CoC's coordinated entry process and their written standards which establishes prioritization criteria for CoC resources including PSH opportunities.

The policies and procedures in this APCH PSH Program manual are designed to further these goals by:

- Linking the APCH PSH program's leasing assistance to supportive services in order to effectively assist the hardest-to-serve chronically homeless persons with disabilities;
- Promoting fairness and uniformity in tenant selection for eligible homeless people while meeting the policy priorities of the program;
- Overcoming barriers to accessing housing typically faced by homeless people prioritized for this program; and
- Promoting efficiencies in the application and referral process.

The activities of the APCH PSH Program are expected to continue to offer access to decent, safe and affordable mainstream housing for individuals who are homeless with disabilities and to help such individuals maintain long-term, stable, and successful tenancies.

## B. Purpose of the Manual

The purpose of the APCH PSH Program Policies and Procedures Manual is to establish policies and further guidance for issues not explicitly covered under the CoC Program or state regulations. The aim is also to provide standard concepts, definitions and procedures to enable efficient administration and the collection and reporting of performance data that is comparable to other programs in which leasing assistance is offered. The manual covers both admission to and continued participation in the APCH PSH Program and how that will be accomplished.

The administration of leasing assistance provided through the APCH PSH Program is subject to the terms and conditions of this manual. To the extent an issue is not otherwise explained in the Policies and Procedures manual, the appropriate provisions of the McKinney-Vento Act and the CoC Program regulations and program guidance will be followed. This manual is subject to changes as needed to meet the policy goals and priorities of APCH PSH Program as well as any changes in federal regulations and HUD policy guidance. For further information regarding APCH PSH Program, please contact:

**Mandy Bianchi, Executive Director**  
**Ability1st, 1823 Buford Court**  
**Tallahassee, FL 32308**  
Mandybianchi@ability1st.info

## C. Fair Housing Policy

It is the policy of APCH PSH Program to fully comply with all federal, state and local nondiscrimination laws and to be in accordance with the rules and regulations governing fair housing and equal opportunity in housing and employment.

Specifically, APCH PSH Program and its agents shall not deny any family or individual on account of race, color, gender, sexual orientation, religion, creed, national or ethnic origin, age, family or marital status, handicap or disability, the opportunity to apply for or receive assistance under the APCH PSH Program, within the HEARTH Act's statute, CoC Program regulations, and HUD policy guidance.

Further APCH PSH Program, its representatives or agents shall make reasonable accommodations in rules, policies, and services to give persons with disabilities equal opportunities to participate in the program and to occupy and enjoy full use of housing units participating in the program.

## D. Religious Discrimination Policy

APCH PSH Program believes that spiritual health is important to holistic wellbeing. However under no circumstance will the APCH PSH Program discriminate against a participant or prospective participant on the basis of religion, a religious belief, a refusal to hold a religious belief or a refusal to attend or participate in a religious practice.

Further, APCH PSH Program does not offer or require participants to attend religious services or fund any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, or any manner prohibited by law.

## E. Using this Manual

The Manual provides both the APCH PSH Program staff as well as people who will access the APCH PSH program, guidance on how to operate and use the program. APCH PSH Program views the PSH program's Policies and Procedures Manual as a "living" document – which is expected to be refined over time.

If there are comments or questions regarding the interpretation of APCH PSH Program Policies and Procedures, please contact:

### **Permanent Supportive Housing Program Coordinator**

APCH PSH Program, Ability1st

1823 Buford Court

Tallahassee, FL 32308

[andrea.wiggins@ability1st.info](mailto:andrea.wiggins@ability1st.info)

## F. Required Program Forms

APCH PSH Program has developed the necessary forms to be used to administer leasing assistance through the APCH PSH Program. The required forms to be used by all pertinent APCH PSH program staff:

The required forms are as follows:

- Program Document Checklist
- Homeless, Income, Disability, Chronic Homeless Eligibility Forms
- Release of Information Form
- APCH PSH Program Lease/Sub-Lease between Landlord, APCH PSH Program and Participant
- Participant Agreement Handbook (between Participant and APCH PSH Program)
- HUD Resident Rent Calculation Form

## CHAPTER 2 Permanent Supportive Housing (PSH) Program Overview

### A. Description of CoC Leasing Assistance under APCH PSH Program Supportive Housing

Through the leasing assistance programs, participants are offered housing of their choice in the private rental market. APCH PSH Program secures units with Lease/sublease agreements, which designates the Landlord, Tenant (Ability1st) and Subtenant (Participants.) This model enables people who are homeless with disabilities to select rental housing consistent with their individual preferences and needs and allows APCH PSH Program the ability to reduce systemic barriers to housing.

As stated above, the following are Leasing Assistance subsidies:

- A Place Called Home (45 unit subsidies)
- APCH for Families (12 unit subsidies)
- APCH for Families Expansion (5 unit subsidies).

## B. Description of the Service Component

APCH PSH Program will provide intensive voluntary supportive services/case management to participants. In practice, this can look different for each participant. Ultimately, Support Services are restricted to the following HUD approved activities.

- (1) Annual Assessment of Service Needs. The costs of the assessment required by § 578.53(a)(2) are eligible costs.
- (2) Assistance with moving costs. Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.
- (3) Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:
  - (i) Counseling;
  - (ii) Developing, securing, and coordinating services;
  - (iii) Using the centralized or coordinated assessment system as required under § 578.23(c)(9);
  - (iv) Obtaining federal, State, and local benefits;
  - (v) Monitoring and evaluating program participant progress;
  - (vi) Providing information and referrals to other providers;
  - (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
  - (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.
- (4) Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.
  - (i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.
- (5) Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.
- (6) Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
  - (i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.
  - (ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.
- (7) Transportation. Eligible costs are:
  - (i) The costs of program participant's travel on public transportation or in a vehicle provided by the recipient or sub-recipient to and from medical care, employment, child care, or other services eligible under this section.
  - (ii) Mileage allowance for service workers to visit program participants and to carry out housing quality



inspections;

(iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;

(iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;

(v) The costs of recipient staff to accompany or assist program participants to utilize public transportation; and

(vi) If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

(A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);

(B) Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

(C) The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(8) **Utility deposits.** This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

(9) **Direct provision of services.** If a service described in paragraphs (1) through (16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:

(i) The costs of labor or supplies, and materials incurred by the recipient or subrecipient in directly providing supportive services to program participants; and

(ii) The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

## C. Roles and Responsibilities

All partnerships formalized for the benefit of program administration, or participant's benefit will be formalized with a Memorandum of Understanding (MOU), kept with the APCH PSH Program grants department. Notwithstanding, partnerships with Housing Providers will be satisfied with a legally binding lease/sublease agreement.

Ability1st will act as the Recipient (sole grantee) for the APCH for Families Program and as Sub-Recipient (sub-grantee for the A Place Called Home Program, with Big Bend Homeless Coalition acting as the Recipient (grantee.)

**APCH PSH Program Responsibilities:**

**ACCEPT REFERRALS.** As needed and where appropriate, APCH PSH Programs will screen referrals of potential applicants made through the Coordinated Entry Process of the Big Bend CoC.

**MAINTAIN CURRENT ELIGIBILITY TOOLS.** APCH PSH Programs will update their local files, at least annually, with current Fair Market Rent (FMR) tables, Rent Reasonability, Housing Quality Standards Inspection, Individual Service Plan, and any other HUD required documentation.

**MANAGE SELECTION PROCESS.** APCH PSH Program will manage a process to select a program participant

based on their CoC's written standards to identify homeless households who are most in need of permanent supportive housing. APCH PSH Program shall also insure that this selection process is integrated into the CoC's coordinated entry process.

**CONDUCT PARTICIPANT BRIEFINGS.** Provide a briefing after acceptance into APCH PSH Program to educate participants on PSH policies and procedures.

**COORDINATE PRE-TENANCY AND MOVE-IN SUPPORT.** APCH PSH Program will coordinate with referral provider in the provision of needed pre-tenancy supportive services through existing supportive service providers. APCH PSH Program will coordinate move-in assistance to a participant with assistance from Ability1st and other supportive service providers as needed.

**APPROVE THE LEASE.** APCH PSH Program will ensure use of the required program lease, signed between a landlord and APCH PSH Program, which also includes a subtenant/sublease and review the terms of the lease to check for consistency with the HUD CoC interim rule.

**CALCULATE OWNER RENTAL SUBSIDY AND PARTICIPANT OCCUPANCY CHARGES.** Upon acceptance of a Program participant, APCH PSH Program shall calculate the Participant's Occupancy Charges in accordance with HUD CoC Program regulations. APCH PSH Program shall negotiate a contract rent that meets the current Fair Market Rent (FMR) standards and HUD's rent reasonableness standards. APCH PSH Program shall also provide application fees and security deposits to the landlord.

**ANNUAL AND INTERIM RE-CERTIFICATION.** APCH PSH Program shall conduct annual and interim income re-certification for program participants as specified in this Manual and use an internal checklist to track annual re-certification due dates to ensure timely completion for all participants.

**ENFORCE FAIR HOUSING REGULATIONS.** APCH PSH Program shall operate the CoC Program in accordance with HUD's fair housing regulations and policies to include Section 504. As part of this effort, APCH PSH Program will provide reasonable accommodation in all aspects of the initiative.

**MAINTAIN PROGRAM FILES.** APCH PSH Program shall maintain all necessary program files to include participant files and project files per Ability1st and HUD guidance.

**DEVELOP POLICIES AND PROCEDURES.** APCH PSH Program develop and maintain a Supportive Housing Policies and Procedures Manual for their programs. APCH PSH Program's Policies and Procedures will complement and be consistent with Ability1st's Policies and Procedures.

**BUDGET/FISCAL MANAGEMENT OF PROGRAMS.** APCH PSH Program shall properly maintain a budget of CoC Program-funded Leasing Programs and carry out all fiscal management duties to include timely requisitioning of funds and periodic fiscal reporting to the CoC and to HUD.

**OVERSEE ACTIVITIES OF LANDLORDS.** APCH PSH Program will monitor the activities of the landlord to ensure compliance with CoC Program regulations. Activities include: condition of units, furthering fair housing and non-discriminatory practices and landlord screening practices.

**TERMINATION OF ASSISTANCE.** Termination of Assistance will be made in accordance with the standards set in this manual and consistent with HUD guidelines governing CoC programs.

#### D. Housing First Policies and Procedures

**Policy:** It is the Policy of Ability1st that the APCH PSH Program will utilize the core features of Housing First in the context of permanent supportive housing program provision as follows:

1. **Policy: There are few to no programmatic prerequisites to permanent housing entry**
  - a. Procedure: The APCH PSH Housing Coordinators will offer participants of the APCH PSH Program permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program.
2. **Policy: There are low barrier admission practices**
  - a. Procedure: APCH PSH Program Housing Coordinators will make every effort to "screen-in" rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. APCH PSH Program Coordinators will utilize a tenant selection practice that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.
3. **Policy: Participants will experience a rapid and streamlined entry into housing**
  - a. Procedure: In order to ameliorate the potential anxiety and uncertainty experienced by participants during a lengthy housing application and approval process, APCH PSH Housing Coordinators will make every effort to help participants move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
4. **Policy: Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability**
  - a. Procedure: APCH PSH Program Housing Coordinators will proactively offer supportive services to participants in order to help them achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing will be utilized which can confront and mitigate the harms of drug and alcohol use through non-judgmental communication. Motivational interviewing will also be utilized to help households acquire and utilize new skills and information.
5. **Policy: Tenants have full rights, responsibilities, and legal protections**
  - a. Procedure: It is the practice of APCH PSH Program Coordinators to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances.
6. **Policy: Successfully executing and maintaining a lease agreement is the sole requirement for entering or maintaining a PSH placement**

- a. APCH PSH Program Coordinators will limit mandatory conditions for eligible participants entering or maintaining their enrolled status within the APCH PSH Program to their willingness to cooperate to the extent necessary to maintain their responsibilities under the executed Lease/Sublease agreement.

**7. Policy: APCH Program practices are designed to prevent lease violations and evictions**

- a. APCH PSH Program Housing Coordinators will make every effort to prevent lease violations and evictions among tenants. For instance, alcohol or drug use in and of itself is not considered to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Further, APCH PSH Program Housing Coordinators will provide tenants some flexibility and recourse in the rent payment. To this end, rather than moving towards eviction proceedings due to missed rent payments, APCH PSH Program allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

**8. Policy: There is No Designated Length of Stay in the APCH PSH Program**

- a. APCH PSH Program Housing Coordinators will ensure that participants are informed and understand that **ad housing is provided without a designated length of stay that permits them to live as independently as possible.**

## CHAPTER 3 - Eligible Program Activities

### A. PSH Program Eligible Activities

The APCH PSH Programs only receive funding for leasing assistance, support services (defined in the interim rule) and project administration.

### B. Use of Program Revenue

"Program Revenue" may occur for many reasons. In most cases, program revenue comes from occupancy charges paid to APCH PSH Program. However, HUD may on occasion direct a program to treat returned funds as program revenue.

APCH PSH Program must serve at least as many participants as shown in the individual Project applications to HUD (45 individuals, 14 families.) Therefore, APCH PSH Program must determine that there are sufficient grant funds available to assist the specific number of participants through the grant term before using Program Revenue for other purposes.

Any use of Program Revenue must be consistent with HUD guidance. Specifically, they must be used within the specific project they originated with, and they must be used on an "eligible" budget line item as outlined in the Interim Rule.

### C. Program Match

As a CoC Program recipient, APCH PSH Program is required to document match provided to the grant. Match can include cash, in-kind goods or services. Services may be provided by a variety of entities; the recipient, or social service agencies in the community. The CoC Program Interim Rule outlines the match requirements in

Subpart F in section 578.73.

APCH PSH Program needs to match all grant funds with 25% of funds from cash or in-kind sources, except for the Leasing Line. Match does not need to be provided on a line by line basis, but rather on any cost eligible under Subpart D of the CoC Program interim rule. However, if the cost would not be eligible under the type of project funded, it would not be eligible to be used as match. For instance, projects funded with rental assistance cannot use operating costs as match.

## CHAPTER 4, Referral, Eligibility Screening and Participant Selection

### A. Outreach and Referral Process

HUD expects all CoC Program Recipients to collaborate with their respective CoCs to reach out and engage homeless households that may be eligible for the CoC Programs. As such, effective October 01, 2014 all program participant referrals to APCH PSH Program will come from the Big Bend CoC Coordinated Entry prioritization list. APCH PSH Program will work in conjunction with the CoC to identify and outreach to potential participants. The CoC will provide referrals to APCH PSH Program Supportive Housing Program Coordinator, who will vet candidate's eligibility based on the PSH Prioritization set forth in HUD guidance CPD-14-012 and the CoC Program Interim rule.

**To standardize PSH entries across the continuum, APCH for Families PSH Program will document or accept documentation using the CoC HMIS entered data, as delineated in the Big Bend Continuum of Care Coordinated Entry Policies and Procedures. All participants must meet the HUD definition of Chronic Homelessness and be accompanied by appropriate supporting documentation. See Program Eligibility for further clarification.**

### B. Program Eligibility

Eligibility for APCH PSH Program is based on the following:

- a. The Participant must meet HUD's definition of "disabled", and be supported by documentation from a professional licensed to diagnose and treat the qualifying disability. (see Chapter 10 (Definitions) HUD's definition of disabled). The documents that establish disability are generally available in HMIS when the CoC CE staff refer an individual to the program. The Program Coordinator and the Supportive Services staff will meet with the referred individual to become acquainted and initiate service planning. If necessary, the Supportive Services staff will also assist with gathering missing disability documentation so that disability is verified before moving forward.
- b. The Applicant must meet HUD's definition of chronic homelessness, to qualify for the CoC Program. (see Chapter 10 (Definitions) for HUD's definition of homelessness). The documents that establish homeless status are generally available in HMIS when the CoC CE staff refer an individual to APCH PSH programs. The Housing Coordinators will print available documentation and review it to determine whether it adequately establishes homelessness per CoC Interim Rule and Final CoC Chronic Definition Rule (see relevant excerpts below). For purposes of evidence of homelessness, the order of priority for documentation is (1) third-party documentation; (2) intake worker observations; and (3) self-certification. See HUD Guidance below for details. Supportive Services staff will meet with the referred individual to become acquainted and initiate

service planning. If necessary, Supportive Services staff will also initiate the process of gathering missing homeless status documentation so that homelessness is verified before moving forward.

- c. Only 25% of an individual program's participants for a project year may self-certify for more than 3 months of a required 12 month period.

All documentation included in the application package must be no older than 90 days from the date of submission to APCH PSH Program.

## C. Program Application Process

### 1. PROGRAM APPLICATION

APCH PSH Program does not maintain a "Program Application" as such. Instead all households referred through our CoC are presumed to want housing. Thus, we set out to collect relevant information necessary to assist in determining eligibility and selecting participants. The CoC shall manage this community wait list process in coordination with the CoC's Coordinated Entry process and the CoC's written standards for prioritizing access to PSH. If in the course of determining eligibility it is determined that a household is ineligible, or declines housing, APCH PSH Program will act in accordance with those procedures. The CoC requests all PSH providers to utilize their Eligibility documentation instruments in the interest of housing participants as quickly as possible, APCH PSH Program does also.

### 2. PROGRAM APPLICATION POLICY

All Participants will be considered "Housing Ready" without prejudice. Consistent with a Housing First Approach, APCH PSH Program staff will work to house participants as quickly as possible regardless of barrier. Likewise, APCH PSH Program will comply with all CoC Policy and Procedure, HUD Regulation, ADA and Fair Housing Standards.

### 3. PROGRAM APPLICATION PROCEDURES

- A. When a vacancy in a HUD PSH program is identified, the PSH Housing Coordinator will notify the CoC's Coordinated Entry Coordinator, as prescribed by the CoC Policy and Procedure Manual.
- B. The referring case manager assigned to an applicant is the primary responsible party for gathering eligibility documentation and entering into HMIS. Case Managers will only be assigned to those participants that will enter their program, unless a switch within other Project Programs prior to entry will allow them to be housed more quickly, or is otherwise clinically appropriate, as determined by the Program Manager.
- C. Case Managers will coordinate documentation collection. Upon Collection, Case Managers will provide all eligibility and supporting documents to the PSH Program Manager for final review and approval. PSH Program Managers reserve the right, to request further clarification or additional documentation, when program eligibility is not immediately clear.
- D. Upon Eligibility determination, the PSH service provider will reach out to the prospective participant,

at the contact method prescribed by AGENCY to arrange for an entrance briefing. At the briefing, the applicant is given information concerning the rules and regulations of the program, services and supports offered. PSH staff work to deliver this information about the program in a manner that further reinforces the tenants of housing first to rapidly end the applicant's housing crisis and as rapidly as possible move the person into housing.

- E. Once the eligibility briefing has occurred and the participant has consented to receive services, the Program Manager will contact the prospective tenant to inform them of their acceptance into the Supportive Housing Program.
- F. Consistent with a Housing First approach, the Program Manager will work to identify a unit that will house the participant as quickly as possible without prejudice of their Housing, Criminal, Mental Health, Substance Use, or Domestic Violence History.
- G. Upon Successful Housing Location, and on the day of the participants move-in, the APCH PSH Program Coordinator will document an Entry into HMIS ( See Chapter 9)

#### 4. VERIFICATION OF PROGRAM ELIGIBILITY

APCH PSH Program staff will verify Chronic Homelessness using the Guidance Below

##### a. Definition of Chronic Homelessness

HUD released the Final Definition of Chronically Homeless on December 4, 2015 – available at <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>. The chronic homeless definition went into effect on January 15, 2016. As a result, APCH PSH Program manager must ensure that all program participants categorized as chronically homeless and entered the PSH program on or after January 15, 2016 meet the chronic homeless definition below.

Per the HUD's final definition, "chronically homeless" means:

(1) A "homeless individual with a disability," as defined in the Act, who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless (as described below) continuously for at least 12 months or at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
  - ❖ Occasions are separated by a break of at least seven nights
  - ❖ Stays in institution of fewer than 90 days do not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

b. Chronic Homeless Documentation

HUD requires that grantees maintain proper documentation for chronic homelessness – regarding both the disability and length/frequency of homelessness in accordance with HUD's Final Rule regarding Defining Chronically Homeless released on December 4, 2015 – available at <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>.

Upon intake, APCH PSH Project shall require documentation of chronic homelessness status as described in, <http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>.

Further, APCH PSH Project requires that all program participants categorized as chronically homeless and entering the PSH initiative on or after January 15, 2016 satisfy the documentation standards below.

The following order of priority shall be followed for obtaining evidence: written, third party verification, on letterhead, from a homeless shelter provider, outreach worker, Health Care for the Homeless agency, or other human service providers (food pantries, social workers, etc.) followed by an intake workers observation. A self-statement from the person seeing assistance is considered the last option.

NOTE: The recordkeeping requirements included in the Final Rule on Defining "Chronically Homeless" are meant to ensure that, when applicable, permanent supportive housing (PSH) that is dedicated to serving persons experiencing chronic homelessness is being used to serve persons that meet the definition. It was never HUD's intention that these requirements act as a barrier to housing those most in need of PSH as quickly as possible. In fact, HUD believes that its final recordkeeping requirements for the definition of chronically homeless strike the appropriate balance and do not create a level of documentation that is too burdensome. This is part of the reason that HUD permitted each project to serve up to 25 percent of the individuals and families in a given operating year who do not have at least 9 months of their stays in a place not meant for human habitation, safe haven, or emergency shelter documented by third-party documentation.

However, even with this 25 percent allowance, HUD has received comments that some additional time is often needed by recipients and sub-recipients to obtain the appropriate documentation of an individual or head of household's chronic homeless status. Therefore, although the final rule requires documentation of eligibility at intake to the project, it does not require that all third-party documentation be acquired at the point of intake. HUD recognizes that it may take a little bit more time to obtain third-party documentation for documenting chronic homeless status in accordance with the final rule for prior months or occasions. Therefore, HUD has determined that although the recipient must follow the order of priority for obtaining evidence as required in the final rule, written self-certification at the point of intake for up to the full period of time homeless required by the definition of chronically homeless is sufficient (if no other documentation can be obtained at that point in time) for the recipient to enroll the household into the project. The recipient then *must* work to obtain the required third-party documentation within 180 days from the point in which the project participant is enrolled in the project. Project participants that have been enrolled in the project for less than 180 days may be excluded from the calculation for determining whether or not at least 75% of program participants have at least 9 months of third-party documentation.

Following the first 180 days from the point of a program participant's enrollment, if the recipient or subrecipient has not been able to obtain third-party documentation for at least



9 months of the individual or head of household's residence in a place not meant for human habitation, a safe haven, or an emergency shelter, then one of the following applies:

1. If the recipient or subrecipient has not already reached their 25 percent cap, the program participant can continue to be assisted in the project and the recipient or subrecipient must consider this program participant as counting towards their 25 percent allowance; or
2. If the recipient or subrecipient has already reached their 25 percent allowance, no additional CoC Program funds can be used to continue serving this household in that project. For this reason, HUD encourages recipients that are currently at their 25 percent allowance to use this additional time carefully and only for program participants where they are fairly certain that the required third-party documentation can be obtained. It is also for this reason that HUD encourages recipients and subrecipients to continue to obtain at least 9 months of third-party documentation for program participants, even after a program participant has been enrolled in the program for some time, because if a recipient is ultimately able to obtain 9 months of third-party documentation of a head of household's homeless status, then that household can be removed from the 25 percent calculation.

#### c. Documentation Standards

1.) Documenting an individual's time in a place not meant for human habitation, an emergency-shelter, or a safe haven:

- Third party documentation is preferred; however:
  - For all individuals, up to 3 month can be documented through self-certification;
  - In limited circumstances, up to the full 12 months can be obtained through self-certification;
- Single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break
- If third party documentation cannot be obtained, a written record of case manager's due diligence to obtain documentation of the living situation AND the individual's self-certification of the living situation

2.) Evidence of a Break in Homelessness

Evidence of a break can be documented by:

- Third Party evidence
- The self-report of the individual seeking assistance
- 100% of the breaks can be documented by self-report

3.) Institutional Stays

- Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and end dates of the time residing in the institutional care facility
- Where the above documentation is not attainable, a written record of case manager's due diligence to obtain AND the individual's self-certification that he or she is exiting an institutional care facility where resided less than 90 days

APCH PSH Program shall track data related to chronic homelessness in order to satisfy all HMIS requirements.

#### 4.) Self Certification

All Participants are eligible to self-certify for up to 3 months of the required 12 months of documented homelessness. However, every effort should be made to certify these participants via 3rd party sources- using self-certification as the documentation method of last resort.

NOTE: Only 25% of a project's participants enrolled in a given year can have less than 9 months of third party documentation of homelessness. That is, more than 3 months of Self-Certification.

#### d. Verification of Disability Status

APCH PSH Program shall obtain verification of disability status in the following two ways:

1. Verified through signed Verification of Disability Form (see Appendix A-2)
2. Verified through receipt of Supplemental Security Disability Income (SSDI) or Supplemental Security Income (SSI) if APCH PSH Program obtains written verification from the Social Security Administration (SSA) Verification from SSA can come in the form of a disability check, or a statement of benefit.

-Key to the definition is determining that the impairment is of long-continued and indefinite duration AND substantially impedes the person's ability to live independently.

-If not from SSA, written documentation that a person's disability meets the program definition must come from a credentialed psychiatric or medical professional trained to make such a determination. The possession of a title such as case manager or substance abuse counselor does not by itself qualify a person to make that determination. "Self-certification" is also unacceptable.

## 5. ASSISTANCE TO NON-CITIZENS

HUD offers the language below as guidance to grantees regarding providing CoC Program assistance to noncitizens:

*The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 imposes restrictions on eligibility for receipt of public benefits. Governmental entities should consult with their legal counsel for interpretation. Non-profit charitable organizations are not required to, but may, verify an applicant's citizenship or immigration status. If a non-profit elects to do so, they should also consult with legal counsel, as they must follow the procedures required by the Act.*

APCH PSH Program staff will verify identity through collection of Government issued Identification at program entry. APCH PSH Program does not collect citizenship documentation on any participant.

## CHAPTER 5 Initial leasing Activities

### A. Housing Search/ Lease Up-

Because of the structure of a Leasing Assistance program, APCH PSH Program is obligated to lease units on the participant's behalf. The Participant subleases the unit from APCH PSH Program using the CoC Program Lease/Sublease agreement. (Appendix A-8)

Before a participant can move into a particular unit several things must happen. The policies and procedures for administration of the Leasing assistance are listed below.

#### *1. Housing Search*

APCH PSH Program maintains a portfolio of apartments to sublease to participants. The structure of a leasing program is more restrictive than that of a rental assistance program as it relates to participant choice.

If a program vacancy becomes available, APCH PSH Program will first offer the existing master leased unit to the prospective participant. If the participant agrees, APCH PSH Program completes an Amended Sublease Agreement with the landlord, and begins work on the remainder of the lease up requirements.

If the participant does not agree, they may choose to wait until a vacancy at a different unit occurs. In this case the next prioritized referral via Coordinated Entry may be offered the initial vacancy unit.

Simultaneously, APCH PSH Program staff will begin the Housing Search with the new participant until such time as suitable housing can be identified.

#### *2. Leasing Requirements*

APCH PSH Program Staff should utilize four leasing documents in order to administer CoC funded Leasing assistance. Below is a description of these leasing requirements. This section is to be updated as needed.

APCH PSH Program shall utilize the following three key leasing documents at minimum:

- a. Lease. APCH PSH Program must have a fully executed lease/sublease agreement, naming Ability1st as the Tenant to the lease and the Participant as the subtenant. This agreement between participant and APCH PSH Program is completed at program entry. It is a 12 month agreement and automatically renews month to month. It is maintained in the participant file. This document will be maintained with the APCH PSH Housing Coordinator.
- b. Landlord Verification. (LLV) prior to lease up, APCH PSH Housing Coordinators will collect an LLV from scattered site Property Managers, demonstrating the deposits requested, monthly rental amount, and admin/application fees as applicable, a copy of the LLV will be submitted to the finance department, along with a current W9 before payment is made to a Property Owner or Landlord (WE need to add this)
- c. Program Participation Agreement.(Client Service Agreement) This document binds the participants and APCH PSH Program and explains the expectations of program participation. This agreement will typically be executed at the Program Briefing (upon acceptance into a Supportive Housing Program).

See Appendix A for the standard lease/sublease, Landlord Verification, Client Services Agreement.

## B. Rent Reasonableness

1. HUD requires that all rents for units assisted by a CoC Program be "reasonable" per section g of 578.51 of the CoC Program Interim Rule. APCH PSH Program shall determine whether the rent being charged for an assisted unit is:
  - a. not more than rents currently being charged by the same owner for comparable unassisted units
  - b. Less than, or no more than Local FMR
2. APCH PSH Program shall conduct an initial and annual rent reasonableness survey on all units rented by a program participant. Surveys shall be conducted for all units about to be rented by new program participants; when a participant moves to a different unit; at annual inspection; and when a landlord raises an existing participant's contract rent.
3. The rent for a CoC Program-assisted unit may not exceed the reasonable rent (FMR) for that area.
4. APCH PSH Program must be in possession of the most recent Fair Market Rent data. HUD's FMR data is updated annually and is available at: <http://www.huduser.org/datasets/fmr.html>

## C. Housing Quality Standards (HQS) Inspection

1. Any unit approved for leasing assistance must conform to the Housing Quality Standards (HQS) set forth in the Code of Federal Regulations. Using HUD approved, short form (HUD-52580) HQS Inspection Form (Appendix A-11) may be used to document unit compliance.  
The most recent HQS forms can be found at:  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/forms/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/forms/)
2. Prior to execution of the Lease Agreement APCH PSH Program staff will inspect the unit and the results documented on the HQS Inspection Form. If deficiencies are found, the owner shall be informed and shall be required to correct all deficiencies prior to execution of the Lease Agreement. Additional inspections may be conducted periodically and must be conducted at least annually.
  - Documentation of compliance will be maintained in the participant file.
3. On initial inspection, APCH PSH Program has the right to fail a unit if they feel the landlord will not make the repairs in a reasonable time or if there are many deficiencies noted on the first inspection, APCH PSH Program will notify the landlord in writing that the unit has been rejected and that the program participant will be seeking another unit.
4. On the initial inspection, APCH PSH Program shall resolve all issues and certify HQS prior to the execution of the Lease Agreement and prior to the participant moving into the unit.
5. After initial lease-up, each unit shall be inspected annually. If deficiencies are found, the owner and tenant shall be informed in writing. The owner is responsible for completing all necessary repairs within 30 days, as stated on the written notice. All units failing Housing Quality Standards will be re-inspected to determine compliance. If a unit does not meet HQS within the time frame set out on the HQS Notice of Violation, the leasing assistance payment should be withheld on the first day of the following month. When a leasing assistance payment is withheld, APCH PSH Program will notify both the owner and the tenant in writing. This notification will inform both of the possibility of contract termination.

#### D. Lead Based Paint Requirements (Updated 04/21)

To prevent lead-poisoning in young children, CoC sub-recipients must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, H, J, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. (The owner or property manager will provide a copy of this information when this applies to rental which is added in with A1st lease as an addendum)

Permanent Housing Projects are not automatically excluded from Lead Based Paint requirements under the RRP, unless the unit is a Single Room Occupancy. These types of units are excluded from LBP rules at 24 CFR 35.115(a)(2). However, for programs that target chronically homeless families, if a unit was built before 1978, and there is a child under the age of 6 in the household, a visual inspection must be done, and any required repairs under the RRP documented

However, each file is required to document the exemption for that participant with use of the Lead-Based Paint Addendum (See Appendix A-12)

#### E. Determination of Participant's Occupancy Charges

This section will provide guidance to staff to successfully perform Occupancy Charge calculations for a program participant. Under CoC funded leasing programs, the Grantee is allowed to charge a participant an occupancy charge, but no other program "fees" are allowed.

##### 1. MAXIMUM/MINIMUM OCCUPANCY CHARGES

Participant Occupancy Charges in any APCH PSH Program must be the highest of:

- 30 percent of the family's monthly adjusted income;
- 10 percent of the family's monthly gross income

Minimum Occupancy Charges

Under the CoC Program, APCH PSH Program is allowed to charge a participant an occupancy charge, stated in the **client service agreement**. However, if a participant has \$0 income after performing the calculation, the charge charged would be \$0.

Calculating Maximum Occupancy Charge

APCH PSH program performs calculations to ensure that it is not exceeding the maximum allowable Occupancy Charge. The CoC Program is subject to 24 CFR Part 5 for income calculations.

To determine the maximum charge, APCh PSH Programs shall conduct the following steps:

1. Total all eligible income to determine annual gross income; divide by 12 to determine monthly income; and then multiply by 0.1 to get 10 percent.
2. Calculate 30 percent of monthly-adjusted income. Deduct the items listed on page 47-49 from the resident's annual gross income to determine annual adjusted income; divide by 12 to determine monthly-adjusted income; and multiply by 0.3 to get 30 percent.

3. Determine which of the above items is highest. The program participant must pay the highest of the items above.

#### b. Process for Determining Annual Gross Income

The definitions of annual gross income, adjusted income, and welfare rent and the allowable deductions and adjustments to income are described in detail in HUD CPD Notice 96-3 and can also be found in regulation at 24 CFR Part 5 Subpart F.

APCH PSH Program Staff should keep in mind the following when making these calculations:

- Types of income that must be included are employment income, social security, welfare assistance, unemployment benefits, and disability or worker's compensation.
- Some income may be eligible for exclusion. Examples include income earned by children under age 18, payment received for the care of foster children or adults, and reimbursement for the cost of medical expenses. These amounts are subtracted from household income before the rent contribution is calculated.
- For purposes of determining the occupancy charge annual gross income is the total income of the participant from all sources anticipated to be received in the 12-month period following the effective date of the income certification.

1. Total all eligible income to determine annual gross income; divide by 12 to determine monthly income; and then multiply by 0.1 to get 10 percent.

2. Calculate 30 percent of monthly-adjusted income. Deduct the items listed on page 47-49 from the resident's annual gross income to determine annual adjusted income; divide by 12 to determine monthly-adjusted income; and multiply by 0.3 to get 30 percent.

3. Determine which of the above items is highest. The program participant must pay the highest of the items above.

#### F. Process for Determining Annual Adjusted Income

APCH PSH Program staff must use HUD Resident Rent Calculation Form (Appendix A-14) in order to determine a participant's annual adjusted income. This rent calculation form is intended to help APCH PSH Program make these calculations with no user error. APCH PSH Program staff shall maintain a completed Resident Rent Calculation Form in each program participant's individual file. Annual adjusted income is determined by deducting from annual gross income no more than one item listed below.

1. \$400 Per Elderly or Disabled Family. This allowance is provided to any family whose head of household, spouse, or sole member is at least 62 years old or is handicapped or disabled.

2. \$480 Per Dependent. \$480 must be deducted for each dependent. Dependents include household members who are under 18, handicapped, disabled, or full-time students, but not any of the following: the family head, spouse, or foster child/adult.

3. Reasonable Child Care Expenses anticipated during the period for children 12 and under that enable a household member to work or pursue further education are deducted. The amount deducted for childcare to enable a person to work may not exceed the amount of income received from such

work. In addition, child care expenses may not be deducted if the individual is reimbursed for these expenses.

4. **Handicapped Assistance Allowance.** The handicapped assistance allowance covers reasonable expenses anticipated during the period for attendant care (provided by non-household member) and/or auxiliary apparatus for any handicapped or disabled household member to work. The amount of expense that exceeds three percent of annual gross income is deducted, provided the resident is not reimbursed for the expenses and the expenses do not exceed the amount earned by adult household members as a result of the handicapped assistance.

5. **Medical Expenses of Elderly or Disabled Residents.** The amount that may be deducted for anticipated medical expenses not covered by insurance or unreimbursed, generally equals the amount by which the sum of handicapped assistance expenses, if any, as described in section C3 above, and medical expenses exceeds three percent of annual gross income.

#### G. Utilities

Utility Assistance is not an allowable cost for leasing projects per the CoC Interim Rule. There is no budget line item for Utilities in any of the HUD programs administered by APCH PSH Program. When necessary, APCH PSH Program may elect to provide utility service to participants, at no cost to the participant. The funding for APCH PSH Program utility assistance may come from private philanthropic dollars, or program revenue.

- In the event that program revenue is utilized to provide utility assistance, it is critical that the assistance remains with the originating program.
- If program revenue is not available, philanthropic dollars (Source Code: 9999) may be used.

Certain utilities are eligible for APCH PSH Program Utility assistance,

- Electricity
- Gas Service
- Allocated water, wastewater, pest control or trash, (or any combination of allocations, provided the allocations are established in accordance with a lease agreement and state law)

The following are expressly disallowed.

- Cable/Satellite
- Internet
- Telephone
- Other utility service that is not essential to maintenance of a lease agreement.

## CHAPTER 6 ONGOING OCCUPANCY

### A. Working With Landlords

#### 1. LANDLORD OUTREACH

APCH PSH Program should conduct outreach to landlords and clearly explain the importance of the APCH PSH Program for homeless, disabled tenants. Landlords may be reluctant to rent units to people with poor credit reports and housing histories, and possible criminal histories. Successful landlord outreach efforts often stress the benefits of the APCH PSH Program including:

- Certainty of payment – as long as the unit continues to meet housing quality standards, and the qualified

program participant is living in the unit and compliant with the program, the landlord is guaranteed to receive a rental payment (equal to the majority of the rent) in a timely manner;

- Support Services – Assurances to landlords that a full range of supportive services are available to participant that need them, 24 hours a day; and
- Landlord Support – Provision of liaison and mediation services between participants and landlords – ensuring that both parties feel supported if problems arise with the participant.

## 2. LANDLORD PARTICIPATION

- a. APCH PSH Program shall require landlords to provide the following landlord verification in writing prior to execution of the Leasing Assistance Agreement:
  - Submission of a Landlord Verification to one of the APCH PSH Program Managers, that should contain:
    1. Name, address and telephone number of the owner, where payments should be sent;
    2. Name(s) of agent or property manager;
    3. An owner's authorization allowing the agent or property manager to act on their behalf and/or sign documents;
    4. Tax ID or Social Security Number; and Corporate status of the Owner;
    5. Amount of proposed rent, for the prospective unit,
    6. Any requested, Application Fee, Admin Fee or Security Deposit.
  - Completed Federal W-9 form signed by the Owner or Authorized Representative
- b. Prior to the execution of the Lease Agreement, APCH PSH Program shall collect all information above to comprise the Landlord Verification.

APCH PSH Program may not approve a unit if the landlord is known to have:

1. Violated obligations under a Leasing Assistance Agreement;
2. Committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
3. Engaged in any drug-related criminal activity or any violent criminal activity;
4. Any history or practice of non-compliance with the HQS for units leased under any federal housing program;
5. Any history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household that:
  - i. Threatens the right to peaceful enjoyment of the premises by other residents;
  - ii. Threatens the health or safety of other residents, of employees or contractors of APCH PSH Program, or of employees of the landlord or other persons engaged in management of the housing;
  - iii. Threatens the health or safety of, or the right to peaceful enjoyment of their residences, by



persons residing in the immediate vicinity of the premises;

iv. Is drug-related criminal activity or violent criminal activity;

6. Any history or practice of renting units that fail to meet state or local housing codes; or

7. Not paid state or local real estate taxes, fines or assessments.

For purposes of this section, "landlord" includes a principal or other interested party.

e. In accordance with the Code of Federal Regulations, APCH PSH Program will not disclose to the landlord, without the participant's prior written consent any information except,

1. Participant's Name and Address, as it exists in HMIS
2. Prior residence, if known

### **3. PROGRAM PAYMENT TO LANDLORD**

APCH PSH Program shall make rent payment to the landlord on time each month. APCH PSH Program shall utilize a system of uploading requisitions submitted to Ability1st's finance department to record when all payments disbursed to landlords were requested. If it is discovered that a program payment was not cashed by the Owner or Authorized Agent, APCH PSH Program shall further investigate the occurrence and resolve any issues that have arisen.

#### **A. Security Deposit**

1. The initial security deposit for the participant will be paid by APCH PSH Program, which will not utilize HUD funds to pay security deposits in excess of the full contract rent. If up to two month's rent is required to secure a lease, APCH PSH Program will utilize program income up to the second month's rent amount.
2. When the tenant moves out of the rental unit, the Owner, subject to state and/or local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any damages to the unit or for other amounts the tenant owes under the lease.
3. The Owner must give APCH PSH Program a written list of all items charged against the security deposit, and the amount of each item within 30 days of the tenant move-out date. After deducting the amount, if any, used to reimburse the owner, the owner must refund within 60 days of the move-out date the full amount of the unused balance to APCH PSH Program.
4. APCH PSH Program must follow-up, in writing, with all landlords who have not documented or returned security deposits, within 60 days of participant move-out date. Initial verbal or written contact with the owner should be made immediately after the tenant moves from the unit to assess possible security deposit deductions.
5. APCH PSH Program shall treat returned security deposits or portions of security deposits as program revenue.

#### **B. Absence from Program Assisted Unit**

1. In APCH PSH Program, rental assistance payments on behalf of a participant will continue if the participant is institutionalized. If this occurs, APCH PSH Program shall re-calculate the tenant rent to \$0. APCH PSH Program provides for up to 90 days of leasing assistance while the participant is institutionalized.

For the purposes of this policy, local jails are considered an institution.

2. If the household members are absent from the unit for over 30 days for personal reasons, the program participant may request and APCH PSH Program may approve the absence. If the absence continues for more than 90 consecutive days without contact, APCH PSH Program must terminate the participant from the program. APCH PSH Program shall make final decision regarding termination of program participation. For the purposes of this policy, absence from the unit means,

Institutions:

- a. If the participant is in an institution, the case manager or program manager will document the date the participant was admitted into the institution, or if not attainable the absence was discovered as the participant's first of 90 days.
- b. The participant will be notified if appropriate, as to the intent of the APCH PSH Program's intent to terminate services.
- c. Appropriate support services will be arranged as possible and documented in the HMIS case notes.

Abandonment:

In some instances, a program participant, may not return to their unit- for a variety of reasons. In that scenario,

- a. The Housing Coordinator/Case Manager will document their attempts to locate the participant, generally starting with hospitals, jails, medical examiner. In that order.
- b. If the above does not work to locate a participant, the Case Manager will reach out to the Program Manager, and to the participant's Emergency Contact.
- c. The Program Manager will send a certified letter to the participant's mailing address requesting a response, indicating the date the participant would eclipse 90 days missing and the intent of APCH PSH Program to terminate services on the 91st day.
- d. The 90 days starts the day the Participant was discovered missing if the Program Manager is unable to establish the last day of contact.

#### 4. Certifications - Move-In/Annual/ Interim Re-Certification and Initial and Annual Inspection

Certifications can be completed for a variety of reasons including, initial move-in, unit transfer and re-certification.

1. *Move-In: During initial move-in, certification is required for all participants and includes the following:*

- Rental Calculation including participant rent and zero income statement as necessary.
- Verification of chronic homelessness status should be certified prior to move in, and providers should be aware of the risks involved in enrolling a participant whose Chronic Homelessness cannot immediately be certified through 3rd party verification.
- Verification of Household Income and Assets as shown on documents dated within current calendar year;
- Rent Reasonableness Documentation.
- Explanation, review and completion of Program Contract to inform participants of their responsibilities in the APCH PSH Program Handbook

- Initial HQS inspection;
- Execution of Leasing Assistance Contract and Landlord Forms; and
- Completion of Release of Information forms to allow appropriate coordination of services and data sharing.
- Verification that the HMIS ROI is correctly uploaded into the participant's profile within the HMIS system

## 2. Annual Recertification:

APCH PSH Program is required to re-certify a participant's eligibility in the PSH program at least annually by HUD. The annual re-certification process will be offered in packet form 60 days before the participant's annualized entry date, to be completed by the participant, with the assistance of APCH PSH Program staff. Recertification documents are to be returned within 30 days of annual re-certification date. Any documents not collected at the initial lease up should also be obtained during the re-certification process.

**Annual re-certification is a required annual verification for current participants and includes the following:**

- Rental Calculation including participant rent portion and zero-income statement as applicable, payment amounts
- Verification of Household Income and Assets as shown on documents dated within the current calendar year
- Rent Reasonableness Documentation
- Explanation, review and completion of forms as necessary to inform participants of their responsibilities in the APCH PSH Program
- Annual HQS inspection
- Execution of Leasing Assistance Contract Amendment and update applicable Landlord forms as necessary
- Completion of Release of Information forms to allow appropriate coordination of services and data sharing

The amount of rent a participant pays in rent or occupancy charges may be increased or decreased as a result of changes documented by the re-certification process.

APCH PSH Program Case Management staff are not required to recertify disability status after initial verification.

APCH PSH Program staff are not required and should not recertify Homelessness at annual recertification. For HMIS, participants are, "Stably Housed"

## 3. Steps in the Re-Certification Process

- Per the intake procedures mentioned previously, each participant's annual recertification date will be included on the case manager's monthly work calendar. Housing Coordinators are to pre-identify upcoming re-certifications and contact their participants verbally or in writing about scheduling a time to complete them.
- Case Management staff is to clearly explain the documents needed from the participant, including a current verification of income. Case management will offer support as needed to acquire these documents. Also at this time an appointment will be made to perform an annual HQS of the participants residence.
- Income of head of household must be third party verified. Examples of verification are: SSI/SSDI, employment verifications and other third party verification.

- Financial data for all assets must be verified to calculate or impute asset income.
  - Verify all income deductions using third party verifications. Medical deductions may only be given for actual out-of-pocket expenses. Outstanding bills may also be counted, if a payment plan is in place and the tenant is currently making monthly payments. Childcare deductions may only be taken if the care is not subsidized by another party, and is necessary for the family to work or search for work and the child is 12 or under.
  - For participants housed in scattered site properties, given the nature of the lease/sublease agreement, APCH PSH Program Management will remain in contact with property owners/landlords regarding renewal signings as the lessee.
  - Housing Coordinators/Case Management staff will facilitate the signing of the annual APCH PSH Program Release of Information.
  - If a new lease is being executed, case management must obtain a copy of the landlord's lease for the participant's file.
  - If for any reason APCH PSH Program case management staff is unable to contact a participant eligible for re-certification, they will communicate via writing, phone calls, and other means available in order to engage with the participant around setting an appointment. If there is no success with these efforts, case manager will inform program management and a case-by-case strategy will take place to engage with and contact the participant around recertification.
4. **Interim Recertification:** APCH PSH Program shall conduct an interim re-certification at the request of the participant or Housing Coordinator. An interim re-certification is a verification of changes in household income or composition reported to the PSH case manager by the participant. Such changes should be documented to the case manager in writing and include the signature of the participant. Interim re-certifications do not require a new HQS inspection. Rent recalculations must be made if decreases in income are identified.
  5. **Documentation Requirements:** Documentation of household income, household composition, and the extent of medical or other allowable household expenses, and ongoing access to support services shall be obtained in writing by PSH staff. The PSH case manager shall make an appropriate determination as to the new amount, if applicable, of the participant's share of the rent and the amount of the Leasing Assistance Agreement contract rent all in accordance with the schedules and procedures established by the Code of Federal Regulations.
  6. **Documentation of Assets:** Assets will be verified in same manner as when the participant entered the program.
  7. **Required HQS Inspection:** All participant rental units shall be inspected by the APCH PSH staff at least annually and may be part of the annual re-certification process to ensure that Housing Quality Standards continue to be met.

A Housing Quality Standards training will be arranged through the Housing Authority for the APCH PSH Program or another qualified community partner, on an as-needed basis

#### **E. Adjustments of Program Participant's Rent**

1. Adjustments of Tenant Rent shall be made in accordance with re-certification procedures (see Section D., above, "Annual and Interim Re-Certifications").
2. When a household's income decreases, the participant's rent shall be adjusted and the adjustment shall be effective the first day of the month following the date the income change was reported by the participant. The "date reported by the participant" is the date the participant completed the request and submitted all verification forms required by the program.

#### **F. Annual/ Interim HQS Re-Inspection**

APCH PSH Program staff must conduct physical inspections of all assisted units at least annually to ensure that the units continue to meet HQS. The inspection may be coordinated with the annual recertification of income. No less than one month prior to the anniversary date of the Rental Assistance Agreement, APCH PSH Program staff should initiate the HQS inspection process so that the process is complete by the anniversary date. APCH PSH Program shall conduct interim HQS inspections if requested by the landlord or program participant or upon turnover of the unit to a new participant.

#### **G. Special Circumstances**

##### **Death of a Participant**

If a program participant dies, APCH PSH Program staff will attempt to contact the participant's emergency contact or next of kin to claim any of the program participant's belongings. If APCH PSH Program will be keeping the unit to turn over to a new participant then a professional make-ready will be performed. If APCH PSH will be releasing the unit back to the Property Owner or Landlord then a written notice of Intent to Vacate will be given.

## **CHAPTER SEVEN**

### **SUPPORTIVE SERVICES**

#### **A. APCH PSH Program Supportive Services**

APCH PSH Program is responsible for ensuring the provision of the necessary support services to help sustain the participant's long-term housing stability. These services will provide the housing-based community support services to support the program participants in permanent housing. APCH PSH Program support services are provided through a range of Ability1st's Mental Health, Victim Services and dedicated housing support staff as well as through our community partner agencies. Additionally, APCH PSH Housing Coordinators act as a liaison between community based supportive services and the participant and make referrals whenever appropriate, necessary, and/or sought after by the participant.

#### **B. ISP**

The PSH case manager will work closely with supportive service providers to provide an individualized assessment resulting in the development of an Individual Service Plan (ISP). The ISP is developed with the active involvement of the participant. ISPs must be developed and tailored to the participant's needs, both at program entry and every three months. According to the CoC Program interim rule, a recipient or subrecipient must perform ongoing assessments of participants' service needs and amounts spent on those supportive services and make adjustments to service plans as needed. APCH PSH Program will ensure that

case management staff reviews and updates the ISP with the participant at least annually but ideally every 3 months from program entry or more if desired by the participant to assess progress toward the participant's goals as well as to make any changes to reflect new circumstances or needs. This is essential so that participants receive the specific services that they need.

APCH PSH Program staff are responsible for developing/updating the ISP per policies for the PSH program and for tracking the provision of support services. PSH case management and program management shall collaborate on monitoring individual participant progress as well as progress

## CHAPTER EIGHT

### GENERAL PROGRAM OPERATIONS

#### A. Reasonable Accommodation Policy

##### 1. Reasonable Accommodation

Federal and Florida law prohibits discrimination based on disability in connection with government programs and housing. Section 504 of Rehabilitation Act of 1973 (Section 504) prohibits discrimination in federally-funded housing programs. The Americans with Disabilities Act (ADA), enacted in 1990, prohibits discrimination and requires state and local governments to make their programs, services, and activities fully accessible to people with disabilities. The Fair Housing Act of 1968, as amended, prohibits discrimination in housing and makes it unlawful for any person or organization to fail to make reasonable accommodations in rules, policies, and services to give a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit. All of the above statutes require that individuals with disabilities be given "reasonable accommodations" in rules, policies, practices or services in order to give them an opportunity to participate fully in a program.

##### 2. There are two key principles underlying the bar on discrimination against people with disabilities:

- **Individualized treatment.** "Individualized treatment" requires that individuals with disabilities be treated on a case-by-case basis consistent with facts and objective evidence. Individuals with disabilities may not be treated on the basis of generalizations and stereotypes.
- **Effective and Meaningful Opportunity.** "Effective and meaningful opportunity" means that individuals must be afforded meaningful access to APCH PSH Program services.

The need for a reasonable accommodation may arise at the time a person is applying for housing, during their tenancy, to avoid an eviction, or to avoid program termination. APCH PSH Program will provide periodic training to direct service staff on the Reasonable Accommodation Policy and the process in which to consider a reasonable accommodation request by an applicant or program participant.

##### Examples of Reasonable Accommodations

- Applications in alternative formats;
- Assistance completing applications or obtaining documentation;
- Secondary contact on application;
- Allowing for home visits or telephone contacts rather than in-office meetings;
- Rescheduling appointments for documented disability related reasons;

- Exceptions to screening criteria (criminal history, etc.);
- Extra time to gather documentation;
- Extra housing search time;
- Allowing a live-in caregiver

### 3. Individuals with Visual, Speaking, or Hearing Impairments

APCH PSH Program staff must ensure that individuals with visual, speaking, or hearing impairments can effectively communicate with them. They must advise individuals with disabilities, or their representatives, that they may be provided with auxiliary aids and services to afford effective communication. Auxiliary aids and services include, but are not limited to, qualified language or sign language interpreters, written material, translated material, note pad and pen, note-takers, materials in alternative formats (including Braille, large print, audio tape, CD, email, etc.) and TTY numbers for persons who are deaf/hearing impaired.

### 4. Requests for Reasonable Accommodations

A request for reasonable accommodation does not need to be made in any particular form or use specific words or phrases, such as "reasonable," "accommodations," "ADA," or "disability" in order to prompt an employee's obligation to record, consider, and provide a reasonable accommodation. A request may be oral or in writing. It consists of a verbal or nonverbal communication that a reasonable person would interpret as a request for extra help or an exception to rules, policies, or procedures due to disability.

**Example:** An applicant/participant's statement that she missed a 9:00 AM appointment because she has arthritis that limits her ability to walk and drive in the morning must be treated as a request that her appointments be scheduled in the afternoon.

**Example:** An application form with a high percentage of questions answered incorrectly and illegibly, together with the applicant/participant's statement that he cannot see as well as he used to, should at a minimum be treated as a prompt for the case manager to ask if the applicant or participant needs assistance in completing the application and possibly other accommodations such as oral communications and assistance with other necessary paperwork and forms.

APCH PSH Program staff must inform all applicants/participant's that it is their right to request a reasonable accommodation if the individual discloses a disability or if PSH staff feels an accommodation might be necessary for participation. They must inform the applicant or participant that disclosure of disability information is voluntary and that the information may be shared pursuant to the administration of the APCH PSH Program.

All disability-related barriers or limitations and all reasonable and necessary accommodations should be prominently noted in the case file in a location where they will be immediately obvious to any direct service staff that accesses the file, to ensure that accommodations will be provided in all instances, including when cases are transferred or the assigned case manager is unavailable.

With the person's written permission, information about disabilities and reasonable accommodations should be disclosed when a referral is made to another agency or entity and accommodations will be needed to ensure that the applicant/participant can access services from that agency or entity.



Any time an obvious barrier to successful program participation exists, the direct service staff will provide additional assistance, even if a disability has not been diagnosed.

## 5. Documentation

Individuals with obvious disabilities, such as deaf or blind individuals, shall not be required to provide documentation of a disability and need for an accommodation. If documentation of a disability is required, the direct service staff must assist the individual in obtaining that documentation if necessary. Because many individuals with disabilities and/or their caregivers face multiple barriers and require interventions by a multiplicity of agencies and programs, direct service staff will take necessary steps to ensure that their disability is not a barrier to service delivery and coordination.

## 6. Review and Approval

**The following accommodations require approval by PSH program management:**

- Provision of a Larger Bedroom Size;

**Other accommodations may be provided by program workers without further formality.**

For accommodations that require PSH program approval, requests should be submitted in writing to program management for decision. Case management staff should assist the applicant/participant in completing the written request and obtaining documentation. PSH program management shall review the request and make a decision in writing within a 30 day period. A written request for a reasonable accommodation must include reliable disability related information that:

- Verifies that the individual has a disability as defined in this policy
- Describes the needed accommodation; and
- Shows an identifiable relationship between the requested accommodation and the individual's disability.

Depending upon the circumstance, this information may be provided by the individual, him or herself, a doctor or medical professional, a peer support group, a social service provider, or a reliable third party. The case manager may refuse to provide a requested accommodation if providing the accommodation would constitute an undue financial and administrative burden or fundamental alteration of the providers' housing program. In the event that a request for reasonable

## B. Discrimination Policy

### 1. Right to File a Complaint

An Applicant or participant who believes that they have been discriminated against on the basis of disability has the right to file a complaint under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) under the APCH PSH Program Grievance Policy (Appendix A-15). APCH PSH Program management will review and investigate (if necessary) all complaints. Any person whose requests for accommodations are not fully granted by APCH PSH Program shall be informed of their right to file a complaint or grievance.

Individuals who believe they have been discriminated against on the basis of disability (including failure to

provide reasonable accommodations), race, national origin (including the failure to provide access to services to people with limited English proficiency) may also file a complaint with HUD.

## 2. Disability Complaint Procedures

### Steps by APCH PSH Program Coordinators/Case Managers

All complaints received by APCH PSH Program staff alleging that any employee of the agency has failed to comply with or has acted in a way that is prohibited by the ADA or Section 504 should forward the complaint to APCH PSH Program management and/or Executive Directors.

#### A complaint shall include the following information:

1. The name of the complainant and/or any alternate contact person designated by the complainant to receive communication or provide information for the complainant.
2. The address and telephone number of the complainant or alternate contact person; and
3. A description of the discrimination, failure to accommodate disability, or the manner in which the ADA or Section 504 has not been complied with or has been violated, including times and locations of events and names of witnesses, if appropriate.

Complaints do not need to be on a particular form. A complaint shall not be denied, rejected or ignored if it is incomplete, unless PSH program management is unable to identify and contact the complainant to supplement the information provided. Any time an applicant or participant makes a verbal complaint of discrimination based on disability, the applicant/participant must be offered help to put the complaint in writing.

### Steps by APCH PSH Program management

APCH PSH Program /or director of housing services is required to take immediate action on the complaint. In most instances the PSH Housing Coordinator will investigate and respond to the complaint within 2 business days.

If a participant is unhappy with the decision of the Housing Services Director, they may appeal that decision to the Housing Programs Appeals Representative.

All investigations shall include a meeting with the applicant/participant to elicit information about their disability and the complaint. Whenever possible the meeting should be held in-person rather than by telephone.

#### a. Resolved Complaints

If the applicant/participant and the program manager jointly agree to a resolution of the complaint, the PSH program manager will put the agreement in writing and send two copies of the agreement to the applicant/participant.

The agreement will generally contain the following items:

- A description of the complaint.
- A summary of the facts.

- A description of the resolution agreed to.
- The time frame for resolving the complaint.
- An assurance that APCH PSH Program will comply with the specific terms of the agreement.
- An explanation that the applicant/participant must sign a copy of the agreement and return it to the program manager in the time specified in order for the agreement to go into effect. All terms of the agreement will be explained orally to the applicant/participant before the written agreement is provided.

If the complaint has been resolved, the resolution should be recorded and filed in the applicant/participant's case file and with the program manager.

#### **b. Unresolved Complaints**

Ability1st Programs Director shall review the complaint, and attempt to resolve the matter within 10 business days, absent extenuating circumstances.

If the Programs Director cannot resolve the applicant/participant's complaint, the program manager will send the applicant/participant a notice of non-resolution.

The notice will include the following:

- A description of the complaint.
- A summary of any resolution proposed.
- A statement addressing the issues that could not be resolved.
- The factual and legal reasons why the complaint was not fully resolved in favor of the applicant/participant.
- The applicant/participant's right to file a complaint with TDHCA and HUD.

Except in exceptional circumstances, the Housing Programs Appeals Representative shall notify the individual of the final determination in writing or in alternate format as necessary, within 10 business days of receipt of the complaint.

#### **C. Termination Policy**

In general, the CoC expects APCH PSH Program to make every effort to maintain leasing assistance with the participant. However, there are circumstances in which there may be a need for some type of termination – either from the unit or from the PSH program itself.

Pursuant to 24 CFR 578.91 (b)(1) APCH PSH Program may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar APCH PSH Program from providing further assistance at a later date to the same individual.

Below is APCH PSH Program policy on different types of terminations for a variety of reasons.

APCH PSH Program must provide due process in regards to considering terminations from the PSH program including:

Written notice to the participant containing:

- a statement of the reason(s) for the termination;
- the effective date of termination; and
- an outline of the appeals procedure

A review of the termination decision is available to participants, wherein the participant has the opportunity to present objections before someone other than the person(s) or their subordinate who made or approved the termination decision; and 10 day written notice of the final decision will be issued to the participant.

### **1. TERMINATION – SERVICES NOT NEEDED**

APCH PSH Program will ensure that services are offered to program participants through Ability1st and/or other community providers. The receipt of services will not be a condition for receiving leasing assistance. However, long-term participants (at some point in time) may no longer need services. In this circumstance, PSH case management should work cooperatively with participants to locate other appropriate affordable housing.

### **2. TERMINATION OF LEASING ASSISTANCE FOR NON-COMPLIANCE**

APCH PSH Program will make every effort to maintain leasing assistance through the PSH program. APCH PSH Program will make decisions on termination of leasing assistance and on appeals regarding termination. APCH PSH Program may allow the leasing assistance to a former participant who was previously terminated from the program. APCH PSH Program may terminate leasing assistance payments in accordance with federal regulations, APCH PSH Program's Policies and Procedures, the Leasing Assistance Agreement and participant's obligations under the Program Contract.

### **3. TERMINATION OF LEASE**

Landlords have the right to terminate the lease with APCH PSH Program in accordance with Florida landlord-tenant law. Because participants sub-lease their unit from APCH PSH Program, any action taken by a landlord against APCH PSH Program will be taken to the participant.

Every attempt possible should be made to avoid a situation where a participant's housing stability is negatively impacted. If a participant is in good standing in regards to the APCH PSH Program, the direct service staff should:

1. help the participant locate a new unit and
2. continue providing leasing assistance on their behalf once a unit is found.

### **4. TERMINATION OF SUBLEASE**

If a landlord requests that a participant be moved from a particular unit based on failure to perform required activities of the lease, APCH PSH Program will review the request and act as necessary.

1. If the request is valid, APCH PSH Program should notify the participant with a 30 day notice to vacate.
2. In most cases, APCH PSH Program staff will rehouse the participant. If not, the APCH PSH Program Termination applies.

An Owner may not evict the program participant household from the contracted unit. In extremely rare circumstances, APCH PSH Program may initiate a court action. APCH PSH Program must notify the participant of the commencement of procedures for termination of tenancy in writing, and in accordance with Florida and local law.

- Eviction does not always equal termination of leasing assistance. Final program termination is initiated by a notice of Termination for non-compliance. APCH PSH Program shall work closely with CoC on these types of situations.
- This situation is extreme, every effort must be made and documented both in the HMIS case notes, and in the hard-copy participant file to avoid this situation.

#### **4. TERMINATION OF LEASE AND MOVING**

With leasing assistance, participants can move to another unit and take the APCH PSH Program leasing assistance with them within the CoC's jurisdiction. APCH PSH Program must provide at least a thirty day written notice to the landlord. The household may not move more often than once per year. In such cases, APCH PSH Program must provide at least a 30 day written notice submitted by the first day of the month prior to the move, or as otherwise prescribed by the lease agreement to the landlord. If the Participant asks to move in the middle of any lease term, permission may be granted only with a written statement from the Owner releasing APCH PSH Program from the lease OR if PSH Program Management can identify another participant to assume the remainder of the lease with a new sublease addendum and rental application. The program participant may not move outside of APCH PSH Program's jurisdiction.

#### **D. Appeal Policy**

##### **1. APPEAL POLICY**

###### **a. Appeal of Program Termination**

- i. Pursuant to 24 CFR 578.91(b), Due process in terminating assistance to a program participant, APCH PSH Program must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of: (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) Written notice to the program participant containing a clear statement of the reasons for termination; (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) Prompt written notice of the final decision to the program participant.
  - ii. Hard-to-house populations. Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
1. If a participant's leasing assistance is subject to termination because of violations described above in Section C, "Termination Policy," the participant must be offered due process in the form of an appeal before

Termination. At the either written or oral request of the participant, the Housing Programs Appeals Representative will make the decision to hear an appeal; X APCH PSH Program staff has responsibility for scheduling the formal appeal, notifying all parties. APCH PSH Program staff will be responsible for documenting the proceedings of the formal appeal.

2. APCH PSH Program staff will conduct the formal appeal. At a minimum, participants in the appeal must include the program participant and appropriate supportive staff. Other interested parties may be included at the discretion of the Programs Director. These may include the landlord or property manager, an advocate for the participant, and any other involved individuals as deemed appropriate by the Programs Director. The participant shall have the opportunity to present written or oral testimony.
3. The participant, representative and/or family member will be given the opportunity to examine during the formal appeal any APCH PSH Program staff generated documents that are directly relevant to the appeal. The participant, representative, and/or family member will be given copies prior to the appeal if requested.
4. The Housing Programs Appeals Representative must be given the opportunity to examine before the appeal any family documents that are relevant to the issues. If the participant does not make relevant documents available for examination upon request, the participant may not rely on the documents at the appeal. At the appeal, all parties will have access to all documentation.
5. The participant may be represented by legal counsel or other representative at their own expense.
6. APCH PSH Program staff and the participant shall have the opportunity to present evidence. All evidence shall be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.
7. The Housing Programs Appeals Representative may make a decision immediately, but no later than ten (10) working days after the appeal. A written decision shall be issued by Housing Programs Appeals Representative. If feasible, the decision should be given to all participants in the appeal that same day. Documentation of the appeal shall state the reasons for the appeal and the decision. Factual determinations relating to the individual circumstances of the participant shall be based on a preponderance of the evidence presented at the appeal.
8. The decision of the Housing Programs Appeals Representative is final with respect to the appeal.

#### E. Participant Files

APCH PSH Program shall maintain proper participant files. APCH PSH Program staff shall periodically monitor the files to ensure that proper documentation is being collected and maintained with participant files. Below is APCH PSH Program's guidance on the composition of participant files:

**APCH PSH Program shall maintain the following properly completed forms in a participant's file:**

1. **Supportive Housing File Checklist Check list**
2. **AGENCY Supportive Housing Chronic Homelessness Verification Forms**
3. **Consumer Information Form**

4. APCH PSH Program ROI
5. Homelessness Management Information System ROI
6. Standard Lease/Sublease
7. Rent Reasonability Form
8. HUD Housing Quality Standards Inspection Checklist
9. Lead Based Paint Addendum
10. Supportive Housing Rent Tracking Form
11. HUD Resident Rent Calculation Form and proof of income documentation
12. Individual Service Plan
13. Client Grievance Policy

APCH PSH Program Forms can be found in Appendix A 1-16. Participant Case Notes will be digitally kept within the COMS/HMIS database and will be available upon request or printed and stored in participant's file upon termination from the program.

APCH PSH Program shall also have access to Individualized Support Plan to be developed and maintained by APCH PSH Program service provider if other than Ability1st (discussed in more detail earlier in Chapter 8).

#### F. Billing

APCH PSH Program management is responsible for submitting to Ability1st's finance department monthly payment requests for leasing assistance payments, security deposits, application fees, etc. as well as other payment adjustments in a timely manner. Ability1st's finance department will pay the funds based upon information submitted by PSH case management and/or program management and consistent with the approved APCH PSH Program Budget. APCH PSH Program will utilize a Funds Requisition Request Form (see Appendix A-8). As part of this monthly billing requirement, Ability1st's finance department will require Program Managers to submit basic information on program leasing.

#### G. Homeless Management Information System (HMIS)

HMIS is a database for homelessness information maintained by each Continuum of Care in the State. The CoC requires APCH PSH Program city to enter program participant data into the local HMIS on a continual basis. APCH PSH Program maintains the following policy on HMIS data entry.

1. All program data, to include but not limited to- age, race, ethnicity, gender, household size, disability, chronic homeless status, or any other required HUD mandated data field is to be collected at program entry and annual recertification.
2. All data included case notes and service delivery must be entered into HMIS within 2 days of data collection.
3. All contact information including email address, cell phone number, zip code, and emergency

- contact, will be updated in real time.
4. Required ongoing reporting will be utilized by Program Management to improve the quality of data collection and service provision across the APCH PSH Program Supportive Housing Projects.

#### H. Data Quality

APCH PSH Program will coordinate efforts with the CoC to ensure high levels of data quality in HMIS. APCH PSH Program shall coordinate regular HMIS training of PSH staff with the CoC's HMIS administrator to ensure proficiency among staff. In addition, the APCH PSH Program shall request quarterly data quality reports from the CoC to use as a tool to regularly monitor to ensure high levels of data quality in HMIS.

#### I. Program Reporting

##### APR

APCH PSH Program will submit accurate Annual Performance Reports to HUD, no later than 90 day after the end of a contract reporting period without written permission from HUD. These APRs will be constructed using information pulled directly from HMIS by the Supportive Housing Coordinator certified for accuracy by the Ability1st executive Director.

#### J. Financial Management

##### Accounting Standards

APCH PSH Program shall comply with 2 CFR Part 200 – the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (i.e. Uniform Guidance). As part of this Uniform Guidance, Ability1st shall adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. APCH PSH Program shall seek advice from a qualified accountant with federal funding experience at the beginning of the grant period to ensure that the existing accounting system is in compliance with federal standards. The current version of the Uniform Guidance, 2 CFR 200 is available at: [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

##### Cost Principles

APCH PSH Program shall administer its program in conformance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

##### Audit Requirements

As part of this Uniform Guidance, if a service administrator receives more than \$750,000 of total federal funding, the federal government requires that a single audit be conducted. APCH PSH Program will request copies of current and prior audit reports and review any relevant findings and ensure that corrective action has been or is being taken on those issues.

#### M. Program Performance

APCH PSH Program will continually and regularly review program performance and success in meeting its housing retention benchmarks established collaboratively with the Programs Director. APCH PSH Program will work steadfastly to identify and improve deficiency in program performance through the use and



provision of technical assistance and training.

#### N. Record Retention

Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual, and other program participant records were retained for 7 years after the expenditure of all funds from the grant under which the program participant was served. Or as directed by the regulation at 24 CFR 578.109

#### O Conflicts of Interest

APCH PSH Program its employees, agents, consultants, officers, and elected or appointed officials will at all times render impartial assistance in the provision of any type or amount of assistance because of or regardless of activities or relationships with other persons or organizations. Any exception to the standards below will require a written exception from HUD,

Standards for behavior and exceptions are defined below.

**(a) Procurement.** For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the standards of conduct and conflict-of-interest requirements under 2 CFR 200.317 and 200.318.

**(b) Continuum of Care board members.** No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

**(c) Organizational conflict.** An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

**(d) Other conflicts.** For all other transactions and activities, the following restrictions apply:

**(1)** No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period

following his or her tenure.

**(2) Exceptions.** Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

**(i) Threshold requirements.** HUD will consider an exception only after the recipient has provided the following documentation:

**(A)** Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

**(B)** An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

**(ii) Factors to be considered for exceptions.** In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care

program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

**(A)** Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

**(B)** Whether an opportunity was provided for open competitive bidding or negotiation;

**(C)** Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

**(D)** Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

**(E)** Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

**(F)** Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

**(G)** Any other relevant considerations.

#### L. Definitions

The interim rule adopts the definitions of "developmental disability", "homeless" "homeless individual" and "homeless person" established by the December 5, 2011 Defining Homeless final rule. Public comments have already been solicited and additional public comment is not solicited through this rule. The December 5, 2011, final rule was preceded by an April 20, 2010, proposed rule, which sought public comment on these definitions.

The final definitions of these terms took into consideration the public comments received on the proposed definitions as set out in the April 20, 2010, proposed rule. This interim rule adopts the definition of “**at risk of homelessness**” established by the December 5, 2011, the Emergency Solutions Grants program interim rule. The interim rule sought public comment on this definition, and additional public comment is not being sought through this rule.

HUD received valuable public comment on the definition of “**chronically homeless**” through the public comment process on the Emergency Solutions Grants program interim rule. Based on public comment, this rule for the Continuum of Care program is not adopting the full definition of —chronically homeless that was included in the conforming amendments to the Consolidated Plan that were published as a part of the Emergency Solutions Grants program rule. Commenters raised concerns with the meaning of the phrase —where each homeless occasion was at least 15 days. The concerns raised about this phrase, used for the first time in a definition of —chronically homeless, has caused HUD to reconsider proceeding to apply a definition that includes this phrase, without further consideration and opportunity for comment. In this rule, HUD therefore amends the definition of —chronically homeless in the Consolidated Plan regulations to strike this phrase. The removal of this phrase returns the definition to one with which service providers are familiar. The following highlights key definitions used in the Continuum of Care program regulations, and HUD solicits comment on these definitions.

**Applicant** is defined to mean an entity that has been designated by the Continuum of Care as eligible to apply for assistance on behalf of that Continuum. HUD highlights that the Act does not contain different definitions for “**applicant**” and “**collaborative applicant**.” HUD distinguishes between the applicant(s) designated to apply for and carry out projects (the “applicant”) and the collaborative applicant designated to apply for a grant on behalf of the Continuum of Care (the “collaborative applicant”). Please see below for more information on the definition of a collaborative applicant, which is the only entity that may apply for and receive Continuum of Care planning funds.

**Centralized or coordinated assessment system** is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum’s centralized or coordinated assessment system.

**Collaborative applicant** is defined to mean an eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds on behalf of the Continuum. As discussed above, the “applicant” is the entity(ies) designated to apply for and carry out projects on behalf of the Continuum. In contrast to the definition of “applicant” above, the collaborative applicant applies for a grant to carry out the planning activities on behalf of the Continuum of Care. The interim rule simplifies the statutory language in order to make the Continuum of Care planning process clear.

HUD highlights that its definition of collaborative applicant does not track the statutory definition, which is found in section 401 of the McKinney-Vento Act. As will be discussed in further detail later in this preamble, the concept of collaborative applicant, its duties and functions, as provided in the statute, is provided for in this rule. However, HUD uses the term Continuum of Care to refer to the organizations that carry out the duties and responsibilities assigned to the collaborative applicant, with the exception of applying to HUD for grant funds. The clarification is necessary in this rule because Continuums of Care are not required to be legal entities, but HUD can enter into contractual agreements with legal entities only.

**Continuum of Care** and **Continuum** are defined to mean the group that is organized to carry out the responsibilities required under this part and that is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. These organizations consist of the relevant parties in the geographic area. Continuums are expected to include representation to the extent that the type of organization exists within the geographic area that the Continuum represents and is available to participate in the Continuum. For example, if a Continuum of Care did not have a university within its geographic boundaries, then HUD would not expect the Continuum to have representation from a university within the Continuum.

These organizations carry out the responsibilities and duties established under Subpart B of this interim rule. The Continuum of Care, as noted above, carries out the statutory duties and responsibilities of a collaborative applicant. HUD established the Continuum of Care in 1995. Local grantees and stakeholders are familiar with the Continuum of Care as the coordinating body for homeless services and homelessness prevention activities across the geographic area. Consequently, HUD is maintaining the Continuum of Care terminology, and the rule provides for the duties and responsibilities of a collaborative applicant to be carried out under the name Continuum of Care.

**High-performing community** is defined to mean the geographic area under the jurisdiction of a Continuum of Care that has been designated as a high-performing community by HUD. Section 424 of the McKinney-Vento Act provides that HUD shall designate, on an annual basis, which collaborative applicants represent high-performing communities. Consistent with HUD's substitution of the term "Continuum of Care" for "collaborative applicant," the definition of "high-performing community" in this interim rule provides for designation of Continuums of Care that represent geographic areas designated as high-performing communities. The standards for becoming a high-performing community can be found in § 578.65 of this interim rule and will be discussed later in this preamble.

**Private nonprofit organization** is based on the statutory definition for "private nonprofit organization." The term "private nonprofit organization" is defined in section 424 of the McKinney-Vento Act as follows: "The term 'private nonprofit organization' means an organization: (A) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual; (B) that has a voluntary board; (C) that has an accounting system, or has designated a fiscal agent in accordance with requirements established by the Secretary; and (D) that practices nondiscrimination in the provision of assistance." In HUD's regulatory definition of "private nonprofit organization," HUD clarifies that the organization's accounting system must be functioning and operated in accordance with generally accepted accounting principles. HUD has included this language to make certain that accounting systems are workable and abide by definite, accurate standards. As reflected in the statutory definition of "private nonprofit organization," HUD may establish requirements for the designation of a fiscal agent. HUD has determined that the fiscal agent, such as a Unified Funding Agency, a term that is also defined in section 424 of the McKinney-Vento Act, must maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles.

**Permanent housing** is consistent with the statutory definition of "permanent housing" in section 401 of the

McKinney-Vento Act, but does not track the statutory language. HUD's regulatory definition of "permanent housing" states: "The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing." Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long." HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.

**Specific request for comment.** HUD specifically requests comment on requiring a lease for a term of at least one year to be considered permanent housing.

**Project** is consistent with the statutory definition of "project" in section 401 of the McKinney-Vento Act, but does not track the statutory language. Section 401 defines "project" as, with respect to activities carried out under subtitle C, eligible activities described in section 423(a), undertaken pursuant to a specific endeavor, such as serving a particular population or providing a particular resource. In HUD's definition of "project" in this interim rule, the eligible activities described in section 423(a) of the McKinney-Vento Act have been identified. In the regulatory text, HUD has clarified that it is a group of one or more of these eligible costs that are identified as a project in an application to HUD for Continuum of Care funds.

**Recipient** is defined to mean an applicant that signs a grant agreement with HUD. HUD's definition of "recipient" is consistent with the statutory definition of "recipient," but does not track the statutory language. Section 424 of the McKinney-Vento Act defines "recipient" as "an eligible entity who (A) submits an application for a grant under section 422 that is approved by the Secretary; (B) receives the grant directly from the Secretary to support approved projects described in the application; and (C)(i) serves as a project sponsor for the projects; or (ii) awards the funds to project sponsors to carry out the projects. All of the activities specified by the statutory definition are in the rule: (A) and (B) are contained in the definition and (C) is covered in the sections of the rule dealing with what a recipient can do with grant funds.

**Safe haven** is based on the definition of safe haven in the McKinney-Vento Act prior to amendment by the HEARTH Act. Although no longer used in statute, HUD's position is that the term remains relevant for implementation of the Continuum of Care program and, therefore, HUD proposes to include the term in the Continuum of Care program regulations. The term "safe haven" is used for purposes of determining whether a person is chronically homeless. The housing must serve hard-to-reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. In addition, the housing must provide 24-hour residence for eligible persons for an unspecified period, have an overnight capacity limited to 25 or fewer persons, and provide low-demand services and referrals for the residents.

**Subrecipient** is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a subgrant from the recipient to operate a project. The definition of "subrecipient" is consistent with the definition of "project sponsor" found in section 401 of the McKinney-Vento Act, but does not track the statutory language. To be consistent with the Emergency Solutions Grants program regulation, and also to ensure that the relationship between the recipient and subrecipient is clear, HUD is using the term subrecipient, instead of project sponsor, throughout this regulation.

**Transitional housing** is based on the definition of 'transitional housing' in section 401 of the McKinney-Vento Act, as follows: "The term 'transitional housing' means housing, the purpose of which is to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months or such longer period as the Secretary determines necessary." The definition has been expanded to distinguish this type of housing from emergency shelter. This distinction is necessitated by the McKinney-Vento Act's explicit distinction between what activities can or cannot be funded under the Continuum of Care program. The regulatory definition clarifies that, to be transitional housing, program participants must have signed a lease or occupancy agreement that is for a term of at least one month and that ends in 24 months and cannot be extended.

**Unified Funding Agency (UFA)** means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties delegated to a UFA in this rule, which is approved by HUD and to which HUD awards a grant. HUD's regulatory definition of UFA departs slightly from the statutory definition. The statutory definition refers to the collaborative applicant. The differences between the statutory definition and HUD's regulatory definition reflect HUD's substitution of Continuum of Care for collaborative applicant.

**CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA, INC.  
GRIEVANCE AND COMPLAINT PROCEDURES**

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As a consumer of *Ability1st*, you have the right to file a complaint or grievance **at any time** with Disability Rights Florida, Client Assistance Program (CAP). You may contact CAP at the following address or phone number: **Disability Rights Florida, 2473 Care Drive, Suite 200, Tallahassee, Florida 32308; (800) 342-0823 toll Free; (850) 488-9071 (Voice) or (850) 488-8640 (fax).**

The following internal procedures have been developed for consumers who are not satisfied with *Ability1st* services or staff, and wish to address those issues within the agency:

1. Discuss the matter directly with the staff member that you feel is not assisting you.
2. If not satisfied, then submit a written or taped statement of your grievance to the Program Coordinator/Director, who will meet with you to hear the complaint.
3. If this person is unable to resolve the complaint, the Executive Director of the Agency will hear the matter and make a decision within two weeks.
4. If still not satisfied, you can then submit a written or taped statement to the Board of Directors, who will make a final decision within one month.

***Ability1st* serves people regardless of race, religion, disability, ethnicity, sexual orientation, gender or political affiliation.**

**AGREEMENT OF UNDERSTANDING**

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**Eligibility Criteria:** *Ability1st*, the Center for Independent Living of North Florida, Inc., is a non-profit organization that provides services to persons with physical, mental, and/or emotional disabilities. Services are available to assist persons with disabilities in achieving greater independence in daily living.

***Ability1st* provides core Independent Living Services** consisting of information and referral, independent living skills training, peer support, advocacy, and accessibility services. These services are provided through a variety of specific programs. (For information on any of the programs offered by *Ability1st*, please refer to the attached brochures or discuss additional services with an *Ability1st* staff member.)

**As a consumer of *Ability1st*,** an individual Independent Living Plan will be developed with a staff member to assist you in achieving your independent living goals. If you choose not to develop an Independent Living Plan, you must sign a waiver. Your goals will be reviewed periodically. A staff member will explain this process. If you choose not to follow through with the identified Independent Living Plan, you will be contacted to determine if you wish to inactivate your Consumer Services Record. You will always have the option to re-open your file upon request for any additional services.

**Confidentiality:** All records and information are held confidential by *Ability1st*. Release of information to any person, agency or organization will be done only through a written release signed by you for the express purpose of obtaining services on your behalf or to further your Independent Living goals.

**There are three occasions when our agency may be required to release information without your expressed consent, as follows:**

- By court order or lawful subpoena,
- In the event you report an intention to harm yourself or others,
- In the event you report the abuse or neglect of a child, aging adult, or person who is disabled.

**Non-Discrimination:** *Ability1st* provides services to individuals regardless of race, ethnicity, religion, sexual orientation, disability or political affiliation.

**As a consumer of *Ability1st*,** there are many consequences that occur as the result of obtaining or improving your employment status. Specifically, any change or increase in earned income may affect your Cash Assistance or Health Insurance/Medicaid benefits being received. It is your responsibility to contact the Social Security Administration, Department of Children and Families, and/or any community agencies necessary, to report the initiation of an active search for or upon obtaining employment. ***Ability1st* is not responsible for any loss of benefits, cash and/or insurance due to your failure to report pertinent information to the appropriate agencies/providers.**

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**VOTER REGISTRATION PREFERENCE**

Please check next to one of the statements below. If you do not check next to a statement, you will be considered to have decided not to register to vote or update a voter registration at this time.

- I would like to apply to register to vote.
- I am already registered to vote, and I don't need to register now.
- I have already registered to vote and would like to update my registration record.
- I do not want to apply to register to vote at this time.
- Not applicable -or- Rights Restored
- I am 17 or younger.
- \_\_\_\_\_ If you choose to register to vote at this time, please initial that you were given a voter registration form.

Ability1<sup>st</sup>



## A Place Called Home

A Joint Permanent, Supported Housing Project Between  
Ability1<sup>st</sup> & Big Bend Homeless Coalition

Thank you for your interest in the A Place Called Home supportive housing program. A Place Called Home is a grant agreement between the United States Department of Housing and Urban Development (HUD), Ability1<sup>st</sup> and the Big Bend Homeless Coalition. The program is designed to promote the development of supportive housing and supportive services by taking innovative approaches to help chronically homeless people access and maintain housing that will enable them to live as independently as possible.

To be eligible, the applicant must meet certain criteria (explained on page 2) and submit the following documentation:

- Intake Certification
- Support Services Commitment Form
- Authorization to Obtain/Release Information Form
- No Income Verification Form **OR** Proof of Income (i.e., social security award letter, pay stubs totaling one month)
- Verification of Homelessness
- Chronically Homeless Self-Statement Certification
- Disability Status Certification Form
- A photo ID

After a completed referral package has been submitted and reviewed, the support services provider and applicant will receive notification regarding the applicant's status in the program.

Once again, thank you for your interest in the A Place Called Home supportive housing program.

Best Regards,

Dee Humose  
A Place Called Home Program  
Housing Coordinator  
Phone: (850) 575-9621, ext.105  
Fax: (850) 575-5740  
Video Phone: (850) 298-8793  
deehumose@ability1st.info

Ability1<sup>st</sup>, the Center for Independent Living of North Florida  
1823 Buford Ct., Tallahassee, Florida 32308





BIG BEND HOMELESS CONTINUUM OF CARE  
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
Client Consent to Share Information

HMIS ID# \_\_\_\_\_

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

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

Dependent children, if any (first and last names and date of birth)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of this form:** This agency participates in the Homeless Management Information System (HMIS) and works with other agencies to provide services to people in the Big Bend area. When you request or receive services, we may collect data about you and your household such as: your name, date of birth, Social Security Number, gender, ethnicity, race, veteran status, etc.

**Client Informed Consent/Authorization for Sharing of Information**

By signing this form, I agree that this agency may share my HMIS data with other participating agencies in the Big Bend HMIS and may use my information for lawful purposes mentioned in this agency's client privacy policy and specified in the Big Bend HMIS Privacy Statement. (please check one below)

- I agree that my information can be shared with other agencies.
- I do not agree to have my information shared with other agencies.

**How will my data be used?**

The ways in which this agency may use or disclose your information within and outside the agency are described in this agency's client privacy policy. You may request a paper copy of this policy from agency staff. The Big Bend HMIS Privacy Statement governs the way your information is handled in the HMIS and this statement is available from this agency and posted at the Big Bend Homeless Coalition website.

**How will my data be protected?**

We enter your data in a computer program that is protected by passwords and industry-standard encryption technology. Each participating agency agrees to maintain the security and confidentiality of the information. Anyone who violates the agreement is subject to penalties which may include legal action.

**How do I benefit by providing the requested information and sharing it with other agencies?**

By sharing your information with other agencies, you may be able to avoid being screened again, get services faster, and minimize the number of times you have to tell your "story."

**I UNDERSTAND THAT:**

- I am not required to sign this consent. If I refuse to sign this consent, my treatment, payment, or eligibility for benefits will not be affected. I may also request a copy of this consent after I sign it.
- This consent form expires in three (3) years. I have the right to revoke this consent at any time by writing to this agency. If I withdraw this authorization in the future, I understand that it will not change the fact that records were shared before that date. I understand that my revocation must be in writing.
- This agency has a written policy that describes ways in which my personal information may be used and disclosed within and outside this agency and I may request a paper copy of that policy from this agency. I acknowledge that I have been given an opportunity to read and/or request a copy of that policy.
- I may also request a paper copy of the Big Bend HMIS Privacy Statement by writing to the Big Bend Homeless Coalition, 2729 W. Pensacola St., Tallahassee, FL 32304.
- I understand that neither this agency, nor the HMIS, can completely control how another participating agency will use or disclose my information that it receives under this consent.

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Witness

\_\_\_\_\_  
Date



**Authorization to Obtain and/or Release Information**

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

Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

This form authorizes that Ability 1st, 1823 Buford Court, Tallahassee, 32308 and Big Bend Coalition for the Homeless, Inc. (BBHC), 2729 W. Pensacola Street, Tallahassee, FL 32304 to share the following information (draw a line through any information you do not wish to share):

- |   |   |
|---|---|
| <input type="checkbox"/> Intake/Assessment Information  | <input type="checkbox"/> Case Management Plan     |
| <input type="checkbox"/> Financial Information  | <input type="checkbox"/> Housing Information      |
| <input type="checkbox"/> Physical/Medical Diagnosis/Treatment                                     | <input type="checkbox"/> Medical/Hospital Records |
| <input type="checkbox"/> Transportation Requirements  | <input type="checkbox"/> Employment Information   |
| <input type="checkbox"/> Progress Notes   | <input type="checkbox"/> HIV/AIDS/STD information |
| <input type="checkbox"/> Substance Abuse Assessments/Evaluations/History                          |   |
| <input type="checkbox"/> Psychological and Psychiatric Evaluation/Consultation/Medication/History |   |
| <input type="checkbox"/> Other: _____   |   |

For services covering the application process and program participation for the specific purpose of obtaining and maintaining housing and providing ongoing support services.

Do not release the following information: \_\_\_\_\_

This information can be shared with the following agencies or persons: \_\_\_\_\_

- I release Ability1st and BBHC of any legal liability that may arise from the release of the information requested.
- I understand that the agency cannot release information obtained from other sources.
- I understand that Ability1st and BBHC will not share any information unless it is necessary to meet the needs of myself and/or my child.
- I understand that this authorization for release of information will expire one year from today's date, unless indicated below:

Condition, date or event of earlier expiration: \_\_\_\_\_

- The specified information can be exchanged between the above designated agencies unless otherwise stated above.
- I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me.

Signature of Applicant: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_

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

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

Ability1<sup>st</sup>



## A Place Called Home

A Joint Permanent, Supported Housing Project Between  
Ability1<sup>st</sup> & Big Bend Homeless Coalition

Application: Intake Certification

I, \_\_\_\_\_ certify that I  
(please print)

- am single **AND**
- have been homeless for one continuous year **OR**
- have had four (4) or more homeless episodes in the last three (3) years **AND**
- am disabled **AND**
- am currently homeless

### Definitions:

- **Homelessness:** sleeping in a place not meant for human habitation (e.g., streets, woods) OR living in a homeless emergency shelter.
- **Episodes of Homelessness:** a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter.
- **Disabling Condition:** a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition limits an individual's ability to work or perform one or more activities of daily living.

### Program Goals:

1. To help program participants obtain and remain in permanent housing;
2. To help participants increase skills and/or income. Meeting this goal will allow the participants to secure an income to live as independently as possible;
3. To help participants achieve greater self-determination.

Participant: I can be reached at: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

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

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



**CHRONICALLY HOMELESS SELF-STATEMENT CERTIFICATION**

I certify that I was homeless (sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Between Example; Jan., 2005 and Aug., 2005 I lived at ABC Shelter, Tallahassee

Between \_\_\_\_\_ and \_\_\_\_\_ I lived at \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ I lived at \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ I lived at \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ I lived at \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ I lived at \_\_\_\_\_

What else would you like to share about your history? For example, *"I can not remember the name of the place where I was living during the fall of 2004, but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach another page if necessary)

I certify that the above information is correct.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
Date

I reviewed the above statement with the client.

\_\_\_\_\_  
(Signature of Staff Witness)

\_\_\_\_\_  
(Organization)

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

Ability1<sup>st</sup>



## A Place Called Home

A Joint Permanent, Supported Housing Project Between  
Ability1<sup>st</sup> & Big Bend Homeless Coalition

### Support Services Commitment Form

I agree to provide ongoing support services for the consumer listed below as long as they remain a participant in the A Place Called Home program. In the event that I can't provide support services for the applicant, I will take responsibility to make arrangements for the substitution of another support provider at my agency, or at another agency.

#### Please Print

Applicant's Name:

Support Services Agency:

Phone Number:

Email:

Address of Agency:

Support Services Staff Signature:

Date:

Support Services Staff Name (please print):

The support services will be provided in-kind by partner agencies, and will be based on the client's needs, and include, **but are not limited to:**

- Develop an Individual Service Plan with the client, to include Housing Stability, Increased Skills or Income, and Greater Self-Determination (this plan needs to be submitted to Housing Administrator/Housing Coordinator twice a year).
- On-going case management (meeting at least weekly at first, to decrease to monthly if appropriate) These will be provided through home and office visits with the client, Case management notes needs to be submitted to Housing Administrator/Housing Coordinator quarterly.
- Life Skills training provided through various agencies.
- Crisis Intervention when needed.
- Employment assistance and directing to job training agencies.
- Complete applications for other eligible programs, such as Section-8, Elderly Housing, handicapped housing facilities, food-stamps, etc.



**No Income Verification**

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

I have stated during this application process that I have no income at this time. I have not received income since \_\_\_\_\_ I do not expect to receive any income until \_\_\_\_\_

I am attempting to receive income by:

- Applying for SSI/SSDI
- Seeking employment
- Other: \_\_\_\_\_

I will not have any income because:

- I verify that all statements regarding my income are true.

Signature of Applicant: \_\_\_\_\_

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

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

Witness \_\_\_\_\_

Date \_\_\_\_\_

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

Ability1<sup>st</sup>



**A Place Called Home**

A Joint Permanent, Supported Housing Project Between  
Ability1<sup>st</sup> & Big Bend Homeless Coalition

**VERIFICATION OF DISABILITY DETERMINATION – COVER LETTER**

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has applied to receive the services of a McKinney-Vento funded housing program serving chronically homeless individuals. To qualify, s/he must be determined to be chronically homeless as defined by the U.S. Department of Housing and Urban Development. Part of the definition of chronic homelessness includes verification of a disability. To assist us in determining eligibility for this client, please complete the attached certification of disability status and fax it to my attention as soon as possible at the following **fax number:** (\_\_\_\_) \_\_\_\_\_.

This information will only be used for the purpose of determining the chronic homeless status of the above named person. If you have any questions please do not hesitate to contact me at the following **telephone number:** (\_\_\_\_) \_\_\_\_\_ or email \_\_\_\_\_.

Sincerely,

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

*I hereby authorize the release of requested information.*

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Client Name)

Ability1<sup>st</sup>



## A Place Called Home

A Joint Permanent, Supported Housing Project Between  
Ability 1<sup>st</sup> & Big Bend Homeless Coalition

### DISABILITY STATUS CERTIFICATION FORM

According to the McKinney-Vento Act (Section 11382), the term "disability" means:

- \_\_\_\_\_ A. A disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423);
- \_\_\_\_\_ B. To be determined to have, pursuant to regulations issued by the Secretary, a physical, mental, or emotional impairment which:
1. is expected to be of long-continued and indefinite duration,
  2. substantially impedes an individual's ability to live independently, and
  3. of a nature that could be improved by more suitable housing conditions (e.g., a substance abuse disorder *if* the person's impairment could be improved by more suitable housing conditions);
- \_\_\_\_\_ C. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000; or
- \_\_\_\_\_ D. The disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome.

I have reviewed this definition and determined that \_\_\_\_\_ (Client Name)  
meets the criteria for having a disability in the category or categories indicated above.

This individual has the following *specific* disabling conditions:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

*I certify that to the best of my knowledge and belief that the above information is correct.*

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

Name & Credentials (printed) \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Professional Title \_\_\_\_\_



Client Consent to Share Information

(This form must be filled out for every adult in the household)

HMIS ID# \_\_\_\_\_

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

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

Dependent Children, if any (first/last name AND date of birth)
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of this form: This agency participates in the Homeless Management Information System (HMIS) and works with other agencies to provide services to people in the Big Bend area. When you request or receive services, we may collect data about you and your household such as name, date of birth, social security number, gender, ethnicity, race, veteran status, disability, income, insurance, etc.

Client Informed Consent/Authorization for Sharing Information

By signing this form, I agree that this agency may share my HMIS data with other participating agencies in the Big Bend HMIS and may use my information for lawful purposes mentioned in this agency's client privacy policy and specified in the Big Bend HMIS Privacy Statement. Please check one below.

- I agree that my information can be shared with other agencies.
I do not agree to have my information shared with other agencies.

How will my data be used?

The ways in which this agency may use or disclose your information within and outside the agency are described in this agency's client privacy policy. You may request a paper copy of this policy from agency staff. The Big Bend HMIS Privacy Statement governs the way your information is handled in the HMIS and this statement is available from this agency and is posted at the Big Bend Homeless Coalition's website (www.bendhomeless.org).

How will my data be protected?

We enter your data in a computer program that is protected by passwords and industry-standard encryption technology. Each participating agency agrees to maintain the security and confidentiality of the information. Anyone who violates the agreement is subject to penalties, which may include legal action.

How do I benefit by providing the requested information and sharing it with other agencies?

By sharing your information with other agencies, you may be able to avoid being screened again, obtain services faster, and minimize the number of times you have to tell your "story". Collection of your data gets reported to HUD and in the long run, affects how much funding we are able to receive in order to provide much needed services to our community.

I UNDERSTAND THAT:

- I am not required to sign this consent. If I refuse to sign this consent, my treatment, payment, or eligibility for benefits will not be affected. I may also request a copy of this consent after I sign it.
This consent form expires in one (1) year. I have the right to revoke this consent at any time by writing to this agency. If I withdraw this authorization in the future, I understand that it will not change the fact that records we shared before that date. I understand that my revocation must be in writing.
This agency has a written policy that describes ways in which my personal information may be used and disclosed within and outside this agency. I may request a paper copy of that policy from this agency. I acknowledge that I have been given an opportunity to read and/or request a copy of that policy.
I may also request a paper copy of the Big Bend HMIS Privacy Statement by writing to the Big Bend Homeless Coalition at: 325 John King Road, Building B, Tallahassee, FL 32303
I understand that neither this agency, nor the HMIS, can completely control how another participating agency will use or disclose my information that is received under this consent.

Signature of client or guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Agency Witness \_\_\_\_\_ Date \_\_\_\_\_

# HMIS Data Collection Template for Project ENTRY—CoC Program

Updated 10/11/2016 (w)

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"  
 Fill out separate form for each household member and attach to project entry template.

## PROJECT ENTRY DATE (e.g., 10/10/2016) (All clients)

		/			/						
Month			Day			Year					

## NAME (First, Middle, Last Name, Suffix (e.g. Jr, Sr, III) (All Clients)

## NAME DATA QUALITY (all clients)

First Name																		<input type="checkbox"/> Full name reported
Middle Name																		<input type="checkbox"/> Partial, Street name, or code name reported
Last Name																		<input type="checkbox"/> Client doesn't know
Suffix																		<input type="checkbox"/> Client refused

## SOCIAL SECURITY NUMBER (All clients)

## DATE OF BIRTH (e.g., 05/21/1991) (All clients)

			-							/			/					<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Full date of birth reported
<input type="checkbox"/> Approximate or partial SSN reported									<input type="checkbox"/> Approximate or partial DOB reported										
<input type="checkbox"/> Client doesn't know									<input type="checkbox"/> Client doesn't know										
<input type="checkbox"/> Client Refused									<input type="checkbox"/> Client refused										

Veteran Status? (All clients)  Yes  No  Client doesn't know  Client refused

## ETHNICITY (All clients)

<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
--	--	--	---

RACE More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. (All clients)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	

## GENDER (All clients)

<input type="checkbox"/> Female	<input type="checkbox"/> Transgender female to male	<input type="checkbox"/> Doesn't identify as male, female, or transgender	<input type="checkbox"/> Client refused
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender male to female	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Other:

## RELATIONSHIP TO HEAD OF HOUSEHOLD (All clients)

<input type="checkbox"/> Self (head of the household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Head of household's spouse or partner	

**HMIS Data Collection Template for Project ENTRY—CoC Program**

10/11/2016

**CLIENT LOCATION** (All clients): **FL-506** (This code identifies the Big Bend CoC region)

**COUNTY OF RESIDENCE** (All clients)

<input type="checkbox"/> Franklin	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Leon	<input type="checkbox"/> Liberty
<input type="checkbox"/> Madison	<input type="checkbox"/> Taylor	<input type="checkbox"/> Wakulla	<input type="checkbox"/> Other:	

**LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN** (Head of household and Adults)

Status Documented?  Yes  No

<b>Continuously Homeless for at Least One Year</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		<b>Total Number of Months Homeless in the Past Three Years</b> <input type="checkbox"/> If 0-12 months, specify #: _____ <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Number of Times the Client has been Homeless in the Past Three Years (do not include the current episode)</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		<b>Number of Months Continuously Homeless Immediately Prior to Project Entry (this current episode)</b> [Integer]: _____	

**Does the client have a disabling condition?** (All clients)  Yes  No  Client doesn't know  Client refused

Documentation of disabilities and severity on file?  Yes  No

(Mark "x" for all disabilities and respond to last four columns with "yes/no", and a start date)

Disability Type	Disability Determination							
	Yes	No	Client doesn't know	Client refused	Impairs ability to live independently?	Receiving services or treatment?	Long term condition?	Approximate Start Date of condition(s)
Alcohol Abuse (only)								
Both Alcohol and Drug abuse								
Chronic Health Condition								
Developmental Condition								
Drug Abuse (only)								
HIV or AIDS								
Mental Health Problem								
Physical Condition								

**HMIS Data Collection Template for Project ENTRY—CoC Program**

updated 10/11/2016 (w)

**RESIDENCE PRIOR TO PROJECT ENTRY** (Mark "x" for the appropriate living condition)

HOMELESS SITUATIONS	INSTITUTIONAL SITUATIONS	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS
<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher
<input type="checkbox"/> Emergency Shelter, including hotel/motel paid for with ES voucher	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Jail, prison, or juvenile detention center	<input type="checkbox"/> Owned by client with ongoing housing subsidy
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Long term care facility or nursing home	<input type="checkbox"/> Permanent housing for formerly homeless persons (e.g., CoC Project, HOPWA PH)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Client refused	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with VASH subsidy
		<input type="checkbox"/> Rental by client, with GPD TIP subsidy
		<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
		<input type="checkbox"/> Residential project or halfway house with no homeless criteria
		<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
		<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
		<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

**LENGTH OF STAY IN PREVIOUS PLACE** (Head of household and adults)

- One night or less   
  2-6 nights   
  One week or more; less than one month   
  One month or more; less than 90 days  
 90 days or more; less than one year   
  One year or longer   
  Client doesn't know   
  Client refused

Client entering from the streets, ES (Emergency shelter), or SH (Safe Haven)?  Yes  No

If Yes, for "client entering from streets, ES or SH"

Approximate Start Date [of the current episode]: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night—

Number of times the client has been on the streets, in ES or SH in the past three years, including today?

- One time   
  Two times   
  Three times   
  Four or more times   
  Client doesn't know   
  Client refused

Total number of months homeless on the streets, in ES, or SH in the past three years?

- One month (this is the first month)   
  Client doesn't know   
  Client refused

- 2   
  3   
  4   
  5   
  6   
  7   
  8   
  9   
  10   
  11   
  12   
  More than 12 months

Domestic Violence Victim/Survivor?

- Yes   
  No   
  Client doesn't know   
  Refused

If yes for "domestic violent victim/survivor: When experience occurred?"

- Within the past three months   
  3-6 months ago (excluding six months exactly)   
  6-12 months (excluding one year exactly)  
 More than a year ago   
  Client doesn't know   
  Client refused

HMIS Data Collection Template for Project ENTRY—CoC Program

Updated 10/11/2016

**Covered by health insurance?**

Yes     No

Client doesn't know

Client refused

*(Answer 'yes' or 'no' for each health insurance source with an 'x'. Answer 'no' for sources that are not currently active)*

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate)		

Income from any source?  Yes  No  Client doesn't know  Client refused

Total monthly income (indicate "0" if no income): \$

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	\$	
Child support	\$	
Earned income (i.e. employment income)	\$	
General Assistance (GA)	\$	
Other source (if yes, specify)	\$	
Pension or retirement income from former job	\$	
Private disability insurance	\$	
Retirement income from Social Security	\$	
Supplemental Security Income (SSI)	\$	
Social Security Disability Income (SSDI)	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment insurance	\$	
VA Non-Service-Connected Disability Pension	\$	
VA Service-Connected Disability Compensation	\$	
Worker's Compensation	\$	

Non-cash benefit from any source?  Yes  No  Client doesn't know  Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP)	Amount: \$	
Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)		
TANF Child Care Services (or use local name)		
TANF transportation services (or use local name)		
Other TANF-Funded services (or use local name)		
Section 8, Public Housing, or other rental assistance		
Temporary rental assistance. If yes, specify source:		
Other Source (specify):		

In Permanent Housing?  Yes  No

Residential Move-in Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# HMIS Data Collection Template for Project EXIT—CoC Program

updated 10/11/2016 rw

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"**  
 Fill out separate form for each household member and attach to project entry template.

**PROJECT ENTRY DATE** (e.g., 10/10/2016) (All clients)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year			

**CLIENT** (name or other identifier)

**DESTINATION** (Head of household and adults)

<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency voucher	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Specify):
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living with friends, temporary tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Owned by client with ongoing housing subsidy	Other (please describe destination):
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> No exit interview completed (e.g. client 'disappeared')
<input type="checkbox"/> Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport, streets/parks)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Client refused
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Rental by client, with VASH housing subsidy	

**HMIS Data Collection Template for Project EXIT—CoC Program**

revised 10/11/2016 rw

Income from any source?  Yes  No  Client doesn't know  Client refused

Total Monthly Income: \$ \_\_\_\_\_

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	\$	
Child support	\$	
Earned income (i.e. employment income)	\$	
General Assistance (GA)	\$	
Other source (if yes, specify)	\$	
Pension or retirement income from former job	\$	
Private disability insurance	\$	
Retirement income from Social Security	\$	
Supplemental Security Income (SSI)	\$	
Social Security Disability Income (SSDI)	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment Insurance	\$	
VA Non-Service-Connected Disability Pension	\$	
VA Service-Connected Disability Compensation	\$	
Worker's Compensation	\$	

Non-cash benefit from any source?  Yes  No  Client doesn't know  Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP)	Amount: \$	
Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Section 8, Public Housing, or other rental assistance		
Temporary rental assistance. If yes, specify source:		
Other Source (specify):		

**Covered by health insurance?**

Yes  No

Client doesn't know

Client refused

*(Indicate "yes" or "no" for each health insurance type with an "x". Answer "no" for sources that are not currently active)*

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

**HMIS Data Collection Template for Project EXIT—CoC Program**

Version: 10/11/2016 rev

Does the client have a disabling condition? (All clients)  Yes  No  Client doesn't know  Client refused

Documentation of disabilities and severity on file?  Yes  No

[Mark "x" for all disabilities and respond to last four columns with "yes/no", and a start date]

Disability Type	Disability Determination							
	Yes	No	Client doesn't know	Client refused	Impairs ability to live independently?	Receiving services or treatment?	Long term condition?	Approximate Start Date of condition(s)
Alcohol Abuse (only)								
Both Alcohol and Drug abuse								
Chronic Health Condition								
Developmental Condition								
Drug Abuse (only)								
HIV or AIDS								
Mental Health Problem								
Physical Condition								

**Domestic Violence Victim/Survivor?**

Yes  No  Client doesn't know  Refused

If yes for "domestic violent victim/survivor: When experience occurred?

Within the past three months  3-6 months ago (excluding six months exactly)  6-12 months (excluding one year exactly)  
 More than a year ago  Client doesn't know  Client refused



**HMIS Data Collection Template for Project ENTRY****HOUSEHOLD MEMBERS <18yrs***(ALL HOUSEHOLD MEMBER 18 AND OLDER SHOULD HAVE THEIR OWN HMIS INTAKE FORM COMPLETED.)***Head of Households' Name:** \_\_\_\_\_**ADDITIONAL HOUSEHOLD MEMBER #:** \_\_\_\_\_

FIRST NAME _____			MI _____	LAST NAME _____		
SOCIAL SECURITY NUMBER _____			Date of Birth _____/_____/_____		(Age _____)	
<b>WHAT IS THIS HOUSEHOLD MEMBERS RELATION TO THE HEAD OF HOUSEHOLD? (check one)</b>						
<input type="checkbox"/> Daughter	<input type="checkbox"/> Father	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandson	<input type="checkbox"/> Husband
<input type="checkbox"/> Husband and Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other Non-relative	<input type="checkbox"/> Other relative	<input type="checkbox"/> Self	<input type="checkbox"/> Significant other	<input type="checkbox"/> Son
<input type="checkbox"/> Step-daughter	<input type="checkbox"/> Step-son	<input type="checkbox"/> Unknown	<input type="checkbox"/> Wife	<input type="checkbox"/> Wife and Mother		
<b>ETHNICITY:</b> <input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino						
<b>RACE:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American						
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
<b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender M→F <input type="checkbox"/> Transgender F→M						
<input type="checkbox"/> Client doesn't identify as male, female, or transgender <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> Refused						
The history of housing/homelessness for household members under 18 years old should mirror the Head of the Household's responses.						
<b>Does additional household member #1 have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
Check all that apply or None Apply: <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental health disability <input type="checkbox"/> Developmental Disability						
<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Other _____						
Is the physical disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Documentation of the disability and its severity on file? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Is client currently receiving services/treatment for this disability? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>DOES THIS HOUSEHOLD MEMBER HAVE HEALTH INSURANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						
(IF YES, CHECK ALL THAT APPLY)						
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services						
<input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance						
<input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Insurance <input type="checkbox"/> Other (specify): _____						

### EMPLOYEE COMPLAINT PROCEDURE

1. Ability1st is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from Ability1st supervisors and management. Ability1st strives to ensure fair and honest treatment of all employees. Supervisors, managers, and employees are expected to treat each other with mutual respect.
2. Each employee is expected to communicate directly with his/her supervisor, Executive Director and all other supervisory employees concerning any work-related problems. The supervisor receiving the verbal complaint must write a memo describing the complaint and the nature of the conversation. If this method does not solve a problem, the employee may make a formal complaint using the procedures described below:

The employee or employees submit(s) a written complaint or grievance to the Supervisor/Executive Director, for decision and resolution. The written complaint must detail the nature of the problem and steps that have already been taken in an attempt to resolve the problem. If the grievance cannot be solved at that step, the Executive Director shall submit his/her findings to the Executive Committee of the Board for decision and resolution.

3. If the Executive committee cannot resolve the grievance, it shall forward its findings to the full Board of Directors for final resolution.
4. The Board of Directors will review the findings of the Executive Committee. The Board may choose to stay the decision of the Executive Committee or, at their discretion, may schedule an appeal hearing. A written decision by the Board of Directors shall be

provided to the Executive Director and to the employee/employees within 10 work days of its meeting. The decision of the Board of Directors shall be final.

POLICY AND PROCEDURES ACKNOWLEDGEMENT FORM

Policy and Procedures describe important information about Ability 1<sup>st</sup>, and I understand that I should consult with my supervisor regarding any questions that are not answered in this handbook.

I have entered into my employment with Ability 1<sup>st</sup> voluntarily and acknowledge that there is no specified length of employment. Accordingly, either Ability 1<sup>st</sup> or I can terminate the relationship at will, with or without cause, at any time so long as there is no violation of applicable federal or state law.

Since the information policies and benefits described here are subject to change, I acknowledge that revisions to the handbook may occur, except the Ability1st's policy of employment-at-will. All such changes will be communicated through official memorandums.

I understand that revised information may supersede, modify, or eliminate existing policies.

Only the Executive Director of Ability 1<sup>st</sup> has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have reviewed the handbook and I understand my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (typed or printed)

**ATTACHMENT: K**

### **Attachment K- Client Eligibility**

Q11. The applicant has clear written procedures to verify client eligibility for program services as defined in the NOFO based on the project type and has defined policies for referring and receipt of referrals through Coordinated Entry. This includes detail on how clients will be connected to mainstream benefits promoting economic self-sufficiency

Eligibility for APCH PSH Program is based on the following:

-The Participant must meet HUD's definition of "disabled", and be supported by documentation from a professional licensed to diagnose and treat the qualifying disability. (see Chapter 10 (Definitions) HUD's definition of disabled). The documents that establish disability are generally available in HMIS when the CoC CE staff refer an individual to the program. The Program Coordinator and the Supportive Services staff will meet with the referred individual to become acquainted and initiate service planning. If necessary, the Supportive Services staff will also assist with gathering missing disability documentation so that disability is verified before moving forward.

-The Applicant must meet HUD's definition of chronic homelessness, to qualify for the CoC Program. (see Chapter 10 (Definitions) for HUD's definition of homelessness). The documents that establish homeless status are generally available in HMIS when the CoC CE staff refer an individual to APCH PSH programs. The Housing Coordinators will print available documentation and review it to determine whether it adequately establishes homelessness per CoC Interim Rule and Final CoC Chronic Definition Rule (see relevant excerpts below). For purposes of evidence of homelessness, the order of priority for documentation is (1) third-party documentation; (2) intake worker observations; and (3) self-certification. See HUD Guidance below for details. Supportive Services staff will meet with the referred individual to become acquainted and initiate service planning. If necessary, Supportive Services staff will also initiate the process of gathering missing homeless status documentation so that homelessness is verified before moving forward.

-Only 25% of an individual program's participants for a project year may self-certify for more than 3 months of a required 12-month period.

Sending and receiving referrals through BBCoC Coordinated Entry:

Outreach and Referral Process: HUD expects all CoC Program Recipients to collaborate with their respective CoCs to reach out and engage homeless individuals that may be eligible for the CoC Programs. As such, effective October 01, 2014 all program participant referrals to APCH PSH Program will come from the Big Bend CoC Coordinated Entry prioritization list. APCH PSH Program will work in conjunction with the CoC to identify and outreach to potential participants. The CoC will provide referrals to APCH PSH Program Supportive Housing Program Coordinator, who will vet candidate's eligibility based on the PSH Prioritization set forth in HUD guidance CPD-14-012 and the CoC Program Interim rule.

How clients will be connected to mainstream benefits:

Life skills training: Teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

Case management: Assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s). Component services and activities consist of:

- Counseling;
- Developing, securing, and coordinating services;
- Using the centralized or coordinated assessment system as required under § 578.23(c)(9).
- Obtaining federal, State, and local benefits;
- Monitoring and evaluating program participant progress;
- Providing information and referrals to other providers;
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
- Developing an individualized housing and service plan, including planning a path to permanent housing stability.

**ATTACHMENT: L**



## Attachment L- Improvement of System Performance

Q12. Provide a narrative demonstrating how the project will improve two or more of the HUD System Performances for our Continuum in the future. This includes clear goals and outcomes for each measure it will address.

According to APCH for Individuals as evidenced by the APR for the past year the program has been able to meet or exceed SPM goals for decrease in average length of time homeless, decrease returns to homelessness and increase placement and retention of permanent housing.

### **Measure 2: Returns to homelessness**

Goal: Reduce returns from PH to homelessness

Outcome: No more than 10% of participants who exit the program will return to homelessness. *As shown in last submitted APR, (See Q23c), 10 people exited our program and only 1 person returned to homelessness.*

### **Measure 4: Income Growth**

Goal: Increase income of program participants

Outcome: 8% of participants will experience new or increased earned income and 10% of participants will experience new or increased non-employment income

*Our last submitted APR shows that 84.38% of our individuals in PSH had an increase in other income. (See Q19a1)*

### **Measure 7: Successful Placement in or Retention of Permanent Housing**

Goal: Ensure program participants remain in stable permanent housing

Outcome: At least 90% of PSH Participants will remain in or exit to permanent housing. *(Q19a1 & Q23c), APCH Program has consistently maintained a housing retention rate of over 95%. This means that those individuals who enter the program overwhelmingly remain housed, maintain, or increase their income and when they leave the program, they do not return to homelessness. This is largely due to the credible relationships that our Housing Coordinators has established with local landlords & property managers, which are able to buffer the common tenancy challenges experienced by many program participants.*

Attachment: APR

Q19a1: Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have it at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not have the Income Category at Start or at Annual Assessment	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Annual Assessment; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	2	0	26	29	2	<i>6.90%</i>
Average Change in Earned Income	0	0		1747.00	0			1747.00	
Number of Adults with Other Income	0	0	2	20	2	4	29	23	<i>79.31%</i>
Average Change in Other Income	0	0		915.05	1963.00			1067.00	
Number of Adults with Any Income (i.e., Total Income)	0	0	2	22	2	2	29	25	<i>86.21%</i>
Average Change in Overall Income	0	0		990.68	1963.00		966.00	1121.40	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q19a2: Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have it at Exit	Retained Income Category but Had Less \$ at Exit than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not have the Income Category at Start and Gained the Income Category at Exit	Did Not have the Income Category at Start or at Exit	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Exit; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	9	10	1	<i>10.00%</i>
Average Change in Earned Income	0	0		0	0			520.00	
Number of Adults with Other Income	0	2	3	3	2	0	10	5	<i>50.00%</i>
Average Change in Other Income	0	-606.50		782.67	1232.50			962.60	
Number of Adults with Any Income (i.e., Total Income)	0	2	3	3	1	0	10	5	<i>50.00%</i>
Average Change in Overall Income	0	-606.50		782.67	1680.00		412.00	1066.60	

Numbers in *green italics* have been recalculated or weighted based on available totals.

Q23c: Exit Destination

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	1	1	0	0	0
Staying or living with family, permanent tenure	1	1	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	3	3	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	4	4	0	0	0
Total persons whose destinations excluded them from the calculation	4	4	0	0	0
Percentage	<i>66.67%</i>	<i>66.67%</i>	<i>0</i>	<i>0</i>	<i>0</i>

Numbers in *green italics* have been recalculated or weighted based on available totals.

**ATTACHMENT: M**

### Attachment M- Project Outcomes

Q13. Provide a narrative demonstrating the proposed outcomes for the project, how the outcomes will be measured, tracked, and documented over the project period.

The purpose of APCH for Individuals is to serve the most in need homeless individuals in the Big Bend area. APCH PSH Programs will continue its policy to target these Permanent Housing opportunities to homeless individuals with the greatest needs by integrating the referral process of the PSH Initiative with the respective CoC's coordinated entry process and their written standards which establishes prioritization criteria for CoC resources including PSH opportunities.

Outcome 1: Provide at least 45 chronically homeless individuals with permanent supportive housing and provide wrap around services to assist them in maintain housing and ultimately reducing returns to homelessness.

Measurable Indicators: We will use HMIS to track client progress and pull APR reporting to ensure we are on track to meet our program output goal. *Our last program APR shows that we exceeded our unit goal of 45 and provided 54 units for chronically homeless individuals. (See Q5a)*

Outcome 2: Increase income of at least 8% of program participants

Measurable Indicators: Our family housing coordinator will connect those in no income slots to our Benefits Specialist to assist them in obtaining social security benefits. Participants interested in career building will be referred to appropriate agencies. Any participants with income growth will be updated in HMIS and tracked via pulling APR reporting. *Our last submitted program APR shows 6.9% of individuals had an increase in earned income and 79.3% of participants had an increase in other income. (Q19a1)*

APCH PSH Program will coordinate efforts with the CoC to ensure high levels of data quality and documentation in HMIS. APCH for Families PSH Program shall coordinate regular HMIS training of PSH staff with the CoC's HMIS administrator to ensure proficiency among staff. In addition, the APCH PSH Program shall request quarterly data quality reports from the CoC to use as a tool to regularly monitor to ensure high levels of data quality in HMIS. Additionally, we will use our agency wide documentation system, COMS, to track client progress.

APCH PSH Program will submit accurate Annual Performance Reports to HUD, no later than 90 days after the end of a contract reporting period without written permission from HUD. These APRs will be constructed using information pulled directly from HMIS by the Supportive Housing Coordinator certified for accuracy by the Ability1st Executive Director. The APR will be used to measure and track outcomes of the program.

Attachment: APR

**Q03. Contact Information**

Prefix	Mrs
First Name	Mandy
Middle Name	L
Last Name	Bianchi
Suffix	
Organization	The Center for Independent Living of North Florida DBA Ability 1st
Department	
Title	Executive Director
Street Address 1	1823 Buford Court, Tallahassee, FL, 32308
Street Address 2	
City	Tallahassee
State / Territory	Florida
ZIP Code	32308
E-mail Address	mandybianchi@ability1st.info
Confirm E-mail Address	mandybianchi@ability1st.info
Phone Number	(850)575-9621
Extension	
Fax Number	

**Q04a: Project Identifiers in HMIS**

Organization Name	Organization ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project	Project ID(s) of affiliations	CoC Number	Geocode	Victim Service Provider	HMIS Software Name
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	3				FL-506	129073	0	ServicePoi

**Q05a: Report Validationa Table**

Total Number of Persons Served	54
Number of Adults (Age 18 or Over)	54
Number of Children (Under Age 18)	0
Number of Persons with Unknown Age	0
Number of Leavers	10
Number of Adult Leavers	10
Number of Adult and Head of Household Leavers	10
Number of Stayers	44
Number of Adult Stayers	44
Number of Veterans	1
Number of Chronically Homeless Persons	51
Number of Youth Under Age 25	0
Number of Parenting Youth Under Age 25 with Children	0
Number of Adult Heads of Household	53
Number of Child and Unknown-Age Heads of Household	0
Heads of Households and Adult Stayers in the Project 365 Days or More	37

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Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	2	0	26	29	2	6.90%
Average Change in Earned Income	0	0		1747.00	0			1747.00	
Number of Adults with Other Income	0	0	2	20	2	4	29	23	79.31%
Average Change in Other Income	0	0		915.05	1963.00			1067.00	
Number of Adults with Any Income (i.e., Total Income)	0	0	2	22	2	2	29	25	86.21%
Average Change in Overall Income	0	0		990.68	1963.00		966.00	1121.40	

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Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have it at Exit	Retained Income Category but Had Less \$ at Exit than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not have the Income Category at Start and Gained the Income Category at Exit	Did Not have the Income Category at Start or at Exit	Total Adults (Including Those with No Income)	Performance Measure: Adults Who Gained or Increased Income from Start to Exit; Average Gain	Performance measure: Percent of persons who accomplished this measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	9	10	1	10.00%
Average Change in Earned Income	0	0		0	0			520.00	
Number of Adults with Other Income	0	2	3	3	2	0	10	5	50.00%
Average Change in Other Income	0	-606.50		782.67	1232.50			962.60	
Number of Adults with Any Income (i.e., Total Income)	0	2	3	3	1	0	10	5	50.00%
Average Change in Overall Income	0	-606.50		782.67	1680.00		412.00	1066.60	

Numbers in *green italics* have been recalculated or weighted based on available totals.

**ATTACHMENT: N**



### Attachment N- Project Budget

Q.14 Provide a detailed project budget describing how requested funding will be allocated including the cost per person/ per household served and the breakdown of the amount and percent of costs to be spent on housing assistance, supportive services, HMIS and administration. The eSnaps Budget page for the project can be referenced but there should also be narrative including cost per person and household.

Total Renewal Request is \$454,433. This consists of \$368,633 (80% of total award) for Leasing, \$60,271 (14% of total award) for housing assistance and supportive services and \$25,529 (6% of total award) for administrative costs, \$0 for HMIS related expenses.

Ability1st has projected to continue to serve at least 45 chronically homeless individuals in the 22-23 contract year, that is \$803 per month per household. The 2022 Fair Market Rent (FMR) for the Tallahassee FL HUD Metro FMR Area is \$941 for a one-bedroom rental unit.

- Leasing expenses include a projected 45 units of monthly leasing amounts averaging approximately \$625 per month per individual, plus any needed security deposits and application fees.
- Supportive Services includes salary and benefits for the A Place Called Home Housing Coordinator (1) FTE HUD funded, & Programs Director Position (0.12) FTE HUD funded, balance of expenses covered by other funds.)
- Administrative costs include accounting staff salary and benefits, annual audit, liability insurance, etc. Ability1st receives 50% of the administrative revenue and BBHC receives 50% of the admin revenue as they serve as the official grantee for the project.

Ability 1st has projected to serve at least 45 units in the 22-23 contract year, we project this costing us \$881.90 per month per individual equaling \$10,585.88 per unit for the 12-month period.

We expect that we will serve 45 individuals within those 45 units, totaling \$10,585.88 per person.

These cost per person/per household amounts include housing assistance, supportive services, HMIS, administration and our match of \$21,797.



# FY 2022 FAIR MARKET RENT DOCUMENTATION SYSTEM

## The FY 2022 Tallahassee, FL HUD Metro FMR Area FMRs for All Bedroom Sizes

**Final FY 2022 & Final FY 2021 FMRs By Unit Bedrooms**

Year	<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2022 FMR	\$837	\$941	\$1,124	\$1,470	\$1,596
FY 2021 FMR	\$778	\$843	\$1,024	\$1,361	\$1,484

Leon County, FL is part of the Tallahassee, FL HUD Metro FMR Area, which consists of the following counties: Gadsden County, FL; Jefferson County, FL; and Leon County, FL. All information here applies to the entirety of the Tallahassee, FL HUD Metro FMR Area.

### Fair Market Rent Calculation Methodology

*Show/Hide Methodology Narrative*

Fair Market Rents for metropolitan areas and non-metropolitan FMR areas are developed as follows:

1. 2015-2019 5-year American Community Survey (ACS) estimates of 2-bedroom adjusted standard quality gross rents calculated for each FMR area are used as the new basis for FY2022 provided the estimate is statistically reliable. For FY2022, the test for reliability is whether the margin of error for the estimate is less than 50% of the estimate itself and whether the ACS estimate is based on at least 100 survey cases. HUD does not receive the exact number of survey cases, but rather a categorical variable known as the count indicator indicating a range of cases. An estimate based on at least 100 cases corresponds to a count indicator of 4 or higher.

If an area does not have a reliable 2015-2019 5-year, HUD checks whether the area has had at least minimally reliable estimate in any of the past 3 years, or estimates that meet the 50% margin of error test described above. If so, the FY2022 base rent is the average of the inflated ACS estimates.

If an area has not had a minimally reliable estimate in the past 3 years, the estimate State for the area's corresponding metropolitan area (if applicable) or State non-metropolitan area is used as the basis for FY2022.

2. HUD calculates a recent mover adjustment factor by comparing a 2019 1-year 40th percentile recent mover 2-bedroom rent to the 2015-2019 5-year 40th percentile adjusted standard quality gross rent. If either the recent mover and non-recent mover

**ATTACHMENT: 0**

**Attachment O- Match Documentation**

Q.15 Attach a letter from the source of match funds indicating the match funding is dedicated to carrying out activities related to this project.

We were unable to obtain commitment letters, however, the total match requirement for the APCH for Individuals 2022 renewal application is \$21,797. Ability 1st will meet this match requirement as it has in previous years with a combination of cash resources from:

The Florida Department of Education(VR) :	\$10,898.50
Department of Health and Human Services:	\$10,898.50
<b>Total:</b>	<b>\$21,797</b>

Attachment: Contracts

**AGREEMENT FOR SERVICES  
NO. 22-102  
BETWEEN  
THE FLORIDA DEPARTMENT OF EDUCATION/DIVISION OF VOCATIONAL  
REHABILITATION  
AND  
CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA/ABILITY1ST**

This AGREEMENT FOR SERVICES (“Agreement”), by and between the **State of Florida Department of Education, Division of Vocational Rehabilitation** (“Vocational Rehabilitation”) and the **Center for Independent Living of North Florida/Ability1st** (“Center”), takes effect on July 1, 2021 or date fully executed whichever is later.

WHEREAS, Vocational Rehabilitation has received Social Security Administration Reimbursement; Title VII, Part B [CFDA 93.369]; and General Revenue funds and has the authority pursuant to the 2021-22 General Appropriations Act and Section 413.371, Florida Statutes, to distribute these federal pass-through and state financial assistance funds to the Center upon the terms and conditions hereinafter set forth; and

WHEREAS, Vocational Rehabilitation and the Center desire to enter into this Agreement regarding the disbursement of funds to the Center authorized under Federal and State law and regulations, for the above effective through June 30, 2022 (“Term”).

IT IS THEREFORE agreed between Vocational Rehabilitation and the Center:

I. Center Responsibilities

A. Scope of Work

The Center shall operate a Center for Independent Living as defined in the Rehabilitation Act of 1973, as amended. Services shall be provided to eligible persons with significant disabilities in accordance with their Independent Living Plan as defined in 34 CFR 364.52, as appropriate and in the geographic area identified for each Center in the most recent State Plan for Independent Living. Through a coordinated effort with community based and other referral sources, the Center, shall at a minimum:

1. Provide the five Independent Living Core Services, as defined in 45 CFR 1329.4, and listed below:
  - a. Information and Referral Services;
  - b. Independent Living Skills Training;
  - c. Peer Counseling;
  - d. Individual and Systems Advocacy; and
  - e. Transition Services that: (i) Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. This process may include providing services and supports that a consumer identifies are needed to move that person from an institutional setting to a community based setting, including systems advocacy required for the individual to move to a home of his or her choosing; (ii) Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community. A determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process; and (iii) Facilitate the transition of youth who are individuals with significant disabilities, who were eligible for individualized education programs under section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C.

1414(d)), and who have completed their secondary education or otherwise left school, to postsecondary life. Individuals who have reached the age of 18 and are still receiving services in accordance with an Individualized Education Program (IEP) under IDEA and have not “completed their secondary education.”

2. Provide any or all of the following Individual Services:

- a. Advocacy/Legal Services;
- b. Assistive Technology;
- c. Children’s Services;
- d. Communication Services;
- e. Counseling and Related Services;
- f. Family Services;
- g. Housing, Home Modifications and Shelter Services;
- h. Independent Living Skills Training and Life Skill Training Services;
- i. Information and Referral Services;
- j. Mental Restoration Services;
- k. Mobility Training;
- l. Peer Counseling Services;
- m. Personal Assistance Services;
- n. Physical Restoration Services;
- o. Preventive Services;
- p. Prostheses, Orthotics, and Other Appliances;
- q. Recreational Services;
- r. Rehabilitation Technology Services;
- s. Therapeutic Treatment;
- t. Transportation Services;
- u. Youth/Transition Services;
- v. Vocational Services.

B. Program Background and Purpose of Project

All Independent Living Services provided hereunder shall be consistent with a philosophy of consumer control, peer support, self-help and self-determination, and shall strive to maximize the leadership, empowerment, independence, productivity, and full inclusion into the mainstream of society of persons with significant disabilities.

This program provides any appropriate rehabilitation services or other services to enhance the ability of persons who have significant disabilities to live independently and function within their communities and, if appropriate, to secure and maintain employment.

The Center shall perform all such responsibilities as are required by the Workforce Innovation and Opportunities Act (Pub. L.113-128) and subsequent federal regulations.

C. Assurances

1. The Center shall operate a Center for Independent Living as defined in the Rehabilitation Act of 1973, as amended, and administer each program covered by the agreement in accordance with all applicable statutes, regulations, and program plans including the following:

- a. Federal: The Rehabilitation Act of 1973, as amended; Title 45 Code of Federal Regulations (CFR) Part 75; 34 CFR Parts 364, 365, and 366; 2 CFR Part 200; and any applicable sections of federal law or regulations amended or superseded by the passage of the Workforce Innovation and Opportunity Act (WIOA).

- b. State: Chapter 413 (Part II), Florida Statutes; Section 215.97, Florida Statutes (Florida Single Audit Act), Section 112.061, Florida Statutes (Per Diem and Travel Expenses); Section 413.393, Florida Statutes (State Plan for Independent Living); Section 286.011, Florida Statutes (Sunshine Law); and the Florida Department of Financial Services Reference Guide for State Expenditures.
2. The Center shall use fiscal control and fund accounting procedures that will ensure proper disbursement of and accounting for federal and state funds paid to that agency under the agreement.
3. The Center shall comply with the assurances and evaluation standards contained in Section 725 of the Rehabilitation Act of 1973, as amended.
4. The Center shall comply with the background screening requirement as set forth in section 413.208 Service providers; quality assurance; fitness for responsibilities; background screening), and section 435.05, Florida Statutes (Requirements for Covered Employees and Employers). These responsibilities include maintaining the initial employment status and any changes in status must be reported within 10 business days in the Care Provider Background Screening Clearinghouse. The CIL may not hire, select, or otherwise allow a person required to be screened to perform any duty that would place the individual in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment or appointment. The CIL must provide VR with a list of staff members, volunteers and board members, including hire/appointment date, upon request for verification purposes.
5. All required background screenings must be initiated via the Care Provider Background Screening Clearinghouse created in section 435.12, Florida Statutes.
6. The Center shall not require financial needs testing or financial participation by consumers of independent living services funded under the State Plan for Independent Living (SPIL) unless or until guidelines are developed in collaboration with the Division of Vocational Rehabilitation and the Florida Independent Living Council, and approved by a majority of the Center Directors.
7. The service area for the Center is confined to the geographic area outlined in the most recent State Plan for Independent Living. In the event that a consumer from outside the designated geographic area seeks services from the Center, the Center shall refer the consumer to the Center serving the consumer's area.
8. Any additional funds realized as a result of the Center's operation with state and Federal funds are defined as "program income" 45 C.F.R. 75.2, and must be used to in the same manner as the federal funds supporting the Center. Such funds may not be used to provide services outside of the geographic area defined in the most recent State Plan for Independent Living.

#### D. Budget

The Center shall submit an annual budget, budget narrative, and cost allocation plan to the Vocational Rehabilitation Contract Manager for approval for each subsequent agreement year in a format provided by the Division. An amendment to the Agreement with a July 1<sup>st</sup> effective date will be executed to reflect funding and budget changes. Annual budget, budget narrative, and cost allocation plans shall be submitted by June 1<sup>st</sup> of each year or upon a request by Vocational Rehabilitation.

II. Vocational Rehabilitation Responsibilities

Vocational Rehabilitation agrees to:

- A. Perform all applicable duties and responsibilities as set forth in the Rehabilitation Act of 1973, as amended, 45 CFR Part 75, as well as duties and responsibilities set forth in other applicable Federal laws and regulations, Chapter 413, Florida Statutes, and other applicable State laws and regulations; and
- B. Review, accept, and approve in a timely manner requests for payment submitted by the Center in accordance with Section IV, Deliverables, Method of Payment, and Documentation Requirements.

III. Disbursements by Vocational Rehabilitation

- A. Independent Living Program funds were appropriated in 2018 - 2019, under the General Appropriations Act (GAA) from Social Security Administration reimbursements; Title VII, Part B; and General Revenue funds providing that such funds and reimbursements are available, to provide for the delivery of Independent Living Services, including the five (5) Independent Living Core Services. These funds are allocated to individual Centers for Independent Living that are in compliance with the standards and assurances in Section 725 (b) and (c) of the Rehabilitation Act of 1973, as amended, and subparts F and G of 34 CFR 366. The Center is eligible to receive payment monthly for such of its costs as would satisfy the terms of this agreement in an amount not to exceed \$206,508.00 as broken down by funding source as follows:

Title VII, (SSA/Part B):	\$150,712.00
General Revenue:	\$55,796.00

- B. The total number of Independent Living Service hours provided under this agreement shall be no less than the total minimum number of hours required per year by the funding sources, identified below. If at the end of the year, 100 percent of the total required hours have not been provided, financial consequences are applied as indicated in Section XV Remedies.

Title VII Part B/Social Security Administration:	(hours:684) (minimum: 34/monthly)
General Revenue:	(Hours: 253) (minimum: 12/monthly)
TOTAL:	(hours: 937, Part B/GR combined)

- C. In the event of an increase or decrease in the Center's annual funding, an amendment reflecting the change in funding level will be executed. Such change includes a limitation on the release of the total allocated funds by the Governor to Vocational Rehabilitation.

IV. Deliverables, Method of Payment, and Documentation Requirements



- A. For the FY21/22 term, the total annual funding will be disbursed on a fixed price in twelve (12) equal monthly payments upon receipt and approval of a properly completed invoice, and supporting documentation.
- B. No later than thirty (30) days after the close of monthly business the Center shall submit to the Contract Manager the following documents in sufficient detail for proper pre-audit and post-audit thereof as evidence of deliverable completion:
1. A properly completed invoice which includes, at a minimum, the month for which payment is sought; the number of Independent Living service hours provided for the month included in Section III.B. of this Agreement.
  2. A Monthly Performance Report for the Center for Independent Living Program and a quarterly report of activities conducted pursuant to the State Plan for Independent Living goals, objectives, and strategies, as applicable, completed in formats provided by Vocational Rehabilitation and submitted with the Center's December, March, June and September invoice.
- C. No later than thirty (30) days after the end of each quarter, the Center shall submit to the Contract Manager a quarterly budget reconciliation in a format provided by Vocational Rehabilitation for the year-to-date period. For purposes of this agreement, quarters are defined as follows:
- 1<sup>st</sup> Quarter – July 1<sup>st</sup> – September 30<sup>th</sup>
  - 2<sup>nd</sup> Quarter – October 1<sup>st</sup> – December 31<sup>st</sup>
  - 3<sup>rd</sup> Quarter – January 1<sup>st</sup> – March 31<sup>st</sup>
  - 4<sup>th</sup> Quarter – April 1<sup>st</sup> – June 30<sup>th</sup>
- D. The Center shall maintain documentation (electronic or hard copy) to track and record all service hours provided under this Agreement. Documentation will at a minimum identify the staff providing the service, the date of service, the hours of service, the consumer receiving the service, and all services provided to the consumer during the hours of service.
- E. The Center shall track, record, and allocate all service hours provided under this Agreement rounded to the nearest 15-minute increment.
- F. The Center shall record and report services provided to more than one individual at the same time or in a group setting based on the actual hours of service provided regardless of how many individuals are in attendance unless the individuals are consumers with active consumer service records and the services being provided are listed in their Independent Living Plans.
- G. The Center shall track, record, allocate, and report services provided under this Agreement by funding source.
- H. The Center shall not track, record, report and/or invoice any specific service hour or 15-minute increment thereof to both this Agreement and any other agreement, nor shall the Center track, record, report, and/or invoice any specific service hour or 15 minute increment thereof to more than one funding source under this Agreement.

V. Compliance with State Laws and Regulations

- A. The parties shall comply with all applicable Federal, State, and local laws and regulations, including but not limited to:
1. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability;
  2. The Americans with Disabilities Act of 1990 as amended P.L. 101336, which prohibits discrimination on the basis of disability and requires reasonable accommodations for persons with disabilities;
  3. The Florida Civil Rights Act of 1992, as amended, which secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, disability, or marital status; and
  4. All regulations, guidelines and standards as are now or may be lawfully adopted under the above statutes.
  5. 45 CFR part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
  6. 45 CFR part 80— Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services—Effectuation of title VI of the Civil Rights Act of 1964.
  7. 45 CFR part 84— Nondiscrimination on the Basis of Handicap in Programs Activities Receiving Federal Financial Assistance.
  8. 45 CFR part 86—Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance.
  9. 45 CFR part 91—Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance from HHS.
  10. 45 CFR part 93—New Restrictions on Lobbying.
  11. 2 CFR part 376—Nonprocurement Debarment and Suspension.
  12. 2 CFR part 382—Requirements for Drug-Free Workplace (Financial Assistance).
- B. The parties further acknowledge that the availability of Federal and State funding may be contingent upon each party's assurances and compliance with the foregoing, and that each shall endeavor to remain in compliance throughout the Term. The Center agrees to require these same assurances from all contractors, subcontractors, sub-grantees, and others with whom it arranges to provide services or benefits in connection with any of its programs and activities funded through this Agreement.

VI. Lobbying

The Center agrees to comply with all federal and state applicable laws and implementing regulations that prohibit the expenditure of funds made available hereunder for lobbying

the Legislature or a state agency. See section 216.347, Florida Statutes; section 11.062, Florida Statutes; 31 U.S.C. §1352; 18 U.S.C. §1913.

VII. Audits and Records, Retention of Records

The Center agrees that it shall:

- A. Permit persons duly authorized by Vocational Rehabilitation and state and federal auditors full access to and the right to examine any records and documents related to this Agreement at all reasonable times during the period of this Agreement for as long as records must be retained as defined below in paragraph D. Those persons authorized to do so shall be entitled to inspect any records, papers, documents, facilities, or services of the Center relevant to this Agreement and may interview recipients of services and employees of the Center to be assured of satisfactory performance of the terms and conditions of the Agreement. Within 90 days following such inspection Vocational Rehabilitation shall deliver to the Center a written report of the findings, including specifically any noted deficiencies concerning the manner in which services are being provided. The Center will correct all noted deficiencies identified by Vocational Rehabilitation within the specified period set forth in the recommendations.
- B. Maintain a financial management system relating to funds received and expended under this Agreement in accordance with generally accepted accounting principles and that is compliant with 45 CFR Part 75.302, Standards for financial management systems and 45 CFR Part 75.361, Retention Requirements for Records.
- C. The financial management system maintained pursuant to Paragraph VIII (B) shall include the maintenance of books, records, documents, including electronic storage media and the evidence and accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Agreement. Upon reasonable advance notice, the Center shall make such books, records, and documents, including electronic storage media and the evidence and accounting procedures and practices, available for inspection, review or audit by authorized state and federal personnel and other personnel duly authorized by Vocational Rehabilitation.
- D. The Center shall retain all financial records, supporting documents, statistical records, and any other documents including electronic storage media pertinent to this Agreement for a period of five (5) years after the ending date of this Agreement or, if audit findings have not been resolved at the end of the five (5) year period, the records shall be retained until resolution of the audit findings. State auditors and any persons duly authorized by Vocational Rehabilitation shall have full access and the right to examine any of the said materials during said period.
- E. The Center shall:
  1. Respond to any written recommendations from Vocational Rehabilitation to the Center regarding deficiencies in the Center's performance within the time specified in such comments. The Center shall either rectify such deficiencies or supply a reasonable written justification for not correcting such deficiencies.
  2. In accordance with the provisions of 45 CFR Part 75 Subpart F, in the event that it expends equal to or in excess of the Federal threshold for awards in its fiscal year, the Center shall have a single or program-specific audit conducted in accordance with the provisions of 45 CFR Part 75, Subpart

F. In determining the Federal awards expended in its fiscal year, the Center shall consider all sources of Federal awards. The determination of the amount of Federal awards expended should be in accordance with the guidelines established by 45 CFR Part 75. An audit conducted by the Auditor General in accordance with 45 CFR Part 75.514 will meet the requirement of this part. If a Center is required to have an audit pursuant to this section, the Center will provide a copy to Vocational Rehabilitation.

3. If the Center expends less than the Federal threshold for awards in its Fiscal year, an audit conducted in accordance with the provisions of 45 CFR Part 75 Subpart F is not required. In the event that the Center expends less than the Federal threshold for awards in its fiscal year and elects to have an audit conducted in accordance with the provision of 45 CFR Part 75 Subpart F the audit must be paid for from non-Federal funds. If non-federal funds under this agreement are used to pay for such an audit, the Center will provide a copy to Vocational Rehabilitation. If the Center elects to conduct an audit under this section, but does not use funds from this Agreement, Vocational Rehabilitation requests that the Center submit a copy of the audit.

F. In accordance with Executive Order 20-44, each contractor meeting the following criteria: 1) all entities named in statute with which the agency must form a sole source, public private agreement and 2) all entities that, through contract or other agreement with the State, annually receive 50% or more of their budget from the State or from a combination of State and Federal funds shall provide to the department an annual report in the format required by the department. This report shall detail the total compensation for the entities' executive leadership teams. Total compensation shall include salary, bonuses, cashed in leave, cash equivalents, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout. In addition, the contractor shall submit with the annual report the most recent Return of Organization Exempt From Income Tax, Form 990, if applicable, or shall indicate that the contractor is not required to file such Form 990. Contracted entities must inform the Department of any changes in total executive compensation between the annual reports. All compensation reports must indicate what percent of compensation comes directly from the State or Federal allocations to the contracted entity. This report shall be submitted by May 1, 2021 and March 1 of each subsequent year. Executive Order 20-44 may be obtained via this link, [https://www.flgov.com/wp-content/uploads/orders/2020/EO\\_20-44.pdf](https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-44.pdf)

#### VIII. Government in the Sunshine/Public Records

The Parties recognize that each is required to comply with Section 286.011, Florida Statutes, Government in the Sunshine, and to Florida's public records laws, Chapter 119, Florida Statutes.

In fulfilling its obligations under this Agreement and Chapter 119, F.S., the Center must comply with the requirements outlined in s. 119.0701, F.S. If the Center fails to comply with a public records request pursuant to Chapter 119, F.S., Vocational Rehabilitation may take any action under this Agreement necessary to ensure compliance with Florida's public records laws, including, but not limited to, demanding compliance with a public records request, seeking indemnification from the Center regarding an action brought to enforce a public records request sent to the Center, or terminating the Agreement. Pursuant to s. 119.0701, F.S., the Center must:

Keep and maintain public records required by Vocational Rehabilitation to perform the service.

Upon request from Vocational Rehabilitation's custodian of public records, provide Vocational Rehabilitation with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in chapter 119, F.S., or as otherwise provided by law;

Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the Center does not transfer the records to Vocational Rehabilitation; and

Upon completion of the Agreement, transfer, at no cost, to Vocational Rehabilitation all public records in possession of the Center or keep and maintain public records required by Vocational Rehabilitation to perform the service. If the Center transfers all public records to Vocational Rehabilitation upon completion of the Agreement, the Center shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Center keeps and maintains public records upon completion of the Agreement, the Center shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to Vocational Rehabilitation, upon request from Vocational Rehabilitation's custodian of public records, in a format that is compatible with the information technology systems of Vocational Rehabilitation.

IF THE CENTER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CENTER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 850-245-0735 & [contractcustodian@fldoe.org](mailto:contractcustodian@fldoe.org), Florida Department of Education, Attn: Contract Custodian 325 W. Gaines Street, Suite 344, Tallahassee, FL 32399-0400.

IX. Unspent Funds and Program Income

Use of program income shall be consistent with the requirements of 45 CFR 1329.2 to further eligible projects or program objectives. Unspent funds shall be returned to the Florida Department of Education within 90 days of the end of the Term.

X. Indemnification

Nothing in this Agreement is intended to alter or waive any party's entitlement to a defense of sovereign immunity, or to extend the liability of any party beyond the limits established in Section 768.28, Florida Statutes, as amended, except as otherwise provided by law and nothing herein shall be construed as consent by any party to be sued by third parties regarding the instant Agreement. This section shall survive termination of this Agreement.

XI. Insurance

The Center agrees that, throughout the term of this Agreement, and any extended Term agreed to by the parties, it will maintain general liability insurance coverage and Directors and Officers liability coverage with limits of at least one million dollars (\$1,000,000), and issued by insurer(s) licensed to conduct business in Florida and authorized to issue such policies.

XII. Property

Notwithstanding any other section of this Agreement, all rights, title and interest in and to property purchased, produced or developed, in whole or in part, with federal/state pass-through funds provided under this Agreement shall vest in the State of Florida, except that to the extent required by applicable law, the right, title and interest in and to intellectual property shall vest in the State of Florida, Department of State.

### XIII. Publicity and Public Notice

The Center agrees that all notices, informational pamphlets, press releases, research reports and similar public notices which are prepared and distributed by the Center and related to programs funded through this Agreement shall include the statement: "This project is funded under an Agreement with the State of Florida, Department of Education/Division of Vocational Rehabilitation."

### XIV. Term, Renewal, and Termination

- A. This Agreement shall commence on July 1, 2021 or date fully executed whichever is later through and including June 30, 2022. The Agreement may be renewed for an additional two-one-year terms, at the option of Vocational Rehabilitation. Such option may be exercised by notifying the Center in writing at least 90 days prior to the expiration of the original term.
- B. Vocational Rehabilitation may terminate this Agreement, with or without cause, upon no less than thirty (30 days) written notice.

### XV. Remedies

- A. Should the Center be found to be out of compliance with any term or condition set forth herein, Vocational Rehabilitation may withhold payment until all deficiencies are corrected.
- B. The Center has agreed to provide, at a minimum, the total number of service hours identified in Section III.B. of this Agreement. If for any reason the Center, at the end of each Agreement year does not achieve the established minimum level of service hours, remedies will be determined as provided in paragraphs D - G below.
- C. At the end of each Agreement quarter, the Vocational Rehabilitation Contract Manager will analyze the Center's progress toward reaching the minimum number of agreed-upon hours. If it is found that the actual reported hours are below the total minimum hours prorated for the quarter, the Vocational Rehabilitation Contract Manager will consult with the Center to determine if technical assistance or corrective action is required.
- D. At the end of each Agreement year, the Vocational Rehabilitation Contract Manager will validate that the total minimum number of service hours has been achieved before final payment is approved under this Agreement. The validation will be based on the Monthly Performance Reports and deliverables required by this Agreement and provided by the Center, in addition to any audits, site visits and/or technical assistance conducted by Vocational Rehabilitation.
- E. If the Center did not meet the required total minimum monthly hours, the Center shall submit a written statement outlining the reason for the reduced service hours and a plan for meeting the minimum number of service hours in the subsequent month. For each service hour that is not achieved by the Center at the end of the fiscal year, the final payment will be reduced by \$220 per hour.

- F. The Center shall return to Vocational Rehabilitation any overpayment or funds disallowed pursuant to the terms of this Agreement, the Vocational Rehabilitation Act of 1973, as amended or appropriate state, federal regulations, rules and/or laws. In the event that the Center or its independent auditor discovers that an overpayment has been made, the Center shall repay said overpayment immediately together with an explanation of the funds returned. The return shall be due within ten (10) days after the overpayment is discovered. If the Center fails to timely repay such funds, the Center shall pay to Vocational Rehabilitation, in addition to such funds, interest at the rate set pursuant to Section 55.03, Florida Statutes. Interest shall immediately begin to accrue on the unpaid principal balance at the highest rate allowable by applicable laws, through the date on which such funds are fully repaid.
- G. If the total amount of the remedy exceeds the amount of the last payment of the Agreement year or of the last payment of the Agreement, the Center shall reimburse Vocational Rehabilitation for the difference in accordance with this section.

XVII. Agreement Management

Vocational Rehabilitation and the Center designate their respective representatives, identified below for coordination, communication, and management of the Project.

**For Vocational Rehabilitation:**

Monica Moye, Senior Management Analyst Supervisor  
4070 Esplanade Way, 2<sup>nd</sup> Floor  
Tallahassee, FL 32399-7016  
Phone: 850-245-7004  
Fax: 850-245-3392  
E-mail: [monica.moye@vr.fldoe.org](mailto:monica.moye@vr.fldoe.org)

**For the Center:**

Mandy Bianchi, Executive Director  
Center for Independent Living of North Florida/Ability1st  
1823 Buford Court  
Tallahassee, Florida 32308  
Phone: 850-575-9621  
Fax: 850-575-5740  
E-mail: [mandybianchi@ability1st.info](mailto:mandybianchi@ability1st.info)

IN WITNESS WHEREOF, the parties hereto have caused this agreement, which includes any referenced attachments, to be executed on the dates set forth below.

Florida Department of Education/  
Division of Vocational Rehabilitation

Center for Independent Living of North  
Florida/Ability 1st

By:   
Richard J. Moran

By: \_\_\_\_\_  
Mandy Bianchi

Title:   
Bethany Sims

Title: Executive Director

Date: COS  
10/30/21

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



IN WITNESS WHEREOF, the parties hereto have caused this agreement, which includes any referenced attachments, to be executed on the dates set forth below.

Florida Department of Education/  
Division of Vocational Rehabilitation

Center for Independent Living of North  
Florida/Ability 1st

By: \_\_\_\_\_  
Richard Corcoran

By: Mandy Bianchi  
Mandy Bianchi

Title: Commissioner of Education

Title: Executive Director

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

Date: 7/21/21



**Recipient Information**

**1. Recipient Name**

CENTER FOR INDEPENDENT LIVING OF  
NORTH FLORIDA INC  
1823 Buford Ct  
Tallahassee, FL 32308-4465

**2. Congressional District of Recipient**  
02

**3. Payment System Identifier (ID)**  
1592091522A1

**4. Employer Identification Number (EIN)**  
592091522

**5. Data Universal Numbering System (DUNS)**  
107552796

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Ms. Mandy Bianchi  
Executive Director  
mandybianchi@ability1st.info  
850-575-9621

**8. Authorized Official**

Ms. Mandy Bianchi  
Executive Director  
mandybianchi@ability1st.info  
850-575-9621

**Federal Agency Information**

Centers for Independent Living Program

**9. Awarding Agency Contact Information**

Mr. Vincent Woodard  
Financial Operations Specialist  
vincent.woodard@acl.hhs.gov  
202 795-7448

**10. Program Official Contact Information**

Jennifer D. Martin  
Program Analyst  
jennifer.martin@acl.hhs.gov  
2027957399

**Federal Award Information**

**11. Award Number**

2105FLILCL-00

**12. Unique Federal Award Identification Number (FAIN)**

2105FLILCL

**13. Statutory Authority**

29 U.S.C. § 796f-1; Section 722 of the Rehabilitation Act of 1973, as amended

**14. Federal Award Project Title**

2021 CILs

**15. Assistance Listing Number**

93.432

**16. Assistance Listing Program Title**

Centers for Independent Living

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$248,871.00
20a. Direct Cost Amount			
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			
<b>22. Offset</b>			
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$248,871.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Emmanuel Ekwo  
Deputy Administrator

**30. Remarks**

See Below.



Recipient Information
<b>Recipient Name</b> CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC 1823 Buford Ct Tallahassee, FL 32308-4465
<b>Congressional District of Recipient</b> 02
<b>Payment Account Number and Type</b> 1592091522A1
<b>Employer Identification Number (EIN) Data</b> 592091522
<b>Universal Numbering System (DUNS)</b> 107552796
<b>Recipient's Unique Entity Identifier</b> Not Available
<b>31. Assistance Type</b> Formula grant
<b>32. Type of Award</b> Mandatory

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$248,871.00
i. Contractual	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$248,871.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$248,871.00</b>
<b>m. Federal Share</b>	<b>\$248,871.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-2994975	2105FLILCL	AoD	41.51	\$248,871.00	75-21-0142

# AWARD ATTACHMENTS

CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC

2105FLILCL-00

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1. FY21 Terms and Conditions for: Centers for Independent Living (CILs) Funding

## **FY21 Terms and Conditions for: Centers for Independent Living (CILs) Funding**

### **General Grants Management**

Payments – Funds for this award are available through the Payment Management System (PMS). Please go to <https://pms.psc.gov/> for access, payment, reporting and training information.

Award Acceptance - Initial withdrawal of funds by the recipient, constitutes acceptance of the terms and conditions of this award. Any future support is subject to the availability of funds and programmatic priorities. If an initial payment is not requested within 30 business days of the project start date, contact your Federal Project Officer or Grants Management Specialist to provide a reason(s) for the inactivity.

Grants Management Module - ACL grant recipients are required to use the Grants Management Module (GMM) for their grants management services (tracking and receiving various award actions, general correspondence, post-award amendments and requests etc.). The recipient authorizing official identified in box 10a., and recipient project director identified in box 9b., must ensure they are registered with GMM and have the appropriate role(s) assigned to them by their organization. If there is a change in key personnel, please refer to the Special Clause for Change in Key Personnel below.

Closeout Requirements – A final Federal Financial Report (SF-425), a Property Inventory and Disposition Statement if applicable, and a final Program Progress Report are due within 120 days after the expiration of the project period of the Notice of Award.

Overlapping Projects - Recipients with overlapping projects must be specifically cautious that approved costs on any budget, including match or cost share (if applicable), is not also included on any other federally financed program in either the current or a prior period.

### **Public Policy**

The statutory authority for grants of this program is authorized under Title VII, Part C, Section 727 of the Rehabilitation Act of 1973, as amended. You must comply with all terms and conditions outlined in the grant award. This includes the Department of Health and Human Services (HHS) Grants Policy Statement (GPS). You must comply with HHS grants administration regulations, program statutes and regulations, and any applicable appropriation act requirements or limitations. The terms and conditions of this award include the provisions and requirements from the applicable notice of funding opportunity or other funding solicitation.

Terms and Conditions: Please visit ACL's website at <https://www.acl.gov/grants/managing-grant> to view the terms and conditions, including but not limited to:

- Prohibition on certain telecommunications and video surveillance services or equipment
- SAM.gov / DUNS Requirement
- Consolidated Appropriations Act
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, DOMA: Implementation of Same-Sex Spouses/Marriages, Stevens Amendment, and Antidiscrimination

### **Reporting Requirements**

Reporting Requirements: Please visit ACL's website at <https://www.acl.gov/grants/managing-grant> to view the reporting requirements, including but not limited to:

- Federal Funding Accountability and Transparency Act (FFATA)
- Federal Awardee Performance and Integrity Information System (FAPIIS)

Program Progress Reports are due annually (within 120 days following the end of the project period), effective with the start date of the award. This report must be submitted through the Q90 reporting portal introduced in September of 2021.

Annual Federal Financial Reports are required. SF-425 Financial Reporting: For this grant award, the SF-425 shall be submitted using the HHS' Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. An annual and final report is due within 120 days after 9/29/2022, which is 1/31/2023.

Federal Cash Reporting: On the SF-425 form, lines 10 a. through c. are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS' Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.

### **Special Clause for Change in Key Personnel**

Per 2 CFR 200.308, recipients of federal funds must request approval from the grantor for a number of changes related to the grant, including a Change in Key Personnel identified in the application for federal funds or in the grant award. The regulation defines a Change in Key Personnel as the replacement or change in status (such as an absence for any continuous period of 3 months or more, or reduction of time devoted to the project by 25 percent or more from the level in the approved application) of the Principal Investigator/Project Director (PI/PD).

Please click on following link for ACL process to request Change in Key Personnel: [Mandatory/Formula Grants in the Non-Discretionary Grants Module of GrantSolutions](#).

### **Staff Contacts**

Please go to the [Centers for Independent Living](#) page on ACL.gov then scroll down to the **Office of Independent Living Programs Contact List** and select to find Independent Living Administration Project Officer assigned to your state.