

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/28/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0355

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

d. Address

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

e. Organizational Unit (optional)

Department Name: Big Bend Continuum of Care
Division Name:

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

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

Fax Number: (850) 488-1616

Email: Iford@bigbendcoc.org

1C. SF-424 Application Details

9. Type of Applicant: D. Special District Government

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

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

12. Funding Opportunity Number: FR-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: HMIS Renewal FY2023

16. Congressional District(s):

a. Applicant: FL-002, FL-005
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 05/01/2024

b. End Date: 04/30/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Eric

Middle Name:

Last Name: Layton

Suffix:

Title: Data & Training Director

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

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

Email: elayton@bigbendcoc.org

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

Date Signed: 08/28/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Apalachee Regional Planning Council

Prefix: Mr.

First Name: Eric

Middle Name:

Last Name: Layton

Suffix:

Title: Data & Training Director

Organizational Affiliation: Apalachee Regional Planning Council

Telephone Number: (850) 792-5015

Extension:

Email: elayton@bigbendcoc.org

City: Tallahassee

County: Leon

State: Florida

Country: United States

Zip/Postal Code: 32303

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$130,292.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

Certification

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

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

X

Name / Title of Authorized Official: Eric Layton, Data & Training Director

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

Date Signed: 08/28/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

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

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

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

| |
|---|
| X |
|---|

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

Authorized Representative

Prefix: Mr.

First Name: Eric

Middle Name

Last Name: Layton

Suffix:

Title: Data & Training Director

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

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

Email: elayton@bigbendcoc.org

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

Date Signed: 08/28/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Apalachee Regional Planning Council

Name / Title of Authorized Official: Eric Layton, Data & Training Director

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

Date Signed: 08/28/2023

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046**

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

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

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

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

Legal Name: Apalachee Regional Planning Council

Street 1: 2507 Callaway Road

Street 2: Suite 102A

City: Tallahassee

County: Leon

State: Florida

Country: United States

Zip / Postal Code: 32303

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Eric

Middle Name:

Last Name: Layton

Suffix:

Title: Data & Training Director

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

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

Email: elayton@bigbendcoc.org

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

Date Signed: 08/28/2023

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Apalachee Regional Planning Council

Prefix: Mr.

First Name: Eric

Middle Name:

Last Name: Layton

Suffix:

Title: Data & Training Director

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

Date Signed: 08/28/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input checked="" type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. HMIS Standards | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Only updating the 3B to reflect updates to # of projects and users this year, and 7A Attachments section. No other changes.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0355

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

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

3. CoC Collaborative Applicant Name: Apalachee Regional Planning Council

4. Project Name: HMIS Renewal FY2023

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

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

This project supports operation of HMIS for the continuum area by funding 2 full-time staff dedicated to training, TA, oversight & management of the system. The HMIS Project is under direction of the HMIS Director, CoC Executive Director, & CoC Governance Board, & provides support to 160 projects & 63 end-users. HMIS supports data collection for all HUD CoC funded projects, state & local projects aimed at providing emergency shelter, transitional, permanent supportive housing & rapid re-housing. It provides users with the ability to report utilizing all current universal data elements, updated export tools, modules, ad-hoc report settings, data customization & sharing. The HMIS Lead will continue work with the PATH Provider to ensure data is collected in the manner necessary to meet program guidelines & include substance abuse & mental health provider data & collection of aggregate data from DV service providers.

The HMIS system is monitored for data quality & has capability to generate reports such as the AHAR/LSA, system-wide APR's, CAPER's, System Performance & reports related to state funded projects & other federal projects such as SSVF. Support staff ensures data validation & quality checks are performed monthly at the provider level & system-wide to improve data quality. In addition to ensuring optimal system performance & security, updates are made to system-level controls to ensure quality data & software security is maintained through user background screenings, protocols, trainings & data cleansing. Support staff will provide on-going training to users including standard training for new users, refresher trainings related to system changes & updates & postings for HMIS FAQ's & issues with data reporting & quality. These postings & step-by-step instructions will be available to users on the local HMIS portal on our website.

Through HMIS, the CoC can fully implement Coordinated Entry & assessment & utilize By-name lists for referrals, placements & tracking housing outcomes. HMIS serves as the entry point for PIT count data & the dashboard provides updates on the numbers of homeless in the continuum area. The project will utilize upgraded tools available through Wellsky to capture real-time data on the HMIS Dashboard through SAP BusinessObjects (our HMIS Advanced Reporting Tool), which will allow users to see the homeless count as well as changes in client's homeless status.

As another way to leverage opportunities & improve data quality & performance outcomes, our CoC is part of the PromiSE capacity building HMIS award. On June 14th, 2021, our HMIS implementation merged with 11 other CoCs in NW Florida/Alabama. This allows us to have access to more reporting, training support & lower costs per user. This also allows for verification of homelessness across CoCs within the implementation, which consists of the western and central Florida panhandle and all of Alabama.

4A. HMIS Standards

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Changes to the HMIS Governance Charter, as well as HMIS Policies and Procedures, are conducted by vote during meetings with both the CoC HMIS Committee and the CoC Executive Board. In addition, any changes to the charter or policies must align with the Policies and Procedures of our shared HMIS implementation, PromisSE, which consists of other CoCs in the Western Florida panhandle and the state of Alabama.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Responsibility for insuring policy and security standards rests with the PromisSE Implementation Leads Committee, which meets several times a year, and consists of HMIS & Data leads from all participating CoCs in the PromisSE implementation. Responsibility for executing any changes to these standards for our specific CoC rests with the CoC Data & Training Director, under the supervision of the CoC Executive Director, and by review of the CoC HMIS Committee.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

If a data breach occurs, the knowledgeable party is required to notify the Continuum-designated HMIS Lead Agency (CoC HMIS Team) immediately. A complete investigation into the End User’s access to the system will be completed. A Corrective Action Plan will be implemented. Components of the Plan will include, at a minimum, options of removal of HMIS license, client notification if a breach has occurred, supervision, retraining, and any appropriate legal action.

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

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



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

| | |
|------|-------------------------------------|
| HMIS | <input checked="" type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. Sources of Match

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

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$33,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$33,000 |

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

| Type | Source | Contributor | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | City of Tallahass... | \$33,000 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** City of Tallahassee CDBG Grant funding
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$33,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant CoC Program Costs Requested (1 Year Term) |
|--|--|
| 1a. Leased Units (Screen 6B) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$0 |
| 3. Supportive Services (Enter) | \$0 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$121,768 |
| 6. VAWA (Enter) | |
| 7. Sub-total of CoC Program Costs Requested | \$121,768 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$8,524 |
| 9. HUD funded Sub-total + Admin. Requested | \$130,292 |
| 10. Cash Match (From Screen 6D) | \$33,000 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$33,000 |
| 13. Total Project Budget for this grant, including Match | \$163,292 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | BBCoC Non-Profit ... | 08/10/2018 |
| 2) Other Attachment | No | 2023 HMIS Funding... | 08/28/2023 |
| 3) Other Attachment | No | 2023 HMIS Renewal... | 08/28/2023 |

Attachment Details

Document Description: BBCoC Non-Profit Status Ltr

Attachment Details

Document Description: 2023 HMIS Funding Match

Attachment Details

Document Description: 2023 HMIS Renewal Application Supporting Attachments

7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Eric Layton

Date: 08/28/2023

Title: Data & Training Director

Applicant Organization: Apalachee Regional Planning Council

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B Submission Summary

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/28/2023 |
| 1B. SF-424 Legal Applicant | 08/28/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/28/2023 |
| 1E. SF-424 Compliance | 08/28/2023 |
| 1F. SF-424 Declaration | 08/28/2023 |
| 1G. HUD 2880 | 08/28/2023 |

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

| | |
|---|-------------------|
| 1H. HUD-50070 | 08/28/2023 |
| 1I. Cert. Lobbying | 08/28/2023 |
| 1J. SF-LLL | 08/28/2023 |
| IK. SF-424B | 08/28/2023 |
| Submission Without Changes | 08/28/2023 |
| Recipient Performance | 08/28/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 08/28/2023 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/28/2023 |
| 3B. Description | 08/28/2023 |
| 4A. HMIS Standards | 08/28/2023 |
| 6A. Funding Request | 08/28/2023 |
| 6D. Match | 08/28/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/28/2023 |
| 7B. Certification | 08/28/2023 |

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

DEPARTMENT OF THE TREASURY

Date: NOV 08 2017

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

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

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

Dear Applicant:

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

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

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

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

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

Letter 947

BIG BEND HOMELESS ASSISTANCE

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements



**CITY OF
TALLAHASSEE**

June 14, 2023

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

Re: HMIS Grant #FL0355L4H062011-Match of \$33,000.00

Dear sir or madam:

This letter is to confirm that the City of Tallahassee will commit to provide match funds for the HUD CoC HMIS Grant. The match amount to which we are committing is \$33,000.00. These funds are provided from the City of Tallahassee ESG entitlement funds for the period 5/1/23-9/30/23.

Please let me know if you need additional information.

Best Regards,

Kimball Thomas

Kimball Thomas, PhD
Director of Housing and Community Resilience Department

BBCoC HUD HMIS 22-23 Match Letter

Final Audit Report

2023-06-14

| | |
|-----------------|--|
| Created: | 2023-06-14 |
| By: | Anita Morrell (Anita.Morrell@talgov.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAi3EwNT8yU58KeDmYqeZjImFvSeelFqAC |

"BBCoC HUD HMIS 22-23 Match Letter" History

-  Document created by Anita Morrell (Anita.Morrell@talgov.com)
2023-06-14 - 2:50:50 AM GMT- IP address: 71.42.104.199
-  Document emailed to Kimball Thomas (kimball.thomas@talgov.com) for signature
2023-06-14 - 2:51:42 AM GMT
-  Email viewed by Kimball Thomas (kimball.thomas@talgov.com)
2023-06-14 - 12:12:58 PM GMT- IP address: 167.75.254.253
-  Document e-signed by Kimball Thomas (kimball.thomas@talgov.com)
Signature Date: 2023-06-14 - 12:13:13 PM GMT - Time Source: server- IP address: 167.75.254.253
-  Agreement completed.
2023-06-14 - 12:13:13 PM GMT

2024 HMIS Project Renewal

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HUD Annual Performance Report v5.1 - HMIS

Project: **HMIS Renewal FY2021**Grant: **FL0355L4H062112**Type: **HMIS**Report: **APR**Period: **5/1/2022 - 4/30/2023**

Your t

01. Grant Information - From e-snaps and LOCCS

| | |
|--|---|
| Grant Number | FL0355L4H062112 |
| Recipient | FL-506: Apalachee Regional Planning Council |
| CoC Number and Name | FL-506 Tallahassee/Leon County CoC |
| CoC Component Type | HMIS |
| CoC Project Type | |
| Total Award Amount (from the application in e-snaps) | \$130,292.00 |
| Operating Year Start Date | 5/1/2022 |
| Operating Year End Date | 4/30/2023 |
| Grant Term in Months | 12 |
| Grant Information Was Updated on | 5/10/2023 |

02. Contact Information**Grant Contact Information**

| | |
|------------------------|---------------------------|
| Prefix | Mrs |
| First Name | Johnna |
| Middle Name | |
| Last Name | Coleman |
| Suffix | |
| Organization | ARPC/Big Bend CoC |
| Department | |
| Title | Executive Director |
| Street Address 1 | 2507 Callaway Rd. Ste 102 |
| Street Address 2 | |
| City | Tallahassee |
| State / Territory | Florida |
| ZIP Code | 32303 |
| E-mail Address | jcoleman@bigbendcoc.org |
| Confirm E-mail Address | jcoleman@bigbendcoc.org |
| Phone Number | (850)739-5162 |
| Extension | |
| Fax Number | |

Contact Information for HMIS System Administrator from Lead Agency

| | |
|------------------------|----------------------------|
| Prefix | Mr |
| First Name | Eric |
| Middle Name | |
| Last Name | Layton |
| Suffix | |
| Organization | ARPC/Big Bend CoC |
| Department | HMIS |
| Title | Data and Training Director |
| Street Address 1 | 2507 Callaway Rd. Ste 102 |
| Street Address 2 | |
| City | Tallahassee |
| State / Territory | Florida |
| ZIP Code | 32303 |
| E-mail Address | elayton@bigbendcoc.org |
| Confirm E-mail Address | elayton@bigbendcoc.org |
| Phone Number | (850)739-5163 |
| Extension | |
| Fax Number | |

Check all those participating in answering the APR questions: CoC Staff, Grantee/Fiscal Agent, HMIS Lead Staff, HMIS System Administrator

03. Implementation Information

| | |
|---|--|
| Identify the type of implementation this grant is a part of: | Multiple CoC Implementation |
| → If Multiple CoC Implementation, select the CoC's that are part of this HMIS implementation: | AL-500 Birmingham/Jefferson, St. Clair, Shelby Counties CoC, AL-501 Mobile City & County/Baldwin County CoC, AL-502 Florence/Northwest Alabama CoC, AL-503 Huntsville/North Alabama CoC, AL-504 Montgomery City & County CoC, AL-505 Gadsden/Northeast Alabama CoC, AL-506 Tuscaloosa City & County CoC, AL-507 Alabama Balance of State CoC, FL-505 Fort Walton Beach/Okaloosa, Walton Counties CoC, FL-506 Tallahassee/Leon County CoC, FL-511 Pensacola/Escambia, Santa Rosa Counties CoC, FL-515 Panama City/Bay, Jackson Counties CoC |
| Does the HMIS implementation use a centralized model (in which the HMIS Lead fulfills all responsibilities for system administration) or a decentralized model (in which local entities assist the HMIS Lead in fulfilling responsibilities for system administration)? | Centralized |
| Briefly describe the HMIS implementation: | PromisSE (or Program Management Information System of the SouthEast) is a shared HMIS which allows authorized personnel at homeless and human service provider agencies throughout the participating regions of the Southeast to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-Agency agreements, on common clients. |
| Does the HMIS implementation provide data to a data warehouse/data integration project? | No |

04. HMIS Software Information

| | |
|--|---|
| Identify the HMIS software in use: | WellSky (Mediware) - ServicePoint |
| Was the software in use, identified here, the HMIS solution designated for use by the CoC? | Yes |
| How many years has the implementation used the current software? | 15 |
| Does the CoC have plans to change software in the next two years? | No |
| Identify all reports the software currently generates: | APR – CSV Report (as Used for Transitional Housing, Permanent Housing and Services Only), CAPER – CSV Report, Data Quality Report, LSA Table Shells, PATH Report, Project Descriptor Data Report, System Performance Measures |
| Is the software able to generate the most recent HMIS-CSV export? | Yes |
| Is the software able to generate the most recent HMIS-CSV export – that is hashed (e.g. for RHY)? | Yes |
| Does the software support automatic exiting functionality (e.g. for night by night shelters and/or street outreach)? | Yes |
| →If yes, how often is it run? | Never |
| Is the HMIS system used for Coordinated Entry? | Yes |
| Who completes project set up, including entering all Project Descriptor Data Elements (PDDE), in the HMIS? | HMIS Lead - System Administrator |
| How often are PDDE's reviewed? | Monthly |

05. Staff Responsibilities

Identify the organization and person responsible for performing the following activities for the HMIS implementation.

| System Related | | |
|---|--|----------------------------------|
| Hosts the HMIS Software on Their Server or Their Cloud Account Server | | HMIS Vendor - Staff |
| Oversees the Security of the HMIS System | | HMIS Lead - System Administrator |
| Backs Up the HMIS Data | | HMIS Lead - System Administrator |
| Report Related | | |
| Runs the Data Quality Report by Project | | HMIS Lead - Data Analyst |
| Monitors Data Quality | | HMIS Lead - Data Analyst |
| Runs/Produces the LSA Information | | HMIS Lead - System Administrator |
| Runs/Produces the System Performance Measures | | HMIS Lead - System Administrator |
| Compiles Data for the Housing Inventory Chart | | HMIS Lead - System Administrator |
| Generates/Compiles/Compares Data from the HMIS for the Point-in-Time Count | | HMIS Lead - System Administrator |
| User Support | | |
| Sets Up the Configuration and User Levels of Users in the HMIS | | HMIS Lead - Data Analyst |
| Trains New Users | | HMIS Lead - Data Analyst |
| Provides On-Going Training for Users | | HMIS Lead - Data Analyst |
| Trains HMIS Lead Agency Staff | | HMIS Lead - System Administrator |
| Provides User Support for HMIS Software Issues (via Telephone, Email, etc.) | | HMIS Lead - Data Analyst |
| Provides User Support for Data Entry Issues | | HMIS Lead - Data Analyst |

06. Users

| | |
|--|---|
| How many total HMIS users are there in the implementation? | 720 |
| Do all users sign a "User Agreement" that outlines basic privacy/security policies applicable to the user? | Yes |
| Are all users trained in the system prior to receiving their passwords/logon information into the HMIS? | Yes |
| Briefly describe the regular training for new users and any on-going trainings: | All new users are required to complete self-paced training through our learning management system (www.learnhmis.org). This online training covers introduction to CoCs and HMIS in general, policies and procedures for our specific implementation, data quality, client data privacy/security, and how to use the system. After this online training, all users are subject to training with their local CoC or HMIS lead before being issued credentials to the training HMIS site for practice, and then the live site. |
| How many new users were trained in the implementation this year? | 193 |

07. Governance

Governance

| | |
|--|--|
| Is there a Governance Charter for each CoC in the HMIS implementation area? | Yes |
| Do the Charter(s) establish the decision making structure regarding the HMIS? | Yes |
| Are all CoCs in the implementation represented in the decision making structure? | Yes |
| Are the roles and responsibilities for decision making clearly defined and codified in documents such as by-laws or governance charter(s)? | Yes |
| Briefly describe the relationship between the CoC Board and the HMIS Lead Agency: | Our CoC is also the HUD-designated HMIS lead agency for FL-506, while One Roof (AL-500) is the HMIS lead for our entire HMIS implementation (CoC's throughout Alabama and the Northwest Florida Panhandle). Our CoC board meets quarterly, allowing the HMIS committee chair to present updates and news to the full CoC board. In addition, any critical changes to the HMIS, it's operation, and policies/procedures, are presented to the CoC board for full vote and approval prior to implementation. |

Standards

| | |
|--|---|
| Has the HMIS Lead worked with all participating CoCs to develop basic technical, security, privacy and data quality standards? | Yes |
| Is there a process in place to update the standards? | Yes |
| Who is responsible for monitoring the standards to ensure they are up-to-date and enforced? | HMIS Lead - System Administrator |
| What year was the HMIS Policy/Procedure Manual last updated? | 2023 |
| Does the HMIS have an "Agency Agreement" on the use of the HMIS with all agencies who have programs on the system? | Yes |
| Describe the timeliness standards in the implementation, how users are informed of those standards and how they are monitored: | New users and existing users completing online recertification are trained on and reminded frequently of all pertinent data quality metrics, including updating client data in real time, whenever possible, and if unable, within 24-48 hours maximum. |

08. System Coverage

General Coverage

| Across the HMIS Implementation Identify the Following | | Number of Beds in the Most Recent HIC (Minus Any DV Beds) | Number of Beds on HMIS in the Most Recent HIC | Percent Coverage |
|--|---|---|---|------------------|
| Emergency Shelter | | 2257 | | |
| Transitional Housing | | 920 | | |
| Permanent Supportive Housing | | 3182 | | |
| Rapid Re-Housing | | 815 | | |
| Safe Haven | | 10 | | |
| If there is not 100% coverage explain why and what efforts, you are taking to increase the coverage rate: | ES & TH - Providers still attempt to keep clients at a safe distance due to vulnerabilities and precaution lingering from COVID since all clients may not be vaccinated. Also, staff turnover is high, sometimes limiting the number of clients per staff allowable for safety reasons. PSH - Providers have found that rental rates have increased and they are having a difficult time keeping capacity with current rent rates. We have seen rent rates increase over 25% in our area. | | | |
| How many client records are in your HMIS system? | | 565583 | | |
| Are there victim-service providers funded with CoC or ESG within the implementation? | | Yes | | |
| → If yes, are they using a comparable database which can provide the required CSV Reports for their funding? | | Yes | | |
| → If yes, what is the name(s) of the comparable software system in use by VSP? | | Osnum | | |
| Select the response option that best describes the participation of projects funded by each of the federal partner programs: | | | | |
| HUD: CoC (Not Including VSP) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HUD: ESG (Not Including VSP) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HUD: HOPWA | Grantee(s) Have Funding and are NOT Entering Data into HMIS | | | |
| HHS: PATH | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HHS: RHY - Basic Center Program (BCP) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HHS: RHY - Transitional Living Program (TLP) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HHS: RHY - Street Outreach Program (SOP) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| HHS: RHY - Maternal Group Home (MGH) | There are No Grants for this in this HMIS Implementation | | | |
| VA: Supportive Services for Veteran Families (SSVF) | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| VA: HUD/VASH | Grantee(s) Have Funding and are NOT Entering Data into HMIS | | | |
| VA: GPD | Grantee(s) Have Funding and are Entering Data into HMIS | | | |
| Does the implementation have any issues with incorporating the federal partner projects into the HMIS that you want to share with HUD? | There are no issues with incorporating the federal partner projects into HMIS, however, there is resistance of our VA partners to enter into the system. | | | |

09. Financial Information**ALL FUNDS****Funding Sources (associated with this dedicated HMIS project during the operating year)**

| | |
|--|---------------------|
| HUD: CoC Administration/Planning/UFA Funds | 74,278.00 |
| HUD: CoC Grant (Dedicated HMIS Grants Only) | 130,852.00 |
| HUD: CoC Project Grants | 1,713,294.00 |
| HUD: ESG (Dedicated HMIS Grant) | |
| HUD: HOPWA | 0 |
| HHS: RHY – Through RHY Grantees | 0 |
| HHS: PATH – Through PATH Grantees | 0 |
| HUD: VA Grantees – Through VA Program Grantees | 0 |
| Local Government | 0 |
| State Government | 0 |
| Private/Foundation/Fundraising | 0 |
| Participation/User Fees from Projects/Agencies | 0 |
| Other | 0 |
| Total of All Funding Sources for Operating Year | 1,918,424.00 |

HUD Funds expended from this Dedicated HMIS Grant

| | |
|---|-------------------|
| Equipment (Server, Computers, Printers) | 1,726.25 |
| Software (Software Fees, User Licenses, Software Support) | 17,955.47 |
| Services (Training, Hosting, Programming) | 1,509.95 |
| Personnel (Costs Associated with Staff) | 93,481.33 |
| Space and Operations | 7,095.00 |
| Administration | 8,524.00 |
| Total HUD-funded Expenditures | 130,292.00 |
| Match Used for this Dedicated HMIS Grant | |
| Cash Match | 33,000.00 |
| In-Kind Match | 0.00 |
| Total Match | 33,000.00 |
| Total Expenditures requiring a match | 130,292.00 |
| Percentage Match | 25.33% |

10. 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:

- Front Office Portal
- Profile
- My Account
Change Password
- Workspace
- Applicants
- Funding Opportunity Registrations
- Projects
- Submissions
- Contact Us

Applicant: Apalachee Regional Planning Council (FL-506 CoC)

Applicant Details

Applicant Name: Apalachee Regional Planning Council
Applicant Number: FL-506 CoC

Registrants

| Delete | Open | Name | User Name | Email | Group |
|--------|------|-----------------|---------------|--|---------------|
| | | Rietow, Chris | CRietow | crietow@theapc.com | Administrator |
| | | Coleman, Johnna | JohnnaColeman | jcoleman@bigbendcoc.org | Administrator |
| | | Layton, Eric | elayton | elayton@bigbendcoc.org | Administrator |
| | | Ford, Lona | LonaFord | lford@bigbendcoc.org | Administrator |

[Back to List](#)



Secure Systems

System Administration

[faq](#) | [help](#) | [search](#) | [home](#) | [logout](#)

User List

Coordinators with active business partner relationships are listed in **bold**.

| Organization ID | Last Name | First Name | User Id | User Status | User Type | BPR Type | BPR Status |
|-----------------|-----------|------------|------------------------|-------------|-------------|--------------------------------|---------------------|
| 591772505 | COLEMAN | JOHNNA | MEJT80 | Active | Coordinator | Business Partner - Participant | Active Original (0) |
| 591772505 | FORD | LONA | MEJU68 | Active | Coordinator | Business Partner - Participant | Active Original (0) |
| 591772505 | PITTS | MONICA | MEJS96 | Active | Coordinator | Business Partner - Participant | Active Original (0) |
| 591772505 | RIETOW | CHRIS | MZK073 | Active | Coordinator | Business Partner - Participant | Active Original (0) |
| 591772505 | WATSON | JANICE | MZK171 | Terminated | User | Business Partner - Participant | Active Original (0) |

system administration

- [Business Partners Maintenance](#)
- [Participant Assignment Maintenance](#)
- [Password Change](#)
- [User Maintenance](#)

systems

- [Active Partners Performance System \(APPS\)](#)
- [Line of Credit Control System \(eLOCCS\)](#)

Welcome CHRIS RIETOW

F. Budget Template for HUD HMIS PROJECTS

Project Name: 2024 HMIS RENEWAL

Please provide a summary budget for your proposed projects using the table below/ Indicate the total amount of HUD CoC funds you are requesting and your match, broken down into the provided budget categories per HUD's BLI's. Please refer to <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/coc-eligible-activities-overview/> for more detailed information as you develop your budget.

Note: RRH projects BLI's are tenant based rental assistance, supportive services, HMIS, and admin. Joint TH/RRH are leasing, operations, tenant based rental assistance, supportive services, HMIS and admin. Match must be at least 25% of the total HUD funding requested (not including leasing costs) and must be spent on HUD allowable costs.

**Amount of
HUD CoC
Funding
Requested**

**Amount of
Match**

Total

Budget Line Items (BLI's)

| | | | |
|---------------------|----------------------|--------------------|----------------------|
| Acquisition | \$ - | \$ - | \$ - |
| Rehabilitation | \$ - | \$ - | \$ - |
| New Construction | \$ - | \$ - | \$ - |
| Leasing | \$ - | \$ - | \$ - |
| Rental Assistance | \$ - | \$ - | \$ - |
| Operations | \$ - | \$ - | \$ - |
| Supportive Services | \$ - | \$ - | \$ - |
| HMIS | \$ 121,768.00 | \$ 8,524.00 | \$ 130,292.00 |
| Admin | \$ - | \$ - | \$ - |
| | | | |
| GRAND TOTAL | \$ 121,768.00 | \$ 8,524.00 | \$ 130,292.00 |

APALACHEE REGIONAL PLANNING COUNCIL
AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED SEPTEMBER 30, 2021

**APALACHEE REGIONAL PLANNING COUNCIL
 AUDITED FINANCIAL STATEMENTS
 FOR THE YEAR ENDED SEPTEMBER 30, 2021
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INDEPENDENT AUDITOR’S REPORT

To the Council Members of
Apalachee Regional Planning Council:

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of Apalachee Regional Planning Council (the “Council”), as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Council’s basic financial statements as listed in the table of contents.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Council as of September 30, 2021, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITOR'S REPORT

(concluded)

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and budgetary comparison information, pension schedules of proportionate share of the net pension liability and schedule of contribution be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Council's basic financial statements. The accompanying schedule of expenditures of federal, as required by Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards*, is not a required part of the basic financial statements.

The schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 11, 2022, on our consideration the Council's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Council's internal control over financial reporting and compliance.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2022

**APALACHEE REGIONAL PLANNING COUNCIL
MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

Our discussion and analysis of the Apalachee Regional Planning Council's financial performance provides an overview of the Council's financial activities for the year ended September 30, 2021. Please read it in conjunction with the Council's financial statements, which begin on page 7.

FINANCIAL HIGHLIGHTS

The assets of the Council as reported in the government-wide financial statements exceeded the liabilities as of September 30, 2021, by \$1,147,262(net position). This amount represents an increase of \$860,597 from the prior year.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of a series of financial statements. The Statement of Net Assets and the Statement of Activities (on pages 7 and 8) provide information about the activities of the Council as a whole and present a longer-term view of the Council's finances. Fund financial statements start on page 9. These statements tell how these services were financed in the short term as well as what remains for future spending. Fund financial statements also report the Council's operations in more detail than the government-wide statement by providing information about the Council's most financially significant funds.

Government-wide Financial Statements

Our analysis of the Council as a whole begins on page 4. The Statement of Net Assets and the Statement of Activities report information about the Council as a whole and about its activities in a way that helps explain if the Council as a whole is better off or worse as a result of the year's activities. These statements include all assets and liabilities using the accrual basis of accounting, which is similar to accounting used by most private-sector companies. Accrual of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Council's net assets and changes in them. The Council's net assets, the difference between assets and the Council's liabilities, is one way to measure the Council's financial health. An increase in the Council's net assets is an indicator that the Council's financial position is improving and a decrease in the Council's net assets is an indicator that the Council's financial position is deteriorating.

Fund Financial Statements

The analysis of the Council's major funds begins on page 9. The fund financial statements provide detailed information about the most significant funds, not the Council as a whole. Some funds are required to be established by State or Federal law. However, the Council establishes many other funds to help control and manage money for particular purposes. The Council only has governmental funds.

Governmental Funds: The Council's services are reported in governmental funds, which focus on how money flows into and out of those funds and the balances left at year-end that are available for spending. These funds are reported using an accounting method called modified accrual accounting, which measures cash and all other financial assets that can readily be converted to cash. The governmental fund statements provide a detailed short-term view of the Council's operations and the services it provides. Governmental fund information helps determine whether there are more or fewer financial resources that can be spent in the near future to finance the Council's programs.

**APALACHEE REGIONAL PLANNING COUNCIL
MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found beginning on page 13 of this report.

Other information: In addition to the basic financial statements and accompanying notes, this report also contains additional elements that are required by Governmental Auditing Standards, The Office of Management and Budget, and the Rules of the Auditor General of the State of Florida.

FINANCIAL ANALYSIS

Government-Wide Analysis

The government-wide statements report the Council's net position and how they have changed. Table A-1 presents net position to help identify differences between the Council's assets and liabilities, a way to measure the Council's financial health, or position. Our analysis of the Financial Statements begins below.

A summary of the Council's statements of net position is presented in Table A-1.

Table A-1
Condensed Statement of Net Position

| | <u>2021</u> | <u>2020</u> | Increase (Decrease) |
|-------------------------------|---------------------|-------------------|------------------------|
| Current Assets | \$ 2,579,096 | \$ 1,203,001 | \$ 1,376,095 |
| Capital Assets, Net | <u>0</u> | <u>1,541</u> | <u>(1,541)</u> |
| Total Assets | <u>2,579,096</u> | <u>1,204,542</u> | <u>1,347,554</u> |
| Deferred Outflow of Resources | <u>736,132</u> | <u>486,520</u> | <u>249,612</u> |
| Current Liabilities | 733,192 | 207,356 | 525,836 |
| Long-term Liabilities | <u>701,447</u> | <u>1,126,203</u> | <u>(424,756)</u> |
| Total Liabilities | <u>1,434,639</u> | <u>1,333,559</u> | <u>101,080</u> |
| Deferred Inflows of Resources | <u>733,327</u> | <u>70,839</u> | <u>662,488</u> |
| Net Assets: | | | |
| Investment in Capital Assets | 0 | 1,541 | (1,541) |
| Restricted | 1,366,500 | 587,100 | 779,400 |
| Unassigned | <u>(219,238)</u> | <u>(301,976)</u> | <u>82,738</u> |
| Total Net Position | <u>\$ 1,147,262</u> | <u>\$ 286,665</u> | <u>\$ 860,598</u> |

As noted earlier, net position may serve over time as a useful indicator of the Council's financial position. As of September 30, 2021 and 2020, the Council's total assets exceeded its total liabilities by \$1,147,262 an increase of \$860,598 from 2020.

**APALACHEE REGIONAL PLANNING COUNCIL
MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

Unrestricted net position at September 30, 2021 and 2020 were approximately (\$219,238) and (\$301,976) respectively. The Council's increase in fund balance was due to an increase in state funding and contract revenue.

The Council's net investment in capital assets was \$0 and \$1,541 as of September 30, 2021 and 2020 respectively.

Table A-2 illustrates the revenues and expenses that caused the change in the Council's total net position.

Table A-2
Condensed Statement of Activities

| | <u>2021</u> | <u>2020</u> | <u>Increase (Decrease)</u> |
|-------------------------|---------------------|-------------------|--------------------------------|
| Revenues | | | |
| General Revenues | \$ 135,981 | \$ 168,540 | \$ (32,559) |
| Program Revenues | 5,897,140 | 2,501,699 | 3,395,441 |
| Total Revenues | <u>6,033,121</u> | <u>2,670,239</u> | <u>3,362,882</u> |
| Expenses | | | |
| Administration | 108,051 | 139,610 | (31,559) |
| Personal Services | 1,729,604 | 1,325,828 | 403,776 |
| Operating Expenses | <u>3,334,870</u> | <u>1,128,401</u> | <u>2,206,469</u> |
| Total Expenses | <u>5,172,524</u> | <u>2,593,839</u> | <u>2,578,685</u> |
| Change in net position | 860,597 | 76,400 | 784,197 |
| Net Position, Beginning | 286,665 | 210,265 | 76,400 |
| Net Position, Ending | <u>\$ 1,147,262</u> | <u>\$ 286,665</u> | <u>\$ 860,597</u> |

In 2021, the Council's total revenues of \$6,033,121 were an increase of \$3,362,882 when comparing to fiscal 2020. The increase in revenue was due to an increase in grant awards and contract revenues.

Total expenditures for the year ended September 30, 2021, were \$5,172,524 versus \$2,593,839 an increase of \$2,578,685. This increase is attributable to additional staff, staff salary raises, staff operating expenses, and other contract expenses.

**APALACHEE REGIONAL PLANNING COUNCIL
MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

Capital Assets and Debt Administration

For the years ended September 30, 2021 and 2020, the Council had approximately \$0 and \$1,541 in fixed assets, respectively, net of accumulated depreciation.

The Council does not have any long-term debt related to its capital assets and does not utilize debt as a matter of policy.

Individual Fund Analysis

Since the Council only has governmental funds/activities, the explanations provided above for the Statement of Activities regarding changes in net position also substantially explain the change in fund balance as a result of the Statement of Revenues, Expenditures, and Changes in Fund Balance which are applicable only to the Statement of Activities' presentation.

General Fund Budgetary Highlights

Over the course of the fiscal year, the original budget and several budget amendments were approved at the Council meetings held during the year. The amendments effectively approve any expenditure that had already been incurred that exceeded its original budgeted amount.

Economic Factors and Next Year's Budget

The Council's grant and contracts are contingent upon its renewal and its ability to obtain new grants and, therefore, its revenues may vary from year to year. In setting its budget for fiscal year 2022, various factors, such as delivering at least the same level of expertise in fiscal year 2022 and adding new programs and grants were considered.

Request for Information

This financial report is designed to provide a general overview of the Council's finances for all those with an interest in the Council's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Chris Rietow, Executive Director
Apalachee Regional Planning Council
2507 Callaway Road, Suite 200
Tallahassee, Florida 32303

APALACHEE REGIONAL PLANNING COUNCIL

BASIC FINANCIAL STATEMENTS

SEPTEMBER 30, 2021

**APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF NET POSITION
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| | Total Governmental Funds |
|---|---|
| | |
| ASSETS | |
| Cash and Cash Equivalents | \$ 342,942 |
| Due from Other Governments | 869,654 |
| Due from Other Funds | 0 |
| Restricted Assets: | |
| Cash and Cash Equivalents | 51,419 |
| Loans Receivable, Net | 1,315,081 |
| Furniture and Equipment, Net | 0 |
| Total Assets | 2,579,096 |
| Deferred Outflows of Resources | |
| Pension Related | 736,132 |
| LIABILITIES | |
| Accounts Payable and Other Accrued Expenses | 579,064 |
| Due to Other Funds | 0 |
| Deferred Revenue | 134,819 |
| Line of Credit | 0 |
| Current Portion of Compensated Absences | 19,308 |
| Long-term Liabilities: | |
| Net Pension Liability | 643,522 |
| Amount Due for Compensated Absences | 57,925 |
| Total Liabilities | 1,434,639 |
| Deferred Inflows of Resources | |
| Pension Related | 733,327 |
| NET POSITION | |
| Net Investment in Capital Assets | 0 |
| Restricted for: | |
| Revolving Loan Fund | 1,366,500 |
| Unassigned | (219,238) |
| Total Net Position | \$ 1,147,262 |

See accompanying notes to Financial Statements

**APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| <u>Functions/Programs</u> | <u>Expenses</u> | <u>Program Revenues</u> | | <u>Totals</u> |
|--|---------------------|-------------------------------------|---|---------------------|
| | | <u>Charges for Services</u> | <u>Operating Grants and Contributions</u> | |
| Governmental Activities | | | | |
| General Government | \$ 108,051 | \$ 72,850 | \$ 0 | \$ (35,201) |
| Comprehensive Planning | 2,641,661 | 796,886 | 2,650,832 | 806,057 |
| Public Safety | 167,750 | 0 | 102,172 | (65,578) |
| Transportation | 314,448 | 0 | 339,029 | 24,581 |
| Human Services | 1,940,614 | 303,838 | 1,631,533 | (5,243) |
| Total Primary Government | <u>\$ 5,172,524</u> | <u>\$ 1,173,574</u> | <u>\$ 4,723,566</u> | <u>\$ 724,616</u> |
| General Revenues | | | | |
| Membership Fees | | | | \$ 80,392 |
| Interest Earnings | | | | 41,104 |
| Miscellaneous Revenues | | | | 14,486 |
| Total General Revenues | | | | <u>135,981</u> |
| Change in Net Position | | | | 860,597 |
| Net Position, Beginning of Year | | | | 286,665 |
| Net Position, End of Year | | | | <u>\$ 1,147,262</u> |

See accompanying notes to Financial Statements

**APALACHEE REGIONAL PLANNING COUNCIL
BALANCE SHEET
SEPTEMBER 30, 2021**

| | Major Funds | | | Total Governmental Funds |
|---|-------------------------|--------------------------------|---------------------|---|
| | General Fund | Revolving Loan Fund | COC Fund | |
| Assets | | | | |
| Cash and Cash Equivalent | \$ 301,715 | \$ 0 | \$ 41,227 | \$ 342,942 |
| Receivables: | | | | |
| Due from Other Governments | 661,852 | 0 | 207,802 | 869,654 |
| Due from Other Funds | 0 | 0 | 0 | 0 |
| Restricted Assets: | | | | |
| Cash and Cash Equivalent | 0 | 51,419 | 0 | 51,419 |
| Loans Receivable, Net | 0 | 1,315,081 | 0 | 1,315,081 |
| Total Assets | 963,567 | 1,366,500 | 249,029 | 2,579,096 |
| Liabilities | | | | |
| Accounts Payable and Other Accrued Expenses | 422,255 | 0 | 156,809 | 579,064 |
| Other Liabilities | 0 | 0 | 0 | 0 |
| Deferred Revenue | 89,819 | 0 | 45,000 | 134,819 |
| Due to Other Funds | 0 | 0 | 0 | 0 |
| Total Liabilities | 512,075 | 0 | 201,809 | 713,884 |
| Fund Balances | | | | |
| Restricted for Revolving Loan Program: | | | | |
| Legacy | 0 | 602,000 | 0 | 602,000 |
| CARES | 0 | 482,500 | 0 | 482,500 |
| REVIVE | 0 | 282,000 | 0 | 282,000 |
| Unassigned | 451,492 | 0 | 47,220 | 498,712 |
| Total Fund Balances | 451,492 | 1,366,500 | 47,220 | 1,865,212 |
| Total Liabilities and Fund Balances | \$ 963,567 | \$ 1,366,500 | \$ 249,029 | \$ 2,579,096 |

See accompanying notes to Financial Statements

**APALACHEE REGIONAL PLANNING COUNCIL
RECONCILIATION OF THE BALANCE SHEET TO THE STATEMENT OF NET POSITION
SEPTEMBER 30, 2021**

Total Fund Balances of Governmental Funds \$ 1,865,212

Amounts Reported for Governmental Activities in the Statement
of Net Position are Different Because:

Capital assets, net of accumulated depreciation, used in governmental activities are not financial resources and, therefore, are not reported as assets in the governmental funds. 0

Certain pension related amounts are being deferred and amortized over a period of years or are being deferred as contributions to the plan made after the measurement date:

| | | |
|---------------------------------------|------------------|-------|
| Deferred Outflows Related to Pensions | 736,132 | |
| Deferred Inflows Related to Pensions | <u>(733,327)</u> | 2,805 |

Long-term liabilities are not due and payable in the current period and, therefore, are not reported as liabilities in the governmental funds.

Long-term liabilities at year-end consist of:

| | | |
|------------------------------|------------------|------------------|
| Accrued Compensated Absences | (77,233) | |
| Net Pension Liability | <u>(643,522)</u> | <u>(720,755)</u> |

Total Net Position of Governmental Activities \$ 1,147,262

APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
GOVERNMENTAL FUNDS
SEPTEMBER 30, 2021

| | Major Funds | | | Total Governmental Funds |
|--|-------------------------|--------------------------------|---------------------|---|
| | General Fund | Revolving Loan Fund | COC Fund | |
| Revenues | | | | |
| Membership Assessments | \$ 69,611 | \$ 0 | \$ 10,781 | \$ 80,392 |
| Intergovernmental Revenues: | | | | |
| Federal Grants | 1,865,696 | 758,000 | 1,429,557 | 4,053,253 |
| State Grants | 468,337 | 0 | 201,976 | 670,313 |
| Governmental Contracts | 869,736 | 0 | 303,838 | 1,173,574 |
| Interest Income | 0 | 41,103 | 0 | 41,104 |
| Miscellaneous Revenues | 0 | 0 | 14,486 | 14,486 |
| Total Revenues | 3,273,380 | 799,103 | 1,960,638 | 6,033,121 |
| Expenditures | | | | |
| General Government | | | | |
| Administration | 73,260 | 19,703 | 14,897 | 107,860 |
| Debt Service | 0 | 0 | 0 | 0 |
| Comprehensive Planning | | | | |
| Personal Services | 969,911 | 0 | 0 | 969,911 |
| Operating Expenses | 1,674,530 | 0 | 0 | 1,674,530 |
| Public Safety | | | | |
| Personal Services | 124,543 | 0 | 0 | 124,543 |
| Operating Expenses | 45,869 | 0 | 0 | 45,869 |
| Transportation | | | | |
| Personal Services | 227,080 | 0 | 0 | 227,080 |
| Operating Expenses | 88,221 | 0 | 0 | 88,221 |
| Human Services | | | | |
| Personal Services | 0 | 0 | 415,498 | 415,498 |
| Operating Expenses | 0 | 0 | 1,526,249 | 1,526,249 |
| Total Expenditures | 3,203,416 | 19,703 | 1,956,643 | 5,179,763 |
| Excess (Deficiency) of Revenues Over (Under) Expenditures | 69,964 | 779,400 | 3,994 | 853,358 |
| Other Financing Sources (Uses) | | | | |
| Proceeds from Long-term Debt | 0 | 0 | 0 | 0 |
| Total Other Financing Sources (Uses) | 0 | 0 | 0 | 0 |
| Net Change in Fund Balance | 69,964 | 779,400 | 3,994 | 853,358 |
| Fund Balance, Beginning of Year | 381,528 | 587,100 | 43,226 | 1,011,854 |
| Fund Balance, End of Year | \$ 451,492 | \$ 1,366,500 | \$ 47,220 | \$ 1,865,212 |

See accompanying notes to Financial Statements

**APALACHEE REGIONAL PLANNING COUNCIL
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND
CHANGES IN FUND BALANCE
GOVERNMENTAL FUNDS
SEPTEMBER 30, 2021**

Net Change in Fund Balances - Total Governmental Funds. \$ 853,358

Governmental funds report capital outlays as expenditures. However, in the statement of activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense.

| | | | |
|---------------------------------|----------------|--|---------|
| Expenditures for Capital Assets | 0 | | |
| Less: Current Year Depreciation | <u>(1,541)</u> | | (1,541) |

Certain pension related amounts are being deferred and amortized over a period of years or are being deferred as contributions to the pension plans made after the measurement date:

| | | | |
|---------------------------------------|------------------|--|-----------|
| Deferred Outflows Related to Pensions | 249,612 | | |
| Deferred Inflows Related to Pensions | <u>(662,488)</u> | | (412,876) |

Some expenses in the statement of activities do not require the use of current financial

| | | | |
|-----------------------|----------------|--|----------------|
| Compensated Absences | (12,401) | | |
| Net Pension Liability | <u>434,057</u> | | <u>421,656</u> |

Change in Net Position of Governmental Activities \$ 860,597

APALACHEE REGIONAL PLANNING COUNCIL

NOTES TO BASIC FINANCIAL STATEMENTS

SEPTEMBER 30, 2021

APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021

Note 1 - Summary of Significant Accounting Policies

Reporting entity

Apalachee Regional Planning Council (the “Council”) is a regional governmental planning and coordinating agency formed in August 1977, in accordance with Chapter 186 of the Florida Statutes. The Council’s responsibility is to provide intergovernmental policy analysis and comprehensive planning services in such areas as housing, emergency management, economic development, transportation and other matters having direct regional impact. The membership of the Council presently consists of nine counties in Northwest Florida. The Council is governed by an executive board of directors represented by each of the member counties.

Government-wide and fund financial statements

These financial statements have been prepared in conformity with reporting guidelines established by GASB and in conformity with accounting principles generally accepted in the United States of America. As a result of adopting GASB Statement No. 34 and GASB 63, the following types of financial statements are reported by the Council:

Government-wide Statements – The government-wide financial statements (i.e., the statement of net position and the statement of changes in net position (statement of activities)) report information on all of the activities of the Council. Governments typically report activities as either governmental activities, which normally are supported by taxes and intergovernmental revenues, or business-type activities, which rely to a significant extent on fees and charges for support. The Council reports only governmental activities as it has no business-type activities.

The statement of activities demonstrates the degree to which the direct expenses of a given function are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Member dues and other items not properly included among program revenues are reported instead as general revenues. Since the Council’s primary function (mission) is policy analysis and comprehensive planning, all revenues and expenses are considered to be for this purpose and the accompanying financial statements do not segregate beyond this function.

Fund Financial Statements – Separate financial statements are provided for the Council’s Governmental Funds, as described below:

Governmental Fund Type – used to account for all operations of the Council. The measurement focus of this fund type is based upon determination of changes in financial position or the financial flow measurement focus, rather than upon net income determination. Only current assets and current liabilities are generally included on its balance sheet. The operating statement presents sources (revenues and other financial sources) and uses (expenditures and other financial uses) of available spendable resources during the period. The following comprise the Council’s major governmental funds:

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 1 - Summary of Significant Accounting Policies (continued)

- **General Fund** – used to account for all financial resources except those required to be accounted for in another fund.
- **The Revolving Loan Fund** – used to account for resources derived from the Federal Revolving Loan (“RLF”). The RLF fund is used to account for revolving loan funds from the US Department of Commerce through the Economic Development Administration (“EDA”). The EDA RLF is used to provide loans to small and medium sized businesses located within the nine-county geographic area covered by the Council, which cannot obtain conventional financing. The fund activity includes cash, outstanding loan receivables, interest earned and allowable administrative expenses.
- **Big Bend Continuum of Care (CoC) Fund** – ARPC entered into a memorandum of agreement with the Big Bend Continuum of Care – The designated regional housing consortium that is serving Leon, Taylor, Franklin, Jefferson, Madison, Gadsden, Liberty and Wakulla Counties. The CoC is a federally mandated collaborative entity used to receive UD Department of HUD and Florida Department of Children and Families grant funds to promote the community-wide goals of ending homelessness. The CoC has its own board of directors. Prior to July 1, 2017, the CoC was using the Big Bend Homeless Coalition, Inc. as the collaborative applicant and entity to receive and manage all CoC grants. Effective July 1, 2017 the ARPC became the new collaborative partner and will work with the CoC on applying for grants and managing the fiscal responsibilities under the direction of the CoC Board of Directors. HUD has now recognized ARPC as the new collaborative Applicant, responsible for the operations of the CoC.

Measurement focus, basis of accounting, and financial statement presentation

Basis of accounting refers to the point at which revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

Governmental Fund Financial Statements– The Council uses the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period.

Expenditures are recorded when obligations are incurred, except for expenditures related to claims and judgments, which are recorded only when payment is due.

Government-wide Financial Statements– The government-wide financial statements are reported using the resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded at the time liabilities are incurred, regardless of when the related cash flows take place. Intergovernmental and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021

Note 1 - Summary of Significant Accounting Policies (continued)

GASB Statement No. 54 establishes fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in government funds. Currently, the Council utilizes three of the four designations for fund balance under this statement: net investment in capital assets, restricted, and unassigned. These designations are defined as follows:

Net investment in capital assets fund balance category includes the purchase cost net of accumulated depreciation and or amortization of capital assets or leasehold improvements.

Restricted fund balance category includes amounts that can be spent only for the specific purposes stipulated by constitution, external source providers, or through enabling legislation. The revolving loan fund is considered restricted as defined by the statement.

Unassigned fund balance is classification for the government's general fund and includes all spendable amounts not contained in the other classifications. For fiscal year ended September 30, 2021, the unassigned fund balance in the Council's general fund will be used for the day-to-day operations of the Council.

Cost Allocation

Expenses incurred in relation to specific grants or contracts are charged directly to grants or contracts. All other expenses are allocated to active grants or contracts on the basis of direct salary, allocated leave salary, plus allocated fringe benefits. This policy is consistent with the principles of Office of Management and Budget ("OMB") 2CFR, Part 230.

Budget Policy

Prior to October 1 of each year, the budget is legally adopted by the Council's Board. The budget is prepared based on the accrual basis of accounting which is the same basis of accounting used to reflect actual revenues and expenditures recognized in accordance with accounting principles generally accepted in the United States of America. The Council does not adopt individual budgets for each fund type. All budget amounts presented in the Combined Statements of Revenues, Expenditures and Changes in Fund Balance - Budget and Actual have been adjusted for budget revisions approved by the Council's Board as of September 30, 2021.

Risk Management

It is the policy of the Council to purchase insurance for the risks of losses related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Council obtained workers' compensation, property, and general liability coverage through the Florida Municipal Insurance Trust Fund of the Florida League of Cities, Inc. The Council obtained, from third party insurers, employee health, employee dental, group life, and disability insurance.

Encumbrances

The Council does not utilize encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of monies are recorded in order to reserve that portion of the applicable appropriation.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 1 - Summary of Significant Accounting Policies (continued)

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenditures/expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include amounts in demand deposit accounts and highly liquid investments (including restricted assets) with maturity of three months or less when purchased.

Investments

The Council did not have any investments during the year ended September 30, 2021.

Contract and Grant Receivables

Contract and grant receivables are stated at gross value. In management's opinion, all receivables are collectible as of year-end.

Loans Receivable/Allowance for Loan Losses

Loans are stated at the amount of unpaid principal, reduced by an allowance for loan losses. The allowance for loan losses is established through a provision for loan losses charged as an expense. The Council did not have an amount for the allowance for loan losses at September 30, 2021.

Restricted Assets

The use of certain assets is restricted to finance business development activities with local economic development strategies and for revolving loan fund activities. Assets so designated are identified as restricted assets on the balance sheet.

Capital Assets

Capital assets, which include office furniture and equipment and leasehold improvements, are recorded as capital outlay expenditures in the General Fund at the time goods are received and a liability is incurred. These assets are then capitalized at cost in the statement of net position. Fixed assets are depreciated using the straight-line method over two to ten years for furniture and equipment, and the remaining lease period for leasehold improvements. The depreciation expense is recorded in the statement of activities.

Compensated Absences

The Council's policy is to permit regular employees to accumulate earned and unused vacation pay benefits up to 240 hours of vacation time. The liability for accumulated vacation hours is reflected in the statement of net position.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 1 - Summary of Significant Accounting Policies (concluded)

Deferred Inflows/Outflows of Resources

Deferred inflows of resources reported on applicable governmental fund types represent revenues which are measurable but not available in accordance with the modified accrual basis of accounting. The deferred inflows will be recognized as revenue in the fiscal year they are earned or become available. Deferred outflows of resources represent consumption of net position that is applicable to a future reporting period. Deferred outflows have a positive effect on net position, similar to assets.

Pension Related- Pension Related Deferred Inflows and Outflows represent the difference between expected and actual experience with regard to economic or demographic factors and changes to assumptions in the measurement of total pension liability, and the differences between expected and actual earnings on pension plan investments, and changes in the County's proportionate share of pension contributions. These amounts are reported as deferred inflows and outflows of resources, to be recognized in expense over time. Also included in deferred outflows are amounts contributed to the pension plans subsequent to the measurement date. See Note 6 for more information on Pension Related Deferred Inflows and Outflows.

Unearned Revenues

Unearned revenues are payments received from grantor agencies before the related costs are incurred.

Income Taxes

The Council is exempt from federal and state income taxes; accordingly, no provision for income taxes is included in the financial statements.

Note 2 - Cash and Cash Equivalents

At September 30, 2021, the Council's cash and investments consisted of the following:

| | |
|--|--------------------------|
| Unrestricted cash and cash equivalents: | |
| Cash and cash equivalents | \$ 342,942 |
| Total unrestricted cash and cash equivalents | <u>342,942</u> |
| Restricted cash and cash equivalents: | |
| Legacy | 28,674 |
| CARES | 19,634 |
| REVIVE | <u>3,111</u> |
| Total restricted cash and cash equivalents | <u>51,419</u> |
| Total cash and cash equivalents | <u><u>\$ 394,361</u></u> |

The carrying value of the above cash and investments equals fair value.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 2 - Cash and Cash Equivalents (concluded)

Deposits

The Council's deposits are held in financial institutions with Federal depository insurance that are approved by the State Treasurer to hold public funds.

Florida State Board of Administration

The Council does not have an investment policy with specific provisions to limit exposure to credit risk, custodial credit risk, concentration of credit risk, interest rate risk, or foreign currency risk. Excess funds are invested with the Local Government Surplus Funds Investment Pool Trust Fund ("Florida Prime"), which is administered by the Florida State Board of Administration (SBA) and governed by Chapters 215 and 218 of the Florida Statutes, and Chapter 19-7 of the Florida Administrative Code (collectively, "applicable Florida Law").

At September 30, 2021, Apalachee Regional Planning Council had a balance of \$156 invested in the State Board of Administration's Florida Prime Fund.

The Office of the Auditor General performs an operational audit of the activities and investments of the SBA. Investments in the pooled fund are held in the name of the SBA and are not registered with the Securities and Exchange Commission.

Florida PRIME is not a registrant with the Securities and Exchange Commission (SEC); however, SBA has adopted operating procedures consistent with those required of an SEC Rule 2a-7-like fund. A 2a-7-like external investment pool is one that is not registered with the SEC as an investment company, but nevertheless has a policy that it will, and does, operate in a manner consistent with SEC Rule 2a-7, which governs the operation of SEC regulated money market funds.

Restricted Cash

The EDA Revolving Loan Fund restricted cash represents funds available to be loaned to finance business development activities consistent with local economic development strategies.

Note 3 - Loans Receivable/Allowance for Loan Losses

| | Legacy | CARES | REVIVE | Total |
|-----------------------------|------------|------------|------------|--------------|
| Notes receivable, beginning | \$ 527,801 | \$ 0 | \$ 0 | \$ 527,801 |
| Amount loaned | 160,640 | 478,000 | 280,000 | 918,640 |
| Principal collected | (115,115) | (15,134) | (1,111) | (131,360) |
| Notes receivable, ending | \$ 573,326 | \$ 462,866 | \$ 278,889 | \$ 1,315,081 |

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 3 - Loans Receivable/Allowance for Loan Losses (concluded)

The Council contracted with the Economic Development Administration for an Economic Adjustment Assistance Grant of \$1,000,000 under Title IX, Section 903 of the Public Works and Economic Development Act of 1965, as amended, to fund an Economic Development Revolving Loan Fund (RLF). This RLF is referred to in the financial statements as the Legacy RLF. The Council also contracted with the Economic Development Administration for a CARES Act Grant of \$638,000 for the purpose of establishing a separate RLF to assist businesses that had suffered negative economic impacts during the pandemic. This RLF is referred to in the financial statements as the CARES RLF. The Council additionally contracted with the Economic Development Administration for the Economic Adjustment Assistance Grant of \$1,000,000 funded by the Hurricane Michael Relief Fund to set up a third RLF. This RLF is referred to in the financial statements as the REVIVE RLF.

All principal repayments on EDA RLF loans must be returned to the fund for relending. Interest earned on loans must either be returned to the RLF for relending or may be used for administrative costs of the RLF.

Notes receivable consists of several loans made to small business entities that meet the RLF funding requirements. The loans are due in monthly installments at the rate of 5% to 7% over a period of three to fifteen years. The loans are secured by various types of collateral and are recorded at their net realizable value as of the financial statement date.

Note 4 - Capital Assets

The following is the summary of changes in capital assets for the year ended September 30, 2021:

| | <u>Beginning Balance</u> | <u>Increases</u> | <u>Decreases</u> | <u>Ending Balance</u> |
|-------------------------------|------------------------------|-------------------|------------------|---------------------------|
| Furniture and equipment | \$ 33,033 | \$ 0 | \$ 0 | \$ 33,033 |
| Less accumulated depreciation | (31,492) | (1,541) | 0 | (33,033) |
| Furniture and equipment, net | <u>\$ 1,541</u> | <u>\$ (1,541)</u> | <u>\$ 0</u> | <u>\$ 0</u> |

Depreciation expense of \$1,541 in fiscal year ended September 30, 2021, was reported in administrative expense.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 5 - Long-term Liabilities

| | Balance 10/1/2020 | Additions | (Deductions) | Balance 9/30/2021 |
|------------------------------|----------------------|------------------|---------------------|----------------------|
| Governmental Activities | | | | |
| Compensated Absences | \$ 64,832 | \$ 12,401 | \$ 0 | \$ 77,233 |
| Net Pension Liability | 1,077,579 | 0 | (434,057) | 643,522 |
| Total General Long-term Debt | <u>\$ 1,142,411</u> | <u>\$ 12,401</u> | <u>\$ (434,057)</u> | <u>\$ 720,755</u> |

The Council has an open, unsecured line of credit. The Council did not draw down on the line of credit during the fiscal year.

Note 6 – Pension Plans

Defined Benefit Plans

Plan Description

The Council participates in two defined benefit pension plans that are administered by the State of Florida, Department of Management Services, Division of Retirement. The plans provide retirement, disability and death benefits to retirees or their designated beneficiaries. Chapter 121, Florida Statutes, establishes the authority for benefit provisions. Changes to the law can only occur through an act of Florida Legislature. The State of Florida issues a publicly available financial report that includes financial statements and required supplementary information for the plans. That report may be obtained by writing to the Division of Retirement, PO Box 9000, Tallahassee, Florida, 32315-9000 or by calling (844) 377-1888.

The Florida Retirement System (FRS) Pension Plan is a cost-sharing, multi-employer defined benefit pension plan with a Deferred Retirement Option Program (DROP) available for eligible employees. FRS was established and is administered in accordance with Chapter 121, Florida Statutes. Retirees receive a lifetime pension benefit with joint and survivor payment options. FRS membership is compulsory for employees filling regularly established positions in a state agency, county agency, state university, state college, or district school board, unless restricted from FRS membership under Sections 121.053 or 121.122, Florida Statutes, or allowed to participate in a defined contribution plan in lieu of FRS membership. Participation by cities, municipalities, special districts, charter schools and metropolitan planning organizations is optional.

The Retirees' Health Insurance Subsidy (HIS) Program is a cost-sharing, multi-employer defined benefit pension plan established and administered in accordance with Section 112.363, Florida Statutes. The benefit is a monthly payment to assist retirees of the state-administered retirement systems in paying their health insurance costs. To be eligible to receive a HIS benefit, a retiree under a state administered retirement system must provide proof of eligible health insurance coverage, which can include Medicare.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 6 – Pension Plans (continued)

Benefits Provided

Benefits under FRS are computed on the basis of age and/or years of service, average final compensation, and service credit. Credit for each year of service is expressed as a percentage of the average final compensation. For members initially enrolled before July 1, 2011, the average final compensation is the average of the five highest fiscal years' earnings; for members initially enrolled on or after July 1, 2011, the average final compensation is the average of the eight highest fiscal years' earnings. The total percentage value of the benefit received is determined by calculating the total value of all service, which is based on the retirement plan and/or class to which the member belonged when the service credit was earned.

Eligible retirees and beneficiaries receive a monthly HIS payment equal to the number of years of service credited at retirement multiplied by \$5. The minimum payment is \$30 and the maximum payment is \$150 per month, pursuant to Section 112.363, Florida Statutes.

Contributions

The contribution requirements of plan members and the Council are established and may be amended by the Florida Legislature. Employees are required to contribute 3% of their salary to FRS. The Council's contribution rates for the year ended September 30, 2021 were as follows:

| | Year Ended June 30, 2022 | | Year Ended June 30, 2021 | |
|-----------------------------|--------------------------|-------|--------------------------|-------|
| | FRS | HIS | FRS | HIS |
| Regular Class | 9.10% | 1.66% | 8.28% | 1.66% |
| Senior Management | 27.29% | 1.66% | 25.57% | 1.66% |
| Special Risk Employee Class | 24.17% | 1.66% | 24.36% | 1.66% |
| DROP Plan Participants | 16.62% | 1.66% | 15.26% | 1.66% |

The Council's contributions for the year ended September 30, 2021, were \$108,029 to FRS and \$22,650 to HIS.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 6 – Pension Plans (continued)

Pension Liabilities and Pension Expense

In its financial statements for the year ended September 30, 2021, the Council reported a liability for its proportionate shares of the net pension liabilities. The net pension liabilities were measured as of September 20, 2020, and the total pension liabilities used to calculate the net pension liability were determined by actuarial valuation date July 1, 2021. The Council's proportions of the net pension liabilities were based on the Council's share of contributions to the pension plans relative to the contributions of all participating entities, actuarially determined.

| | FRS | HIS |
|---------------------------|--------------|--------------|
| Net Pension Liability | \$ 198,358 | \$ 445,164 |
| Proportion at: | | |
| Current Measurement Date | 0.002625920% | 0.003629106% |
| Prior Measurement Date | 0.001799946% | 0.002436199% |
| Pension Expense (Benefit) | \$ 48,460 | \$ 61,039 |

Deferred Outflows/Inflows of Resources Related to Pensions

At September 30, 2021, the Council reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

| | FRS | |
|--|--------------------------------------|-------------------------------------|
| | Deferred Outflows of Resources | Deferred Inflows of Resources |
| Differences between expected and actual experience | \$ 33,999 | \$ 0 |
| Changes of assumptions | 135,727 | 0 |
| Net difference between projected and actual earnings on Pension Plan Investments | 0 | 692,023 |
| Changes in proportion and differences between employer contributions and proportionate share of contributions | 296,406 | 15,661 |
| Employer contributions subsequent to the measurement date | 32,498 | 0 |
| Total | \$ 498,630 | \$ 707,684 |

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 6 – Pension Plans (continued)

| | HIS | |
|--|--------------------------------------|-------------------------------------|
| | Deferred Outflows of Resources | Deferred Inflows of Resources |
| Differences between expected and actual experience | \$ 14,896 | \$ 186 |
| Changes of assumptions | 34,980 | 18,342 |
| Net difference between projected and actual earnings on Pension Plan Investments | 465 | 0 |
| Changes in proportion and differences between employer contributions and proportionate share of contributions | 180,899 | 7,115 |
| Employer contributions subsequent to the measurement date | 6,262 | 0 |
| Total | \$ 237,502 | \$ 25,643 |

Deferred outflows or resources related to employer contributions paid subsequent to the measurement date and prior to the employer’s fiscal year end will be recognized as a reduction of the net pension liability in the reporting period ending September 30, 2021. Other pension related amounts reported as deferred outflows of resources and deferred inflows of resources will be recognized in pension expense as follows:

| Measurement period ending June 30, | FRS | HIS |
|---------------------------------------|--------------|------------|
| 2022 | \$ (34,573) | \$ 41,463 |
| 2023 | (40,114) | 39,750 |
| 2024 | (76,432) | 46,250 |
| 2025 | (123,263) | 35,887 |
| 2026 | 32,830 | 32,829 |
| Thereafter | 0 | 9,418 |
| Total | \$ (241,552) | \$ 205,597 |

Actuarial Assumptions

The total pension liability for each of the defined benefit plans, measured as of June 30, 2021, was determined by an actuarial valuation dated July 1, 2018, using the individual entry age normal actuarial cost method and the following significant actuarial assumptions:

| | FRS | HIS |
|--|------------------------------------|-------|
| Inflation | 2.40% | 2.40% |
| Salary Increase | 3.25% Average, Including Inflation | 3.25% |
| Discount Rate | 6.80% | 2.16% |
| Long-term Expected Rate of Return, Net of Investment Income | 6.80% | N/A |
| Municipal Bond | N/A | 2.16% |

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 6 – Pension Plans (continued)

Mortality assumptions for both plans were based on the Generational RP-2000 with Projection Scale BB.

For both plans, the actuarial assumptions used in the valuation date June 30, 2021 were based on the results of an actuarial experience study for the period July 1, 2013, through June 30, 2018.

The following changes in key actuarial assumptions occurred in 2021:

- FRS: The long-term expected rate of return stayed the same at 6.80% and the active member mortality assumption was updated.
- HIS: The municipal rate used to determine total pension liability was decreased from 2.21% to 2.16%.
- The long-term expected investment rate of return was not based on historical returns, but instead was based on a forward-looking capital market economic model. Each asset class assumption is based on a consistent set of underlying assumptions and includes an adjustment for the inflation assumption. For FRS, the table below summarizes the target allocation and best estimates of arithmetic and geometric real rates of return for each major asset class.

| Asset Class | Target Allocation | Annual Arithmetic Return | Geometric Return | Standard Deviation |
|----------------------------|----------------------|--------------------------------|---------------------|-----------------------|
| Cash | 1% | 2.1% | 2.1% | 1.1% |
| Fixed income | 20% | 3.8% | 3.7% | 3.3% |
| Global equity | 54.2% | 8.2% | 6.7% | 17.8% |
| Real estate (property) | 10.3% | 7.1% | 6.2% | 13.8% |
| Private equity | 10.8% | 11.7% | 8.5% | 26.4% |
| Strategic investments | <u>3.47%</u> | 5.7% | 5.4% | 8.4% |
| | <u>100%</u> | | | |
| Assumed Inflation- Mean | | | 2.4% | 1.2% |

Discount Rate

The discount rate used to measure the total pension liability for FRS was 6.80%. FRS' fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the discount rate for calculating the total pension liability is equal to the long-term expected rate of return.

Because HIS is essentially funded on a pay-as-you-go basis, a municipal bond rate of 2.16% was used to determine the total pension liability for the program. The Bond Buyer General Obligation Bond 20-Bond Municipal Bond Index was used as the applicable municipal bond index.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 6 – Pension Plans (concluded)

Sensitivity Analysis

The following tables demonstrate the sensitivity of the net pension liability to changes in the discount rate. The sensitivity analysis shows the impact to the Council's proportionate share of the net pension liability if the discount rate was 1% higher or 1% lower than the current discount rate.

| | FRS | | |
|--|-------------|--------------------------|--------------|
| | 1% Decrease | Current Discount Rate | 1% Increase |
| Employer's proportionate share of the net pension liability | \$ 887,072 | \$ 198,358 | \$ (377,329) |

| | HIS | | |
|--|-------------|--------------------------|-------------|
| | 1% Decrease | Current Discount Rate | 1% Increase |
| Employer's proportionate share of the net pension liability | \$ 514,653 | \$ 445,164 | \$ 388,234 |

Pension Plans' Fiduciary Net Position

Detailed information about the pension plans' fiduciary net position is available in the State's separately issued financial reports.

Defined Contribution Plan

Pursuant to Chapter 121, Florida Statutes, the Florida Legislature created the Florida Retirement Investment Plan (FRS Investment Plan), a defined contribution pension plan qualified under Section 401(a) of the Internal Revenue Code. The FRS Investment Plan is an alternative available to members of the Florida Retirement System in lieu of the defined benefit plan. There is a uniform contribution rate covering both the defined benefit and defined contribution plans, depending on membership class.

Note 7 - Other Postemployment Benefits

The Council provides other postemployment benefits (OPEB) to its employees by providing retirement healthcare benefits through an implicit rate subsidy. The city has not implemented the provisions of GASB statement No. 75, *Accounting and Financial Reporting by employers for Postemployment Benefits other than Pensions*. Statement No. 45 establishes Standards for the measurement, recognition, and display of OPEB expense/expenditures and related liabilities, note disclosures, and required supplementary information.

**APALACHEE REGIONAL PLANNING COUNCIL
 NOTES TO BASIC FINANCIAL STATEMENTS
 SEPTEMBER 30, 2021**

Note 8 - Commitments

The Council conducts its operations from leased office space in Tallahassee, Florida. Total rental and leased equipment expense for the year ended September 30, 2021, was \$63,333. Future annual rental payments and leased equipment payments are included as follows:

| Year Ending September 30, | |
|------------------------------|-------------------|
| 2022 | \$ 65,869 |
| 2023 | 66,719 |
| 2024 | 5,753 |
| 2025 | 0 |
| 2026 | 0 |
| Total | <u>\$ 138,341</u> |

Note 9 - Contingencies

The Council participates in a number of Federal programs and State projects. These programs and projects are subject to financial and compliance audits by the grantors or their respective representatives. The possible disallowance of any item charged to the program or project or request for the return of any unexpended funds cannot be determined at this time. No provision for any liability that may result has been made in the financial statements.

Note 10 - Subsequent Events

Subsequent events are events or transactions that occur after the balance sheet date but before the financial statements are issued or are available to be issued. Subsequent events should be disclosed in the financial statements if exclusion of such disclosure would cause the financial statements to be misleading. Management has evaluated subsequent events through April 11, 2022, the date the financial statements were available to be issued and does not believe that there are any such events or transactions that require disclosure.

Note 11- Fund Balance

In accordance with GASB 54, Fund Balance Reporting and Governmental Fund Type Definitions, the Council classifies governmental fund balances as follows:

- Restricted—includes fund balance amounts that are constrained for specific purposes which are externally imposed by providers, such as creditors, or amounts constrained due to constitutional provisions or enabling legislation.
- Unassigned—includes residual positive fund balance within the General Fund which has not been classified within the other above-mentioned categories. Unassigned fund balance may also include negative balances for any governmental fund if expenditures exceed amounts restricted, committed, or assigned for those specific purposes.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BASIC FINANCIAL STATEMENTS
SEPTEMBER 30, 2021**

Note 11- Fund Balance (concluded)

The Council spends restricted amounts first when both restricted and unrestricted fund balance is available unless there are legal documents/contracts that prohibit doing this, such as in grant agreements requiring dollar for dollar spending. Additionally, the Council would first use committed, then assigned, and lastly unassigned amounts of unrestricted fund balance when expenditures are made. The Council does not have a formal fund balance policy.

Schedule of the Council's Fund Balances is shown below:

| <u>Fund Balances</u> | General | Special Revenue | COC | Total Governmental Funds |
|----------------------|-----------|--------------------|----------|--------------------------------|
| Restricted for: | | | | |
| Legacy | \$ 0 | \$ 602,000 | \$ 0 | \$ 602,000 |
| CARES | 0 | 482,500 | 0 | 482,500 |
| REVIVE | 0 | 282,000 | 0 | 282,000 |
| Unassigned | 451,492 | 0 | 47,220 | 498,712 |
| Total Fund Balance | \$451,492 | \$1,366,500 | \$47,220 | \$ 1,865,212 |

Note 12- Computation of Federal Expenditures- Revolving Loan Fund

Loan receivable reported for federal awards were expended in prior years. Therefore, amounts reported in the statement were not taken into consideration as expenditures for the current year, as they were considered in the year the actual expenditures occurred.

| | |
|--|--------------------------------|
| Balance of Legacy loans at September 30, 2021 | \$ 573,326 |
| <i>Plus</i> , cash and cash equivalent balance at September 30, 2021 | 28,674 |
| <i>Plus</i> , administrative expenses paid during the year | 13,906 |
| | Total 615,906 |
| Federal share percentage | 75% |
| | Federal share total \$ 461,930 |

APALACHEE REGIONAL PLANNING COUNCIL
REQUIRED SUPPLEMENTARY INFORMATION
SEPTEMBER 30, 2021

APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL
GENERAL FUND
FOR THE YEAR ENDED SEPTEMBER 30, 2021

| | <u>Budgeted Amounts</u> | | <u>Actual Amounts</u> | <u>Variance With Final Budget Positive (Negative)</u> |
|--|-------------------------|------------------|---------------------------|---|
| | <u>Original</u> | <u>Final</u> | | |
| Revenues | | | | |
| Membership Assessments | \$ 65,000 | \$ 69,700 | \$ 69,611 | \$ (89) |
| Federal, State, and Local Grants | 2,056,100 | 2,888,400 | 3,203,769 | 315,369 |
| Interest Income | 0 | 0 | 0 | 0 |
| Other Income | 30,000 | 30,000 | 0 | (30,000) |
| Total Revenues | <u>2,151,100</u> | <u>2,988,100</u> | <u>3,273,380</u> | <u>285,280</u> |
| Expenditures | | | | |
| Administration | 105,100 | 75,000 | 73,260 | (1,740) |
| Personal Services | 1,310,000 | 1,376,400 | 1,321,535 | (54,865) |
| Operating Expenses | 736,000 | 1,536,700 | 1,808,621 | 271,921 |
| Debt Service | 0 | 0 | 0 | 0 |
| Total Expenditures | <u>2,151,100</u> | <u>2,988,100</u> | <u>3,203,416</u> | <u>215,316</u> |
| Excess (Deficiency) of Revenues Over (Under) Expenditures | <u>0</u> | <u>0</u> | <u>69,964</u> | <u>69,964</u> |
| Other Financing Sources (Uses) | | | | |
| Proceeds from Long-term Debt | 0 | 0 | 0 | 0 |
| Total Other Financing Sources (Uses) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Net Change in Fund Balance | 0 | 0 | 69,964 | 69,964 |
| Fund Balance, Beginning of Year | <u>0</u> | <u>0</u> | <u>381,528</u> | <u>381,528</u> |
| Fund Balance, End of Year | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 451,492</u> | <u>\$ 451,492</u> |

See notes to budgetary comparison schedule.

APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL
REVOLVING LOAN FUND
FOR THE YEAR ENDED SEPTEMBER 30, 2021

| | <u>Budgeted Amounts</u> | | <u>Actual Amounts</u> | <u>Variance With Final Budget Positive (Negative)</u> |
|--|-------------------------|-------------------|---------------------------|---|
| | <u>Original</u> | <u>Final</u> | | |
| Revenues | | | | |
| Grant Revenue | \$ 0 | \$ 0 | \$ 758,000 | \$ 758,000 |
| Interest and Service Fees | 45,000 | 72,800 | 41,103 | (31,697) |
| Total Revenues | <u>45,000</u> | <u>72,800</u> | <u>799,103</u> | <u>726,303</u> |
| Expenditures | | | | |
| Administration | 25,000 | 25,000 | 19,703 | (5,297) |
| Total Expenditures | <u>25,000</u> | <u>25,000</u> | <u>19,703</u> | <u>(5,297)</u> |
| Excess (Deficiency) of Revenues Over (Under) Expenditures | <u>20,000</u> | <u>47,800</u> | <u>779,400</u> | <u>731,600</u> |
| Fund Balance, Beginning of Year | <u>587,100</u> | <u>587,100</u> | <u>587,100</u> | <u>0</u> |
| Fund Balance, End of Year | <u>\$ 607,100</u> | <u>\$ 634,900</u> | <u>\$ 1,366,500</u> | <u>\$ 731,600</u> |

See notes to budgetary comparison schedule.

APALACHEE REGIONAL PLANNING COUNCIL
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
BUDGET AND ACTUAL
CONTINUUM OF CARE FUND
FOR THE YEAR ENDED SEPTEMBER 30, 2021

| | <u>Budgeted Amounts</u> | | <u>Actual Amounts</u> | <u>Variance With Final Budget Positive (Negative)</u> |
|--|-------------------------|----------------|---------------------------|---|
| | <u>Original</u> | <u>Final</u> | | |
| Revenues | | | | |
| Membership Assessments | \$ 4,000 | \$ 6,500 | \$ 10,781 | \$ 4,281 |
| Federal, State, and Local Grants | 689,940 | 677,040 | 1,935,371 | 1,258,331 |
| Interest Income | 0 | 0 | 0 | 0 |
| Other Income | 17,600 | 17,280 | 14,486 | (2,794) |
| Total Revenues | <u>711,540</u> | <u>700,820</u> | <u>1,960,638</u> | <u>1,259,818</u> |
| Expenditures | | | | |
| Administration | 30,000 | 30,000 | 14,897 | (15,103) |
| Personal Services | 300,000 | 281,000 | 415,498 | 134,498 |
| Operating Expenses | 381,540 | 389,820 | 1,526,249 | 1,136,429 |
| Total Expenditures | <u>711,540</u> | <u>700,820</u> | <u>1,956,643</u> | <u>1,255,823</u> |
| Excess (Deficiency) of Revenues Over (Under) Expenditures | <u>0</u> | <u>0</u> | <u>3,994</u> | <u>3,994</u> |
| Other Financing Sources (Uses) | | | | |
| Proceeds from Long-term Debt | 0 | 0 | 0 | 0 |
| Total Other Financing Sources (Uses) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Net Change in Fund Balance | 0 | 0 | 3,994 | 3,994 |
| Fund Balance, Beginning of Year | <u>0</u> | <u>0</u> | <u>43,226</u> | <u>43,226</u> |
| Fund Balance, End of Year | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 47,220</u> | <u>\$ 47,220</u> |

See notes to budgetary comparison schedule.

**APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO BUDGETARY COMPARISON SCHEDULE
SEPTEMBER 30, 2021**

Note 1- Budgetary Requirements

The Apalachee Regional Planning Council (“the Council”) prepares an annual operating budget for the general and special revenue funds which are reflected in these financial statements. The Council’s budgeting process is based on estimates of revenues and expenditures and requires that all budgets be approved by the Board of the Council (the “Board”). Subsequent amendments to the budget, if any, are approved by the Board.

Budgets are prepared on the same basis of accounting as required for Governmental Fund Types. Any remaining fund balances remain with the Council at the end of the year.

**APALACHEE REGIONAL PLANNING COUNCIL
FLORIDA RETIREMENT SYSTEM PENSION PLAN
SCHEDULE OF THE COUNCIL'S PROPORTIONATE SHARE OF THE
NET PENSION LIABILITY
SEPTEMBER 30, 2021**

| | September 30, 2021 | September 30, 2020 | September 30, 2019 | September 30, 2018 | September 30, 2017 | September 30, 2016 | September 30, 2015 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Council's Proportion of the Net Pension Liability | 0.002625919% | 0.001799946% | 0.001495600% | 0.001360903% | 0.001093745% | 0.001399548% | 0.002000900% |
| Council's Proportionate Share of the Net Pension Liability | \$ 198,358 | \$ 780,123 | \$ 515,064 | \$ 409,911 | \$ 323,522 | \$ 353,387 | \$ 258,444 |
| Council's Covered-Employee Payroll (FYE 9/30) | 1,737,033 | 1,221,606 | 923,886 | 646,408 | 428,779 | 392,400 | 475,036 |
| Council's Proportionate Share of the Net Pension Liability as a Percentage of its Covered-Employee Payroll | 11.42% | 63.86% | 55.75% | 63.41% | 75.45% | 90.06% | 54.41% |
| FRS Plan Fiduciary Net Position as a Percentage of the Total Pension Liability | 96.40% | 78.85% | 82.61% | 84.26% | 83.89% | 84.88% | 92.00% |

Notes to Schedule:

The amounts presented for the Net Pension Liability were determined using a measurement date of June 30.

The Covered-Employee Payroll is for the fiscal year shown.

This schedule will build to 10 years as information becomes available.

**APALACHEE REGIONAL PLANNING COUNCIL
 FLORIDA RETIREMENT SYSTEM PENSION PLAN
 SCHEDULE OF THE COUNCIL'S CONTRIBUTIONS
 FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| | September 30, 2021 | September 30, 2020 | September 30, 2019 | September 30, 2018 | September 30, 2017 | September 30, 2016 | September 30, 2015 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Contractually Required Contributions | \$ 100,036 | \$ 59,804 | \$ 46,375 | \$ 38,785 | \$ 29,592 | \$ 32,713 | \$ 48,434 |
| Contributions in Relation to the Contractually Required Contribution | (100,036) | (59,804) | (46,375) | (38,785) | (29,592) | (32,713) | (48,434) |
| Contribution Deficiency (Excess) | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |
| County's Covered-Employee Payroll | 1,737,033 | 1,221,606 | 923,886 | 646,408 | 428,779 | 392,400 | 475,036 |
| Contributions as a Percentage of Covered-Employee Payroll | 5.76% | 4.90% | 5.02% | 6.00% | 6.90% | 8.34% | 10.20% |

Notes to Schedule:

This schedule will build to 10 years as information becomes available.

**APALACHEE REGIONAL PLANNING COUNCIL
HEALTH INSURANCE SUBSIDY PENSION PLAN
SCHEDULE OF THE COUNCIL'S PROPORTIONATE SHARE OF THE
NET PENSION LIABILITY
SEPTEMBER 30, 2021**

| | September 30, 2021 | September 30, 2020 | September 30, 2019 | September 30, 2018 | September 30, 2017 | September 30, 2016 | September 30, 2015 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Council's Proportion of the Net Pension Liability | 0.003629106% | 0.002436199% | 0.002076100% | 0.001949018% | 0.001201826% | 0.001230080% | 0.001599500% |
| Council's Proportionate Share of the Net Pension Liability | \$ 445,164 | \$ 297,456 | \$ 232,295 | \$ 206,286 | \$ 128,505 | \$ 143,361 | \$ 163,125 |
| Council's Covered-Employee Payroll (FYE 9/30) | 1,737,033 | 1,221,606 | 923,886 | 646,408 | 428,779 | 392,400 | 475,036 |
| Council's Proportionate Share of the Net Pension Liability as a Percentage of its Covered-Employee Payroll | 25.63% | 24.35% | 25.14% | 31.91% | 29.97% | 36.53% | 34.34% |
| Plan Fiduciary Net Position as a Percentage of the Total Pension Liability | 3.56% | 3.00% | 2.63% | 2.15% | 1.64% | 0.97% | 0.50% |

Notes to Schedule:

The amounts presented for the Net Pension Liability were determined using a measurement date of June 30.

The Covered-Employee Payroll is for the fiscal year shown.

This schedule will build to 10 years as information becomes available.

**APALACHEE REGIONAL PLANNING COUNCIL
HEALTH INSURANCE SUBSIDY PENSION PLAN
SCHEDULE OF THE COUNCIL'S CONTRIBUTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| | September 30, 2021 | September 30, 2020 | September 30, 2019 | September 30, 2018 | September 30, 2017 | September 30, 2016 | September 30, 2015 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Contractually Required Contributions | \$ 21,332 | \$ 14,039 | \$ 11,528 | \$ 10,570 | \$ 7,109 | \$ 6,392 | \$ 6,461 |
| Contributions in Relation to the Contractually Required Contribution | (21,332) | (14,039) | (11,528) | (10,570) | (7,109) | (6,392) | (6,461) |
| Contribution Deficiency (Excess) | <u>0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |
| Council's Covered-Employee Payroll | 1,737,033 | 1,221,606 | 923,886 | 646,408 | 428,779 | 392,400 | 475,036 |
| Contributions as a Percentage of Covered-Employee Payroll | 1.23% | 1.15% | 1.25% | 1.64% | 1.66% | 1.63% | 1.36% |

Notes to Schedule:

This schedule will build to 10 years as information becomes available.

APALACHEE REGIONAL PLANNING COUNCIL

COMPLIANCE SECTION

SEPTEMBER 30, 2021

**APALACHEE REGIONAL PLANNING COUNCIL
SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| STATE GRANTOR/PASS-THROUGH GRANTOR/PROGRAM TITLE | CSFA # | Contract # | Grant Amount | Total Expenditures |
|---|---------------|-------------------|-------------------------|-------------------------------|
| <i>Florida Office of the Governor</i> | | | | |
| Local Emergency Planning Committee | 31.067 | T0056 | \$ 80,000 | \$ 69,700 |
| Hazard Analyses | 31.067 | T0067 | 22,032 | 22,032 |
| <i>Total Florida Office of the Governor</i> | | | <u>102,032</u> | <u>91,732</u> |
| <i>Florida Department of Environmental Protection</i> | | | | |
| Small Quantity Hazardous Waste Generator | 37.013 | SO805 Amend No. 8 | 30,222 | 27,136 |
| <i>Total Florida Department of Environmental Protection</i> | | | <u>30,222</u> | <u>27,136</u> |
| <i>Florida Department of Economic Opportunity</i> | | | | |
| Growth Management Implementation | 40.024 | P0399 | 40,000 | 40,000 |
| | | | <u>40,000</u> | <u>40,000</u> |
| <i>Florida Department of Transportation</i> | | | | |
| Commission for the Transportation Disadvantage Planning Grant | 55.002 | *Below | 184,738 | 142,248 |
| Commission for the Transportation Disadvantage Planning Grant | 55.002 | **Below | 190,042 | 42,087 |
| Commuter Assistance Program/Ride Share | 55.007 | G1H94 | 226,282 | 60,347 |
| Commuter Assistance Program/Ride Share | 55.007 | G1T16 | 210,131 | 94,438 |
| <i>Total Florida Department of Transportation</i> | | | <u>811,193</u> | <u>339,120</u> |
| <i>Florida Department of Children and Families</i> | | | | |
| Homeless Challenge | 60.014 | BPZ12 | 143,386 | 65,587 |
| Homeless Challenge | 60.014 | BPZ12 | 86,000 | 30,052 |
| Homeless Grants-in-Aid | 60.021 | BPZ12 | 107,143 | 80,357 |
| Homeless Grants-in-Aid | 60.021 | BPZ12 | 107,143 | 26,786 |
| <i>Total Florida Office of the Governor</i> | | | <u>443,672</u> | <u>202,782</u> |
| <i>Total State Awards</i> | | | <u>\$ 1,427,119</u> | <u>\$ 700,771</u> |

*Contract #'s G1824, G1835, G1836, G1853, G1858, G1859, G1865, G1890

**Contract #'s G1Y98, G1Y26, G1Y28, G1Y32, G1Y41, G1Y42, G1Y47, G1Y49, G1Y76

**APALACHEE REGIONAL PLANNING COUNCIL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

| FEDERAL GRANTOR/PASS-THROUGH GRANTOR/PROGRAM TITLE | CFDA # | Contract # | Grant Amount | Expenditures |
|---|---------------|-------------------|-------------------------|---------------------|
| <u><i>U.S. Department of Commerce - Economic Development Administration</i></u> | | | | |
| Comprehensive Economic Development Planning (CEDDS) | 11.302 | 17-ATL-3020021 | \$ 210,000 | \$ 70,000 |
| Economic Adjustment Program-Revolving Loan Fund-Legacy Recovery Coordinator | 11.307 | 04-19-03362 | 1,000,000 | 461,929 |
| Economic Adjustment Program-Revolving Loan Fund-REVIVE | 11.307 | 04-79-07342 | 160,000 | 40,000 |
| Economic Adjustment Program-Revolving Loan Fund-CARES | 11.307 | 04-79-07446 | 800,000 | 224,000 |
| CARES Planning | 11.307 | 04-79-07543 | 638,000 | 478,000 |
| National Oceanic and Atmospheric Administration | 11.307 | ED20ATL3070075 | 400,000 | 200,000 |
| | 11.473 | 0318.19.067013 | 7,443,063 | 1,468,407 |
| <u><i>Total U.S. Department of Commerce - Economic Development Administration</i></u> | | | <u>10,651,063</u> | <u>2,942,336</u> |
| <u><i>U.S. Department of Housing and Urban Development</i></u> | | | | |
| Passed Through the State of Florida Department of Children and Families | | | | |
| Emergency Solutions Grant | 14.231 | BPZ12 | 170,000 | 112,310 |
| Emergency Solutions Grant | 14.231 | BPZ12 | 170,000 | 58,895 |
| Continuum of Care - Homeless Management Information System | 14.267 | FL0355L4H061910 | 130,292 | 71,926 |
| Continuum of Care - Homeless Management Information System | 14.267 | FL0355L4H062011 | 130,292 | 22,607 |
| Continuum of Care - Planning | 14.267 | FL0624L4H061900 | 64,299 | 64,299 |
| <u><i>Total U.S. Department of Housing and Urban Development</i></u> | | | <u>664,883</u> | <u>330,037</u> |
| <u><i>U.S. Department of Transportation</i></u> | | | | |
| Passed Through the State of Florida Division of Emergency Management | | | | |
| Interagency Hazardous Materials Public Sector Training and Planning Grants | 20.703 | t0110 | 51,790 | 51,790 |
| <u><i>U.S. Environmental Protection Agency</i></u> | | | | |
| Brownsfields Assessment and Cleanup Cooperative | 66.818 | BF-00D58617-0 | 300,000 | 75,318 |
| <u><i>U.S. Department of Health and Human Services</i></u> | | | | |
| Passed Through the State of Florida Department of Children and Families | | | | |
| Temporary Assistance for Needy Families | 93.558 | BPZ12 | 32,250 | 20,974 |
| Temporary Assistance for Needy Families | 93.558 | BPZ12 | 32,250 | 11,277 |
| <u><i>Total U.S. Department of Health and Human Services</i></u> | | | <u>64,500</u> | <u>32,251</u> |
| <u><i>Total Federal Awards</i></u> | | | <u>\$ 11,732,236</u> | <u>\$ 3,431,732</u> |

APALACHEE REGIONAL PLANNING COUNCIL
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARD PROGRAMS`
SEPTEMBER 30, 2021

Note 1 - General

The accounting policies and presentations of the accompanying schedule of expenditures of federal awards of Apalachee Regional Planning Council (the "Council") have been designed to conform with generally accepted accounting principles applicable to governmental units. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards (Uniform Guidance).

Note 2 – Basis of Presentation

The accompanying schedule of federal awards includes the federal award activity of the Council and is presented using the same basis of accounting as the fund in which the grant is recorded, generally the accrual or modified accrual basis of accounting, as described in Note 1 to the Council's financial statements.

Note 3 – Contingencies

Grant monies received and disbursed by the Council are for specific purposes and are subject to review by grantor agencies. Such audits may result in requests for reimbursements due to disallowance of expenditures. Based upon prior experience, the Council does not believe that such disallowances, if any, would have a material effect on the financial position of the Council.

**APALACHEE REGIONAL PLANNING COUNCIL
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL AWARD PROGRAMS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

PART I- SUMMARY OF AUDITOR’S RESULTS

1. The independent Auditor’s report expresses unqualified opinions on the governmental activities, business-type activities, each major fund, and the aggregate remaining fund information of Apalachee Regional Planning Council, as of and for the year ended September 30, 2021.
2. There were no instances of material weakness(es) or significant deficiency(ies) identified during the audit of the financial statements reported in the report on internal control over financial reporting and compliance and other matters based on an audit of financial statements performed in accordance with *Government Auditing Standards*.
3. There were no instances of noncompliance identified during the audit of the financial statements as reported in the report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with *Government Auditing Standards*.
4. The audit disclosed no significant deficiencies relating to the audit of the major federal award programs reported in the Independent Auditor’s Report on Compliance for Each Major Federal Award project that are required to be reported in the schedule of findings and questioned costs.
5. The “Independent Auditor’s Report on Compliance for Each Major Federal Award Program on Internal Control Over Compliance Required by Uniform Guidance, for Apalachee Regional Planning Council, expresses an unmodified opinion.
6. The audit disclosed no findings required to be reported in accordance with the Uniform Guidance relative to the major federal awards programs for Apalachee Regional Planning Council.
7. The programs tested as major federal award programs included the following:

| | |
|---|--------|
| U.S. Department of Commerce-Economic Development Administration | |
| Comprehensive Economic Development Planning (CEDS) | 11.302 |
| Economic Adjustment Assistance-Revolving Loan Fund | 11.307 |
| EDA Recovery Coordinator | 11.307 |
| CARES Planning | 11.307 |
| National Oceanic and Atmospheric Administration | 11.473 |

8. The threshold for distinguishing Type A and Type B programs was \$750,000 for major federal award program.
9. Apalachee Regional Planning Council did not qualify as a low-risk auditee.

**APALACHEE REGIONAL PLANNING COUNCIL
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL AWARD PROGRAMS
FOR THE YEAR ENDED SEPTEMBER 30, 2021**

PART II - FINDINGS - FINANCIAL STATEMENT FINDINGS

There were no findings relative to the Financial Statements.

PART III - FINDINGS AND QUESTIONED COSTS - FEDERAL AWARD PROGRAMS

There were no findings relative to the federal programs.

PART IV – SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS RELATIVE TO FEDERAL AWARDS

There were no prior audit findings.

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY
UNIFORM GUIDANCE**

To the Council Members of
Apalachee Regional Planning Council:

Report on Compliance for Each Major Federal Program

We have audited Apalachee Regional Planning Council's (the "Council") compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (*OMB Compliance Supplement*), that could have a direct and material effect on each of the Council's major federal programs for the year ended September 30, 2021. The Council's major federal programs are identified in the summary of Auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Council's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards* (Uniform Guidance). Those standards, Uniform Guidance, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Council's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Council's compliance with those requirements.

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED
BY UNIFORM GUIDANCE**

(Continued)

Opinion on the Major Federal Program

In our opinion, the Council complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

Report on Internal Control over Compliance

Management of the Council is responsible for establishing and maintaining effective internal control over compliance with the types of requirements referred to above. In planning and performing our audit, we considered the Council's internal control over compliance with the requirements that could have a direct and material effect on each major federal program in order to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Council's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses may exist that have not been identified.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this communication is not suitable for any other purpose.

**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED
BY UNIFORM GUIDANCE
(Concluded)**

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the Council as of and for the year ended September 30, 2021, and have issued our report thereon dated April 11, 2022, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditure of federal awards is presented for the purposes of additional analysis as required by Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements taken as a whole.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2022

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS**

To the Council Members of
Apalachee Regional Planning Council:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and each major fund of Apalachee Regional Planning Council (the "Council"), as of and for the year ended September 30, 2021, and the related notes to the financial statements, and have issued our report thereon dated April 11, 2022.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Council's internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control. Accordingly, we do not express an opinion on the effectiveness of the Council's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS**
(concluded)

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Council's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Council's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2022

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH THE
REQUIREMENTS OF SECTION 218.415 FLORIDA STATUTES**

To the Council Members of
Apalachee Regional Planning Council:

We have examined the Apalachee Regional Planning Council (the "Council"), compliance with the requirements of Section 218.415, Florida Statutes, during the fiscal year ended September 30, 2021, as required by Section 10.556(10)(a), *Rules of the Auditor General*. Management is responsible for the Council's compliance with those requirements. Our responsibility is to express an opinion on the Council's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence about the Council's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the Council's compliance with specified requirements.

In our opinion, the Council complied, in all material respects, with the aforementioned requirements for the fiscal year ended September 30, 2021.

This report is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, and the Council and its management, and is not intended to be, and should not be, used by anyone other than these specified parties.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2022

**MANAGEMENT LETTER IN ACCORDANCE WITH
RULES OF THE AUDITOR GENERAL OF THE STATE OF FLORIDA**

To the Council Members of
Apalachee Regional Planning Council:

Report on the Financial Statements

We have audited the financial statements of the Apalachee Regional Planning Council (the “Council”) as of and for the fiscal year ended September 30, 2021 and have issued our report thereon dated April 11, 2022.

Auditor’s Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Other Reports and Schedule

We have issued our Independent Auditor’s Report on Internal Control over Financial Reporting and Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*; Independent Auditor’s Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance; Schedule of Findings and Questioned Costs; and Independent Accountant’s Report on an examination conducted in accordance with *AICPA Professional Standards*, Section 601, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General. Disclosures in those reports and schedule, which are dated April 11, 2022, should be considered in conjunction with this management letter.

Prior Audit Findings

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. There were no such findings in the preceding annual financial audit report.

Official Title and Legal Authority

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in the management letter, unless disclosed in the notes to the financial statements. The name or official title and legal authority of the primary government was disclosed in the notes to the financial statements. There were no component units.

**MANAGEMENT LETTER IN ACCORDANCE WITH
RULES OF THE AUDITOR GENERAL OF THE STATE OF FLORIDA**
(concluded)

Financial Condition

Section 10.554(1)(i)5.a., and 10.556(7) Rules of the Auditor General, requires us to apply appropriate procedures and communicate the results of our determination as to whether or not the Council has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and to identify of the specific conditions met. In connection with our audit, we determined that the Council did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures for the Council. It is management's responsibility to monitor the Council's financial condition, and our financial condition assessment was based in part on representations made by management and the review of financial information provided by same.

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we communicate any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

Additional Matters

Section 10.554(1)(i)3., Rules of the Auditor General, requires that we communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but warrants the attention of those charged with governance. In connection with our audit, we did not have any such findings.

Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, Board of the Council and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2022

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

DEPARTMENT OF THE TREASURY

Date: NOV 08 2017

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

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

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

Dear Applicant:

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

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

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

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

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

Letter 947



APALACHEE REGIONAL PLANNING COUNCIL

| | | |
|---|--|--|
| Unique Entity ID ZP4NRU21LL94 | CAGE / NCAGE 3GBV9 | Purpose of Registration Federal Assistance Awards Only |
| Registration Status Active Registration | Expiration Date Jan 4, 2024 | |
| Physical Address 2507 Callaway RD Tallahassee, Florida 32303-5267 United States | Mailing Address 2507 Callaway RD Suite 100 Tallahassee, Florida 32303-5268 United States | |

Business Information

| | | |
|---|--|-----------------------------------|
| Doing Business as (blank) | Division Name (blank) | Division Number (blank) |
| Congressional District Florida 05 | State / Country of Incorporation Florida / United States | URL http://www.arpc.org |

Registration Dates

| | | |
|---------------------------------------|---------------------------------------|--|
| Activation Date Jan 6, 2023 | Submission Date Jan 4, 2023 | Initial Registration Date Jun 27, 2003 |
|---------------------------------------|---------------------------------------|--|

Entity Dates

| | |
|--|---|
| Entity Start Date Aug 23, 1977 | Fiscal Year End Close Date Sep 30 |
|--|---|

Immediate Owner

| | |
|------------------------|---------------------------------------|
| CAGE (blank) | Legal Business Name (blank) |
|------------------------|---------------------------------------|

Highest Level Owner

| | |
|------------------------|---------------------------------------|
| CAGE (blank) | Legal Business Name (blank) |
|------------------------|---------------------------------------|

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

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 Other | Entity Type Business or Organization | Organization Factors (blank) |
| Profit Structure Other Not For Profit Organization | | |

Socio-Economic Types

Check the registrant's Reps & 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 No | Debt Subject To Offset No |
|---|-------------------------------------|

| | |
|------------------------------|---------------------------|
| EFT Indicator 0000 | CAGE Code 3GBV9 |
|------------------------------|---------------------------|

Points of Contact

Electronic Business

| | |
|-------------------------------------|--|
| ♀ Monica Pitts, Finance Director | Apalachee Regional Planning Council 2507 Callaway Road STE 100 Tallahassee, Florida 32303 United States |
|-------------------------------------|--|

Government Business

| | |
|---------------------------------------|--|
| ♀ Chris Rietow, Executive Director | Apalachee Regional Planning Council 2507 Callaway Road STE 100 Tallahassee, Florida 32303 United States |
|---------------------------------------|--|

Service Classifications

NAICS Codes

| Primary | NAICS Codes | NAICS Title |
|---------|-------------|-------------|
|---------|-------------|-------------|

Disaster Response

This entity does not appear in the disaster response registry.



**CITY OF
TALLAHASSEE**

June 14, 2023

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

Re: HMIS Grant #FL0355L4H062011-Match of \$33,000.00

Dear sir or madam:

This letter is to confirm that the City of Tallahassee will commit to provide match funds for the HUD CoC HMIS Grant. The match amount to which we are committing is \$33,000.00. These funds are provided from the City of Tallahassee ESG entitlement funds for the period 5/1/23-9/30/23.

Please let me know if you need additional information.

Best Regards,

Kimball Thomas

Kimball Thomas, PhD
Director of Housing and Community Resilience Department

BBCoC HUD HMIS 22-23 Match Letter

Final Audit Report

2023-06-14

| | |
|-----------------|--|
| Created: | 2023-06-14 |
| By: | Anita Morrell (Anita.Morrell@talgov.com) |
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"BBCoC HUD HMIS 22-23 Match Letter" History

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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: FL0355L4H062213
Recipient's Name: Apalachee Regional Planning Council
Tax ID Number: 59-1772505
Unique Entity Identifier [SAM]: ZP4NRU21LL94
Federal Award Date: 8/1/2023

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 Apalachee Regional Planning Council (the “Recipient”). This Agreement, the Recipient’s use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the Recipient’s operation of projects assisted with Grant Funds are governed by

1. The Consolidated Appropriations Act, 2022 (Pub. L. 117-103, approved March 15, 2022);
2. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”);
3. the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time;
4. and the Notice of Funding Opportunity for the fiscal year in which the funds were awarded; and
5. the Recipient’s application submissions on the basis of which these Grant Funds were approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition (collectively, the “Application”).

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

HUD’s total funding obligation authorized by this grant agreement is \$130,292, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

| Grant No. | Grant Term | Performance Period | Total Amount |
|---|-------------------|---------------------------|---------------------|
| FL0355L4H062213 | 12 months | 05-01-2023 - 04-30-2024 | \$130,292 |
| a. Continuum of Care planning activities | | | \$0 |
| b. Acquisition | | | \$0 |
| c. Rehabilitation | | | \$0 |
| d. New construction | | | \$0 |
| e. Leasing | | | \$0 |
| f. Rental assistance | | | \$0 |
| g. Supportive services | | | \$0 |
| h. Operating costs | | | \$0 |
| i. Homeless Management Information System | | | \$121,768 |
| j. Administrative costs | | | \$8,524 |
| k. Relocation Costs | | | \$0 |
| l. HPC homelessness prevention activities: | | | |
| 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 effective date of this Agreement, 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:

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants 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 and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published on HUD.gov in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

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 and 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.

Build America, Buy America Act. The Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates, are subject to BABA requirements, unless excepted by a waiver.

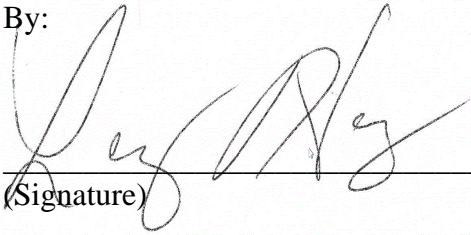
The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

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)

Larry Hayes, Director

(Typed Name and Title)

August 1, 2023

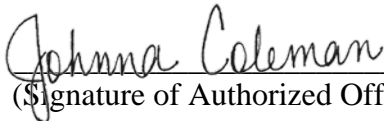
(Date)

RECIPIENT

Apalachee Regional Planning Council

(Name of Organization)

By:



(Signature of Authorized Official)

Johnna Coleman, Executive Director

(Typed Name and Title of Authorized Official)

8/1/2023

(Date)

Indirect Cost 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).

Eric Layton

From: HUD HDX <noreply@hudhdx.info>
Sent: Thursday, April 27, 2023 1:05 PM
To: HDX Team
Cc: Eric Layton
Subject: FL-506 - Tallahassee/Leon County CoC - HIC Count: 2023 set to "Submitted"

Dear HDX Team,

This is to let you know that the HIC Count "2023" in the CoC FL-506 - Tallahassee/Leon County CoC was marked as "Submitted"

Eric Layton

From: HUD HDX <noreply@hudhdx.info>
Sent: Thursday, April 27, 2023 1:05 PM
To: HDX Team
Cc: Eric Layton
Subject: FL-506 - Tallahassee/Leon County CoC - PIT Count: 01/23/2023 set to "Submitted"

Dear HDX Team,

This is to let you know that the PIT Count "01/23/2023" in the CoC FL-506 - Tallahassee/Leon County CoC was marked as "Submitted"

Eric Layton

From: Sage HMIS <sage@sagehmis.info>
Sent: Monday, August 14, 2023 9:21 AM
To: Eric Layton
Subject: CAPER Upload Verification Email

The CSV-ESG CAPER Report for the following project was received and uploaded successfully into Sage:

Project: FL506 - BBCoC: BBHC - Rapid Rehousing (DCF ESG)

The ESG Recipient (the jurisdiction that awarded your organization ESG funding) will review the submission. If found acceptable, the report will be included in Recipient's full Consolidated Annual Performance Evaluation Report (CAPER) report submission to HUD.

If there are problems with the submission, the ESG recipient has the option to delete the submission from Sage and contact you directly to address the identified issues.

Do not reply to this message. It is automatically generated and sent from an unmonitored mailbox. If you require further assistance, please submit an [AAQ via the HUD Exchange](#) indicating your question is related to Sage in Step 2.



Eric Layton

From: HUD HDX <noreply@hudhdx.info>
Sent: Monday, February 27, 2023 11:42 AM
To: HDX Team
Cc: Eric Layton
Subject: FL-506 - Tallahassee/Leon County CoC - SysPM Report: FY 2022 (10/1/2021 - 9/30/2022) set to "Submitted"

Dear HDX Team,

This is to let you know that the SysPM Report "FY 2022 (10/1/2021 - 9/30/2022)" in the CoC FL-506 - Tallahassee/Leon County CoC was marked as "Submitted"

Eric Layton

From: automail <automail@mail.hudhdx2.info>
Sent: Monday, January 09, 2023 1:52 PM
To: Eric Layton; Johnna Coleman
Subject: [CoC Hudnum: FL-506] Data Review Complete

Hello,

This is a notification that the dataset for [CoC Hudnum: FL-506] has been marked as 'Review Complete' by the HDX Team. Thank you for contributing data to the LSA!

- HDX Team

The HDX initiative is brought to you by U.S. Department of Housing and Urban Development

Submit questions or comments about the HDX 2.0 via [Ask A Question](#) (choose "HDX" as the topic)



HMIS Annual Data Reporting Timeline

1st Quarter [10/01 – 12/31]

- **ESG CAPER**
 - Due to DCF, Office on Homelessness by October 15th
- **BBCoC Data Quality Reports**
 - Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
 - Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

2nd Quarter [01/01 – 3/31]

- **Longitudinal Systems Analysis (LSA)**
 - Typically Due mid-January
- **Point in Time Count**
 - Requires coordination, planning, and training prior to January
- **Housing Inventory Count**
 - Requires coordination with agencies, and survey completion in January
- **ESG CAPER**
 - Due to DCF, Office on Homelessness by January 15th
- **System Performance Measures**
 - Typically due end of February
- **BBCoC Data Quality Reports**
 - Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
 - Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

3rd Quarter [04/01 – 06/31]

- ESG CAPER

- Due to DCF, Office on Homelessness by April 15th

- BBCoC Data Quality Reports

- Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
- Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

4th Quarter [07/01 – 09/30]

- ESG CAPER

- Due to DCF, Office on Homelessness by October 15th

- BBCoC Data Quality Reports

- Run by CoC HMIS Staff and provided to all HMIS-participating agencies by the 10th of every month.
- Agencies have two weeks to make necessary data quality corrections and/or reach out to the CoC HMIS team for additional technical assistance.

Additional Reports

- **CoC APR** (run at different times depending on grant start/end dates)
- **Data Quality Framework** (used for data quality checks and troubleshooting)
- **CoC Data Quality Reports** (used for data quality checks and troubleshooting)

HIC Total Summary for FL-506 - Tallahassee/Leon County CoC

Total Year-Round Beds - Household without Children

| | |
|---|---------------|
| 1. Current Year-Round Beds for Households without Children | 957 |
| 1A. Current Year Round ES Beds for Households without Children | 345 |
| 1B. Current Year Round TH Beds for Households without Children | 97 |
| 1C. Current Year Round Safe Haven Beds for Households without Children | 0 |
| 1D. Current Year Round RRH Beds for Households without Children | 82 |
| 1E. Current Year Round PSH Beds for Households without Children | 433 |
| 2. Total Year-Round Beds for Households without Children | 957 |
| 2A. Number of DV Year-Round Beds for Households without Children | 47 |
| 2B. Subtotal, non-DV Year-Round Beds for Households without Children | 910 |
| 3. Total Year Round HMIS Beds for Households without Children | 658 |
| 3A. Total Year Round ES HMIS Beds for Households without Children | 325 |
| 3B. Total Year Round TH HMIS Beds for Households without Children | 70 |
| 3C. Total Year Round Safe Haven HMIS Beds for Households without Children | 0 |
| 3D. Total Year Round RRH HMIS Beds for Households without Children | 82 |
| 3E. Total Year Round PSH HMIS Beds for Households without Children | 181 |
| 4. Total Year Round HMIS Beds for Households without Children | 658 |
| 5. HMIS Bed Coverage: Beds for Households without Children | 72.31% |

Total Year-Round Beds - Households with Children

| | |
|---|------------|
| 1. Current Year Round Beds for Households with Children | 414 |
| 1A. Current Year Round ES Beds for Households with Children | 194 |
| 1B. Current Year Round TH Beds for Households with Children | 55 |
| 1C. Current Year Round Safe Haven Beds for Households with Children | 0 |

Total Summary for FL-506 - Tallahassee/Leon County CoC

| | |
|--|---------------|
| 1D. Current Year Round RRH Beds for Households with Children | 35 |
| 1E. Current Year Round PSH Beds for Households with Children | 64 |
| 2. Total Year Round Beds for Households with Children | 414 |
| 2A. Number of DV Year-Round Beds for Households with Children | 101 |
| 2B. Subtotal, non-DV Year-Round Beds for Households with Children | 313 |
| 3. Total Year Round HMIS Beds for Households with Children | 247 |
| 3A. Total Year Round ES HMIS Beds for Households with Children | 146 |
| 3B. Total Year Round TH HMIS Beds for Households with Children | 2 |
| 3C. Total Year Round Safe Haven HMIS Beds for Households with Children | 0 |
| 3D. Total Year Round RRH HMIS Beds for Households with Children | 35 |
| 3E. Total Year Round PSH HMIS Beds for Households with Children | 64 |
| 4. Total Year Round HMIS Beds for Households with Children | 247 |
| 5. HMIS Bed Coverage: Beds for Households with Children | 78.91% |

Total Year-Round Beds - Households with only Children

| | |
|--|-----------|
| 1. Current Year Round Beds for Households with only Children | 12 |
| 1A. Current Year Round ES Beds for Households with only Children | 12 |
| 1B. Current Year Round TH Beds for Households with only Children | 0 |
| 1C. Current Year Round Safe Haven Beds for Households with only Children | 0 |
| 1D. Current Year Round RRH Beds for Households with only Children | 0 |
| 1E. Current Year Round PSH Beds for Households with only Children | 0 |
| 2. Total Year Round Beds for Households with only Children | 12 |
| 2A. Number of DV Year-Round Beds for Households with only Children | 0 |
| 2B. Subtotal, non-DV Year-Round Beds for Households with only Children | 12 |
| 3. Total Year Round HMIS Beds for Households with only Children | 12 |
| 3A. Total Year Round ES HMIS Beds for Households with only Children | 12 |

Total Summary for FL-506 - Tallahassee/Leon County CoC

| | |
|---|----------------|
| 3B. Total Year Round TH HMIS Beds for Households with only Children | 0 |
| 3C. Total Year Round Safe Haven HMIS Beds for Households with only Children | 0 |
| 3D. Total Year Round RRH HMIS Beds for Households with only Children | 0 |
| 3E. Total Year Round PSH HMIS Beds for Households with only Children | 0 |
| 4. Total Year Round HMIS Beds for Households with only Children | 12 |
| 5. HMIS Bed Coverage: Beds for Households with only Children | 100.00% |

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (ES)

Total Year-Round Beds - Household without Children

| | |
|---|---------|
| 1. Current Year-Round Emergency Shelter (ES) Beds for Households without Children | 345 |
| 1A. Number of DV Year-Round ES Beds for Households without Children | 20 |
| 1B. Subtotal, non-DV Year-Round ES Beds for Households without Children | 325 |
| 2. Under Development Year-Round ES Beds for Households without Children | 0 |
| 3. Total Year Round ES HMIS Beds for Households without Children | 325 |
| 4. HMIS Bed Coverage: ES Beds for Households without Children | 100.00% |

Total Year-Round Beds - Households with Children

| | |
|--|---------|
| 5. Current Year-Round ES Beds for Households with Children | 194 |
| 5A. Number of DV Year-Round ES Beds for Households with Children | 48 |
| 5B. Subtotal, non-DV Year-Round ES Beds for Households with Children | 146 |
| 6. Under Development Year-Round ES Beds for Households with Children | 0 |
| 7. Total Year-Round ES HMIS Beds for Households with Children | 146 |
| 8. HMIS Bed Coverage: ES Beds for Households with Children | 100.00% |

Total Year-Round Beds - Households with only Children

| | |
|--|---------|
| 9. Current Year-Round ES Beds for Households with only Children | 12 |
| 9A. Number of DV Year-Round ES Beds for Households with only Children | 0 |
| 9B. Subtotal, non-DV Year-Round ES Beds for Households with only Children | 12 |
| 10. Under Development Year-Round ES Beds for Households with only Children | 0 |
| 11. Total Year-Round ES HMIS Beds for Households with only Children | 12 |
| 12. HMIS Bed Coverage: ES Beds for Households with only Children | 100.00% |

Seasonal Beds

| | |
|--|-----|
| 13. Total Seasonal Beds | 0 |
| 14. Year Round Equivalent | 0 |
| 15. Total HMIS Seasonal Beds | 0 |
| 16. Year Round Equivalent HMIS Seasonal Beds | 0 |
| 17. Seasonal HMIS Bed Coverage | n/a |

Overflow Beds

| | |
|--------------------------------|-----|
| 18. Total Overflow Beds | 0 |
| 19. Total HMIS Overflow Beds | 0 |
| 20. Overflow HMIS Bed Coverage | n/a |

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (TH)

Total Year-Round Beds - Household without Children

| | |
|--|---------|
| 1. Current Year-Round Transitional Housing (TH) Beds for Households without Children | 97 |
| 1A. Number of DV Year-Round TH Beds for Households without Children | 27 |
| 1B. Subtotal, non-DV Year-Round TH Beds for Households without Children | 70 |
| 2. Under Development Year-Round TH Beds for Households without Children | 0 |
| 3. Total Year Round TH HMIS Beds for Households without Children | 70 |
| 4. HMIS Bed Coverage: TH Beds for Households without Children | 100.00% |

Total Year-Round Beds - Households with Children

| | |
|--|---------|
| 5. Current Year-Round TH Beds for Households with Children | 55 |
| 5A. Number of DV Year-Round TH Beds for Households with Children | 53 |
| 5B. Subtotal, non-DV Year-Round TH Beds for Households with Children | 2 |
| 6. Under Development Year-Round TH Beds for Households with Children | 0 |
| 7. Total Year-Round TH HMIS Beds for Households with Children | 2 |
| 8. HMIS Bed Coverage: TH Beds for Households with Children | 100.00% |

Total Year-Round Beds - Households with only Children

| | |
|--|-----|
| 9. Current Year-Round TH Beds for Households with only Children | 0 |
| 9A. Number of DV Year-Round TH Beds for Households with only Children | 0 |
| 9B. Subtotal, non-DV Year-Round TH Beds for Households with only Children | 0 |
| 10. Under Development Year-Round TH Beds for Households with only Children | 0 |
| 11. Total Year-Round TH HMIS Beds for Households with only Children | 0 |
| 12. HMIS Bed Coverage: TH Beds for Households with only Children | n/a |

HIC Basic Summary for FL-506 - Tallahassee/Leon County CoC (PH)

Total Year-Round Beds - Household without Children

| | |
|---|--------|
| 1. Current Year-Round Permanent Housing (PH) Beds for Households without Children | 515 |
| 1A. Number of DV Year-Round PH Beds for Households without Children | 0 |
| 1B. Subtotal, non-DV Year-Round PH Beds for Households without Children | 515 |
| 2. Under Development Year-Round PH Beds for Households without Children | 0 |
| 3. Total Year Round PH HMIS Beds for Households without Children | 263 |
| 4. HMIS Bed Coverage: PH Beds for Households without Children | 51.07% |

Total Year-Round Beds - Households with Children

| | |
|--|--------|
| 5. Current Year-Round PH Beds for Households with Children | 165 |
| 5A. Number of DV Year-Round PH Beds for Households with Children | 0 |
| 5B. Subtotal, non-DV Year-Round PH Beds for Households with Children | 165 |
| 6. Under Development Year-Round PH Beds for Households with Children | 0 |
| 7. Total Year-Round PH HMIS Beds for Households with Children | 99 |
| 8. HMIS Bed Coverage: PH Beds for Households with Children | 60.00% |

Total Year-Round Beds - Households with only Children

| | |
|--|-----|
| 9. Current Year-Round PH Beds for Households with only Children | 0 |
| 9A. Number of DV Year-Round PH Beds for Households with only Children | 0 |
| 9B. Subtotal, non-DV Year-Round PH Beds for Households with only Children | 0 |
| 10. Under Development Year-Round PH Beds for Households with only Children | 0 |
| 11. Total Year-Round PH HMIS Beds for Households with only Children | 0 |
| 12. HMIS Bed Coverage: PH Beds for Households with only Children | n/a |

2023 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 | 36 | 14 | 1 | 51 |
| Total Number of persons (Adults & Children) | 120 | 48 | 2 | 170 |
| Number of Persons (under age 18) | 72 | 34 | 1 | 107 |
| Number of Persons (18 - 24) | 9 | 0 | 0 | 9 |
| Number of Persons (25 - 34) | 20 | 14 | 0 | 34 |
| Number of Persons (35 - 44) | 12 | 0 | 1 | 13 |
| Number of Persons (45 - 54) | 5 | 0 | 0 | 5 |
| Number of Persons (55 - 64) | 2 | 0 | 0 | 2 |
| Number of Persons (over age 64) | 0 | 0 | 0 | 0 |

| Gender (adults and children) | Sheltered | | Unsheltered | Total |
|--|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Female | 83 | 25 | 1 | 109 |
| Male | 37 | 23 | 1 | 61 |
| Gender that is not singularly 'Female' or 'Male' | 0 | 0 | 0 | 0 |
| Questioning | 0 | 0 | 0 | 0 |
| Transgender | 0 | 0 | 0 | 0 |

2023 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

| Ethnicity (adults and children) | Sheltered | | Unsheltered | Total |
|--|------------------|--------------|--------------------|--------------|
| | Emergency | Transitional | | |
| Non-Hispanic/Non-Latin(a)(o)(x) | 112 | 45 | 2 | 159 |
| Hispanic/Latin(a)(o)(x) | 8 | 3 | 0 | 11 |

| 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 | 107 | 39 | 2 | 148 |
| Native Hawaiian or Pacific Islander | 4 | 0 | 0 | 4 |
| White | 5 | 8 | 0 | 13 |
| Multiple Races | 2 | 1 | 0 | 3 |

| Chronically Homeless (adults and children) | Sheltered | | Unsheltered | Total |
|---|------------------|--------------|--------------------|--------------|
| | Emergency | Transitional | | |
| Total number of households | 3 | | 0 | 3 |
| Total number of persons | 9 | | 0 | 9 |

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

| | Sheltered | | | Unsheltered | Total |
|---|-----------|--------------|------------|-------------|----------|
| | Emergency | Transitional | Safe Haven | | |
| Total Number of Households | 6 | 0 | 0 | 0 | 6 |
| Total Number of children (under age 18) | 6 | 0 | 0 | 0 | 6 |

| Gender (only children) | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|----------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 4 | 0 | 0 | 0 | 4 |
| Male | 2 | 0 | 0 | 0 | 2 |
| 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-Latin(a)(o)(x) | 6 | 0 | 0 | 0 | 6 |
| Hispanic/Latin(a)(o)(x) | 0 | 0 | 0 | 0 | 0 |

| Race (only children) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 | 0 |
| Asian or Asian American | 0 | 0 | 0 | 0 | 0 |
| Black, African American, or African | 3 | 0 | 0 | 0 | 3 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| White | 2 | 0 | 0 | 0 | 2 |
| Multiple Races | 1 | 0 | 0 | 0 | 1 |

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

2023 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 | 280 | 70 | 0 | 257 | 607 |
| Total Number of persons (Adults) | 288 | 70 | 0 | 267 | 625 |
| Number of Persons (18 - 24) | 24 | 5 | 0 | 9 | 38 |
| Number of Persons (25 - 34) | 55 | 12 | 0 | 80 | 147 |
| Number of Persons (35 - 44) | 44 | 8 | 0 | 51 | 103 |
| Number of Persons (45 - 54) | 67 | 10 | 0 | 57 | 134 |
| Number of Persons (55 - 64) | 70 | 22 | 0 | 54 | 146 |
| Number of Persons (over age 24) | 28 | 13 | 0 | 16 | 57 |

| Gender (adults) | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 91 | 19 | 0 | 74 | 184 |
| Male | 193 | 51 | 0 | 193 | 437 |
| Gender that is not singularly 'Female' or 'Male' | 1 | 0 | 0 | 0 | 1 |
| Questioning | 1 | 0 | 0 | 0 | 1 |
| Transgender | 2 | 0 | 0 | 0 | 2 |

2023 Point-in-Time Count FL-506 Tallahassee/Leon County CoC

| Ethnicity (adults) | Sheltered | | | Unsheltered | Total |
|---------------------------------|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| Non-Hispanic/Non-Latin(a)(o)(x) | 272 | 69 | 0 | 247 | 588 |
| Hispanic/Latin(a)(o)(x) | 16 | 1 | 0 | 20 | 37 |

| Race (adults) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| American Indian, Alaska Native, or Indigenous | 3 | 0 | 0 | 6 | 9 |
| Asian or Asian American | 5 | 1 | 0 | 1 | 7 |
| Black, African American, or African | 172 | 46 | 0 | 126 | 344 |
| Native Hawaiian or Pacific Islander | 3 | 0 | 0 | 1 | 4 |
| White | 99 | 23 | 0 | 128 | 250 |
| Multiple Races | 6 | 0 | 0 | 5 | 11 |

| Chronically Homeless (adults) | Sheltered | | | Unsheltered | Total |
|--|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| Total number of persons | 85 | | 0 | 84 | 169 |

Date of PIT Count: 1/23/2023

Population: Sheltered and Unsheltered Count

Total Households and Persons

| | Sheltered | | | Unsheltered | Total |
|-----------------------------------|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Total Number of Households | 322 | 84 | 0 | 258 | 664 |
| Total Number of Persons | 414 | 118 | 0 | 269 | 801 |
| Number of Children (under age 18) | 78 | 34 | 0 | 1 | 113 |
| Number of Persons (18 to 24) | 33 | 5 | 0 | 9 | 47 |
| Number of Persons (25 to 34) | 75 | 26 | 0 | 80 | 181 |
| Number of Persons (35 to 44) | 56 | 8 | 0 | 52 | 116 |
| Number of Persons (45 to 54) | 72 | 10 | 0 | 57 | 139 |
| Number of Persons (55 to 64) | 72 | 22 | 0 | 54 | 148 |
| Number of Persons (over age 64) | 28 | 13 | 0 | 16 | 57 |

Gender

| | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 178 | 44 | 0 | 75 | 297 |
| Male | 232 | 74 | 0 | 194 | 500 |
| Gender that is not singularly 'Female' or 'Male' | 1 | 0 | 0 | 0 | 1 |
| Questioning | 1 | 0 | 0 | 0 | 1 |
| Transgender | 2 | 0 | 0 | 0 | 2 |

Ethnicity

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

| | Sheltered | | | Unsheltered | Total |
|----------------------------------|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Non-Hispanic/Non-Latin (a)(o)(x) | 390 | 114 | 0 | 249 | 753 |
| Hispanic/Latin(a)(o)(x) | 24 | 4 | 0 | 20 | 48 |

Race

| | Sheltered | | | Unsheltered | Total |
|---|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| American Indian, Alaska Native, or Indigenous | 5 | 0 | 0 | 6 | 11 |
| Asian or Asian American | 5 | 1 | 0 | 1 | 7 |
| Black, African American, or African | 282 | 85 | 0 | 128 | 495 |
| Native Hawaiian or Pacific Islander | 7 | 0 | 0 | 1 | 8 |
| White | 106 | 31 | 0 | 128 | 265 |
| Multiple Races | 9 | 1 | 0 | 5 | 15 |

Chronically Homeless

| | Sheltered | | | Unsheltered | Total |
|-------------------------|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Total number of persons | 94 | | 0 | 84 | 178 |

Point-in-Time Count Veterans FL-506 Tallahassee/Leon County CoC (2023)

Inventory Count Date: 1/23/2023

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 | 0 | 0 | 0 | 0 |
| Total Number of Persons | 0 | 0 | 0 | 0 |
| Total Number of Veterans | 0 | 0 | 0 | 0 |

| Gender (veterans only) | Sheltered | | Unsheltered | Total |
|--|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Female | 0 | 0 | 0 | 0 |
| Male | 0 | 0 | 0 | 0 |
| Gender that is not singularly 'Female' or 'Male' | 0 | 0 | 0 | 0 |
| Questioning | 0 | 0 | 0 | 0 |
| Transgender | 0 | 0 | 0 | 0 |

| Ethnicity (veterans only) | Sheltered | | Unsheltered | Total |
|---------------------------------|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Non-Hispanic/Non-Latin(a)(o)(x) | 0 | 0 | 0 | 0 |
| Hispanic/Latin(a)(o)(x) | 0 | 0 | 0 | 0 |

Point-in-Time Count Veterans FL-506 Tallahassee/Leon County CoC (2023)

| Race (veterans only) | Sheltered | | Unsheltered | Total |
|---|------------------|--------------|--------------------|--------------|
| | Emergency | Transitional | | |
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 |
| Asian or Asian American | 0 | 0 | 0 | 0 |
| Black, African American, or African | 0 | 0 | 0 | 0 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 |
| Multiple Races | 0 | 0 | 0 | 0 |

| Chronically Homeless (veterans only) | Sheltered | | Unsheltered | Total |
|---|------------------|--------------|--------------------|--------------|
| | Emergency | Transitional | | |
| Total number of households | 0 | | 0 | 0 |
| Total number of persons | 0 | | 0 | 0 |

Inventory Count Date: 1/23/2023

Population: Sheltered and Unsheltered Count

Persons in Households without Children

| | Sheltered | | | Unsheltered | Total |
|----------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Total Number of Households | 18 | 52 | 0 | 22 | 92 |
| Total Number of Persons | 18 | 52 | 0 | 23 | 93 |
| Total Number of Veterans | 18 | 52 | 0 | 22 | 92 |

Gender (veterans only)

| | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 2 | 5 | 0 | 1 | 8 |
| Male | 16 | 47 | 0 | 21 | 84 |
| 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 (veterans only)

| | Sheltered | | | Unsheltered | Total |
|---------------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Non-Hispanic/Non-Latin(a)(o)(x) | 18 | 52 | 0 | 21 | 91 |
| Hispanic/Latin(a)(o)(x) | 0 | 0 | 0 | 1 | 1 |

Point-in-Time Count FL-506 Tallahassee/Leon County CoC (2023)

| Race (veterans only) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 | 0 |
| Asian or Asian American | 0 | 0 | 0 | 0 | 0 |
| Black, African American, or African | 11 | 31 | 0 | 8 | 50 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| White | 7 | 21 | 0 | 12 | 40 |
| Multiple Races | 0 | 0 | 0 | 2 | 2 |

| Chronically Homeless (veterans only) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| Total number of persons | 8 | | 0 | 10 | 18 |

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

Date of PIT Count: 1/23/2023

Population: Sheltered and Unsheltered Count

Total Households and Persons

| | Sheltered | | | Unsheltered | Total |
|----------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Total Number of Households | 18 | 52 | 0 | 22 | 92 |
| Total Number of Persons | 18 | 52 | 0 | 23 | 93 |
| Total Number of Veterans | 18 | 52 | 0 | 22 | 92 |

Gender

| | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 2 | 5 | 0 | 1 | 8 |
| Male | 16 | 47 | 0 | 21 | 84 |
| 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

| | Sheltered | | | Unsheltered | Total |
|----------------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Non-Hispanic/Non-Latin (a)(o)(x) | 18 | 52 | 0 | 21 | 91 |
| Hispanic/Latin(a)(o)(x) | 0 | 0 | 0 | 1 | 1 |

Race

| | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|-------|
| | Emergency | Transitional | Safe Haven | | |

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

| | | | | | |
|---|----|----|---|----|-----------|
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 | 0 |
| Asian or Asian American | 0 | 0 | 0 | 0 | 0 |
| Black, African American, or African | 11 | 31 | 0 | 8 | 50 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| White | 7 | 21 | 0 | 12 | 40 |
| Multiple Races | 0 | 0 | 0 | 2 | 2 |

| Chronically Homeless | Sheltered | | | Unsheltered | Total |
|-------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Total number of persons | 8 | | 0 | 10 | 18 |

Inventory Count Date: 1/23/2023

Population: Sheltered and Unsheltered Count

Unaccompanied Youth Households

| | Sheltered | | | Unsheltered | Total |
|---|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Total Number of unaccompanied youth households | 19 | 5 | 0 | 4 | 28 |
| Total number of unaccompanied youth | 30 | 5 | 0 | 9 | 44 |
| Number of unaccompanied children (under age 18) | 6 | 0 | 0 | 0 | 6 |
| Number of unaccompanied young adults (age 18 to 24) | 24 | 5 | 0 | 9 | 38 |

| Gender (unaccompanied youth) | Sheltered | | | Unsheltered | Total |
|--|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Female | 16 | 5 | 0 | 5 | 26 |
| Male | 13 | 0 | 0 | 4 | 17 |
| Gender that is not singularly 'Female' or 'Male' | 1 | 0 | 0 | 0 | 1 |
| Questioning | 0 | 0 | 0 | 0 | 0 |
| Transgender | 0 | 0 | 0 | 0 | 0 |

| Ethnicity (unaccompanied youth) | Sheltered | | | Unsheltered | Total |
|---------------------------------|-----------|--------------|------------|-------------|-----------|
| | Emergency | Transitional | Safe Haven | | |
| Non-Hispanic/Non-Latin(a)(o)(x) | 24 | 5 | 0 | 7 | 36 |
| Hispanic/Latin(a)(o)(x) | 6 | 0 | 0 | 2 | 8 |

Point-in-Time Count FL-506 Tallahassee/Leon County CoC (2023)

| Race (unaccompanied youth) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 | 0 |
| Asian or Asian American | 5 | 0 | 0 | 0 | 5 |
| Black, African American, or African | 12 | 5 | 0 | 6 | 23 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| White | 10 | 0 | 0 | 3 | 13 |
| Multiple Races | 3 | 0 | 0 | 0 | 3 |

| Chronically Homeless (unaccompanied youth) | Sheltered | | | Unsheltered | Total |
|---|------------------|--------------|------------|--------------------|--------------|
| | Emergency | Transitional | Safe Haven | | |
| Total number of persons | 3 | | 0 | 0 | 3 |

Inventory Count Date: 1/23/2023

Population: Sheltered and Unsheltered Count

Parenting Youth Households

| | Sheltered | | Unsheltered | Total |
|--|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Total number of parenting youth households | 1 | 0 | 0 | 1 |
| Total number of persons in parenting youth households | 2 | 0 | 0 | 2 |
| Total Parenting Youth (youth parents only) | 1 | 0 | 0 | 1 |
| Total Children in Parenting Youth Households | 1 | 0 | 0 | 1 |
| Number of parenting youth (under age 18) | 0 | 0 | 0 | 0 |
| Children in households with parenting youth under age 18 (children under age 18 with parent under 18) | 0 | 0 | 0 | 0 |
| Number of parenting youth (age 18 to 24) | 1 | 0 | 0 | 1 |
| Children in households with parenting youth age 18 to 24 (children under age 18 with parents under age 25) | 1 | 0 | 0 | 1 |

Gender (parenting youth)

| | Sheltered | | Unsheltered | Total |
|--|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Female | 1 | 0 | 0 | 1 |
| Male | 0 | 0 | 0 | 0 |
| Gender that is not singularly 'Female' or 'Male' | 0 | 0 | 0 | 0 |
| Questioning | 0 | 0 | 0 | 0 |
| Transgender | 0 | 0 | 0 | 0 |

| Ethnicity (parenting youth) | Sheltered | | Unsheltered | Total |
|-------------------------------------|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Non-Hispanic/Non-Latin(a) (o)(x) | 1 | 0 | 0 | 1 |
| Hispanic/Latin(a)(o)(x) | 0 | 0 | 0 | 0 |

| Race (parenting youth) | Sheltered | | Unsheltered | Total |
|--|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| American Indian, Alaska Native, or Indigenous | 0 | 0 | 0 | 0 |
| Asian or Asian American | 0 | 0 | 0 | 0 |
| Black, African American, or African | 1 | 0 | 0 | 1 |
| Native Hawaiian or Pacific Islander | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 |
| Multiple Races | 0 | 0 | 0 | 0 |

| Chronically Homeless (parenting youth) | Sheltered | | Unsheltered | Total |
|---|-----------|--------------|-------------|-------|
| | Emergency | Transitional | | |
| Total number of households | 0 | | 0 | 0 |
| Total number of persons | 0 | | 0 | 0 |

Additional Homeless Populations Summary for FL-506 - Tallahassee/Leon County CoC

Date of PIT Count: 1/23/2023

Population: Sheltered and Unsheltered Count

Other Homeless Subpopulations

| | Sheltered | | | Unsheltered | Total |
|--------------------------------------|-----------|--------------|------------|-------------|------------|
| | Emergency | Transitional | Safe Haven | | |
| Adults with a Serious Mental Illness | 55 | 29 | 0 | 45 | 129 |
| Adults with a Substance Use Disorder | 11 | 10 | 0 | 14 | 35 |
| Adults with HIV/AIDS | 1 | 1 | 0 | 10 | 12 |
| Adult Survivors of Domestic Violence | 9 | 0 | 0 | 8 | 17 |

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for FL-506 - Tallahassee/Leon County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|-------------------------------|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2021 | FY 2022 | Submitted FY 2021 | FY 2022 | Difference | Submitted FY 2021 | FY 2022 | Difference |
| 1.1 Persons in ES and SH | 1534 | 1448 | 106 | 108 | 2 | 54 | 39 | -15 |
| 1.2 Persons in ES, SH, and TH | 1655 | 1566 | 140 | 120 | -20 | 68 | 50 | -18 |

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

FY2022 - Performance Measurement Module (Sys PM)

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|--|--------------------|---------|-----------------------------------|---------|------------|----------------------------------|---------|------------|
| | Submitted FY 2021 | FY 2022 | Submitted FY 2021 | FY 2022 | Difference | Submitted FY 2021 | FY 2022 | Difference |
| 1.1 Persons in ES, SH, and PH (prior to "housing move in") | 1816 | 1835 | 496 | 467 | -29 | 197 | 160 | -37 |
| 1.2 Persons in ES, SH, TH, and PH (prior to "housing move in") | 2123 | 1928 | 498 | 470 | -28 | 225 | 165 | -60 |

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

| | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness from 6 to 12 Months | | Returns to Homelessness from 13 to 24 Months | | Number of Returns in 2 Years | |
|-------------------------------|--|---|--------------|---|--------------|--|--------------|------------------------------|--------------|
| | | FY 2022 | % of Returns | FY 2022 | % of Returns | FY 2022 | % of Returns | FY 2022 | % of Returns |
| Exit was from SO | 35 | 3 | 9% | 3 | 9% | 2 | 6% | 8 | 23% |
| Exit was from ES | 437 | 47 | 11% | 21 | 5% | 32 | 7% | 100 | 23% |
| Exit was from TH | 52 | 3 | 6% | 3 | 6% | 8 | 15% | 14 | 27% |
| Exit was from SH | 0 | 0 | | 0 | | 0 | | 0 | |
| Exit was from PH | 252 | 6 | 2% | 16 | 6% | 11 | 4% | 33 | 13% |
| TOTAL Returns to Homelessness | 776 | 59 | 8% | 43 | 6% | 53 | 7% | 155 | 20% |

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

| | January 2021 PIT Count | January 2022 PIT Count | Difference |
|--|---------------------------|---------------------------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 621 | 621 | 0 |
| Emergency Shelter Total | 462 | 380 | -82 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 68 | 77 | 9 |
| Total Sheltered Count | 530 | 457 | -73 |
| Unsheltered Count | 91 | 164 | 73 |

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Unduplicated Total sheltered homeless persons | 1686 | 1810 | 124 |
| Emergency Shelter Total | 1564 | 1693 | 129 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 137 | 137 | 0 |

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|--|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 143 | 100 | -43 |
| Number of adults with increased earned income | 9 | 6 | -3 |
| Percentage of adults who increased earned income | 6% | 6% | 0% |

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 143 | 100 | -43 |
| Number of adults with increased non-employment cash income | 67 | 69 | 2 |
| Percentage of adults who increased non-employment cash income | 47% | 69% | 22% |

Metric 4.3 – Change in total income for adult system stayers during the reporting period

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Number of adults (system stayers) | 143 | 100 | -43 |
| Number of adults with increased total income | 74 | 75 | 1 |
| Percentage of adults who increased total income | 52% | 75% | 23% |

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|--|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 26 | 48 | 22 |
| Number of adults who exited with increased earned income | 3 | 4 | 1 |
| Percentage of adults who increased earned income | 12% | 8% | -4% |

Metric 4.5 – Change in non-employment cash income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 26 | 48 | 22 |
| Number of adults who exited with increased non-employment cash income | 8 | 16 | 8 |
| Percentage of adults who increased non-employment cash income | 31% | 33% | 2% |

Metric 4.6 – Change in total income for adult system leavers

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Number of adults who exited (system leavers) | 26 | 48 | 22 |
| Number of adults who exited with increased total income | 11 | 19 | 8 |
| Percentage of adults who increased total income | 42% | 40% | -2% |

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Person with entries into ES, SH or TH during the reporting period. | 1465 | 1575 | 110 |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 569 | 381 | -188 |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time) | 896 | 1194 | 298 |

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

| | Submitted FY 2021 | FY 2022 | Difference |
|--|----------------------|---------|------------|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | 1896 | 2216 | 320 |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 704 | 514 | -190 |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.) | 1192 | 1702 | 510 |

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

| | Submitted FY 2021 | FY 2022 | Difference |
|---|----------------------|---------|------------|
| Universe: Persons who exit Street Outreach | 106 | 280 | 174 |
| Of persons above, those who exited to temporary & some institutional destinations | 41 | 37 | -4 |
| Of the persons above, those who exited to permanent housing destinations | 27 | 31 | 4 |
| % Successful exits | 64% | 24% | -40% |

Metric 7b.1 – Change in exits to permanent housing destinations

FY2022 - Performance Measurement Module (Sys PM)

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing | 1547 | 1717 | 170 |
| Of the persons above, those who exited to permanent housing destinations | 645 | 785 | 140 |
| % Successful exits | 42% | 46% | 4% |

Metric 7b.2 – Change in exit to or retention of permanent housing

| | Submitted FY 2021 | FY 2022 | Difference |
|---|-------------------|---------|------------|
| Universe: Persons in all PH projects except PH-RRH | 359 | 274 | -85 |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 353 | 268 | -85 |
| % Successful exits/retention | 98% | 98% | 0% |

FY2022 - SysPM Data Quality

FL-506 - Tallahassee/Leon County CoC

| | All ES, SH | | | All TH | | | All PSH, OPH | | | All RRH | | | All Street Outreach | | |
|--|------------------|------------------|--------|------------------|------------------|--------|------------------|------------------|--------|------------------|------------------|--------|---------------------|------------------|--------|
| | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 | Submitted FY2020 | Submitted FY2021 | FY2022 |
| 1. Number of non-DV Beds on HIC | 407 | 183 | 404 | 137 | 64 | 64 | 683 | 525 | 566 | 106 | 34 | 127 | | | |
| 2. Number of HMIS Beds | 407 | 183 | 404 | 80 | 64 | 64 | 395 | 238 | 213 | 106 | 34 | 127 | | | |
| 3. HMIS Participation Rate from HIC (%) | 100.00 | 100.00 | 100.00 | 58.39 | 100.00 | 100.00 | 57.83 | 45.33 | 37.63 | 100.00 | 100.00 | 100.00 | | | |
| 4. Unduplicated Persons Served (HMIS) | 2400 | 1627 | 1689 | 127 | 20 | 137 | 241 | 183 | 327 | 463 | 478 | 1262 | 484 | 352 | 710 |
| 5. Total Leavers (HMIS) | 1955 | 1366 | 1209 | 75 | 16 | 84 | 33 | 25 | 30 | 338 | 315 | 901 | 306 | 274 | 515 |
| 6. Destination of Don't Know, Refused, or Missing (HMIS) | 1020 | 590 | 520 | 0 | 0 | 7 | 2 | 1 | 4 | 17 | 31 | 116 | 62 | 40 | 82 |
| 7. Destination Error Rate (%) | 52.17 | 43.19 | 43.01 | 0.00 | 0.00 | 8.33 | 6.06 | 4.00 | 13.33 | 5.03 | 9.84 | 12.87 | 20.26 | 14.60 | 15.92 |

AMERICAN RESCUE PLAN ACT (ARPA) MONTHLY ACTIVITY REPORT

FL506 - BBCoC: CESC - Street Outreach (ARPA) (SO)(9696)

Contract Number: ARPA - BBCOC

Month of Service: 8/1/23 - 8/31/23

Section 1: Clients Served by Race and Gender

| Persons Served: | American Indian, Alaska Native, or Indigenous | American Indian, Alaska Native, or Indigenous & White | Asian or Asian American | Black / African American | Black, African American, or African & American Indian, Alaska Native, or Indigenous | Black, African American, or African & White | Native Hawaiian or Pacific Islander | Other / Multi Racial | White | Sum: |
|-----------------|---|---|-------------------------|--------------------------|---|---|-------------------------------------|----------------------|-------|------|
| Female | 0 | 0 | 1 | 8 | 0 | 0 | 1 | 0 | 34 | 44 |
| Male | 3 | 1 | 1 | 28 | 1 | 1 | 0 | 2 | 76 | 113 |
| Other | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sum: | 4 | 1 | 2 | 36 | 1 | 1 | 1 | 2 | 110 | 158 |

Section 2: Clients Served by Zip Code

| 3203 | 32301 | 32303 | 32304 | 32305 | 32311 | 32312 | 32317 | 32331 | 32344 | 36220 | |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| 1 | 23 | 33 | 74 | 9 | 12 | 1 | 1 | 1 | 1 | 1 | 1 |

| | |
|---|------------|
| Number of Unduplicated Clients Served: | 158 |
|---|------------|

BBCoC CHSP Report

| | American Indian, Alaska Native, or Indigenous | Black / African American | Black, African American, or African & American Indian, Alaska Native, or Indigenous | Black, African American, or African & White | White | Sum: |
|---------------|---|--------------------------|---|---|-------|------|
| Female | 0 | 100 | 0 | 7 | 11 | 118 |
| Male | 1 | 58 | 2 | 1 | 8 | 70 |
| Other | 0 | 1 | 0 | 0 | 0 | 1 |
| Sum: | 1 | 159 | 2 | 8 | 19 | 189 |

| Hispanic | 0 | 1 | 0 | 0 | 0 |
|-----------------|---|---|---|---|---|

| | | | | | | Sum: |
|-----------------------|---|-----|---|---|----|------|
| Birth - 5 | 0 | 34 | 0 | 3 | 4 | 41 |
| 6 - 12 | 0 | 37 | 0 | 3 | 4 | 44 |
| 13 - 18 | 0 | 27 | 0 | 1 | 3 | 31 |
| 19 - 25 | 0 | 10 | 1 | 0 | 0 | 11 |
| 26 - 39 | 1 | 30 | 0 | 1 | 6 | 38 |
| 40 - 54 | 0 | 18 | 1 | 0 | 2 | 21 |
| 55 & Above | 0 | 2 | 0 | 0 | 0 | 2 |
| Missing | 0 | 1 | 0 | 0 | 0 | 1 |
| Age Category Totals | 1 | 159 | 2 | 8 | 19 | |

BBCoC CHSP Report

| Race | AMI Groups (Modified) | Client Count |
|---|-----------------------------------|--------------|
| American Indian, Alaska Native, or Indigenous | Extremely Low (30% and Below AMI) | 1 |
| Black / African American | Extremely Low (30% and Below AMI) | 81 |
| Black / African American | Other | 70 |
| Black / African American | Very Low (31% - 50% of AMI) | 8 |
| Black, African American, or African & American Indian, Alaska Native, or Indigenous | Extremely Low (30% and Below AMI) | 2 |
| Black, African American, or African & White | Extremely Low (30% and Below AMI) | 1 |
| Black, African American, or African & White | Other | 7 |
| White | Extremely Low (30% and Below AMI) | 13 |
| White | Other | 6 |

Calculations are based off of the AMI specified in the reporting prompts. AMI specified for this report = \$89,700

SYSTEM PERFORMANCE MEASURES

OCTOBER 1, 2021 – SEPTEMBER 30, 2022



ABOUT THE SYSTEM PERFORMANCE MEASURES REPORT

HUD has developed seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness.

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance.



These reports are also useful for:

- CoC and ESG recipients to measure project performance; and
- Continuums and Collaborative Applicants to measure project performance and identify the impact of projects on overall system performance

THE MEASUREMENTS



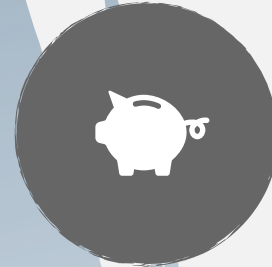
Measure 1:
Length of Time
Homeless



Measure 2:
Returns to
Homelessness



Measure 3:
Number of
homeless persons



Measure 4:
Jobs and
Income Growth



Measure 5:
First Time
Homeless



Measure 7:
Successful Housing
Placement

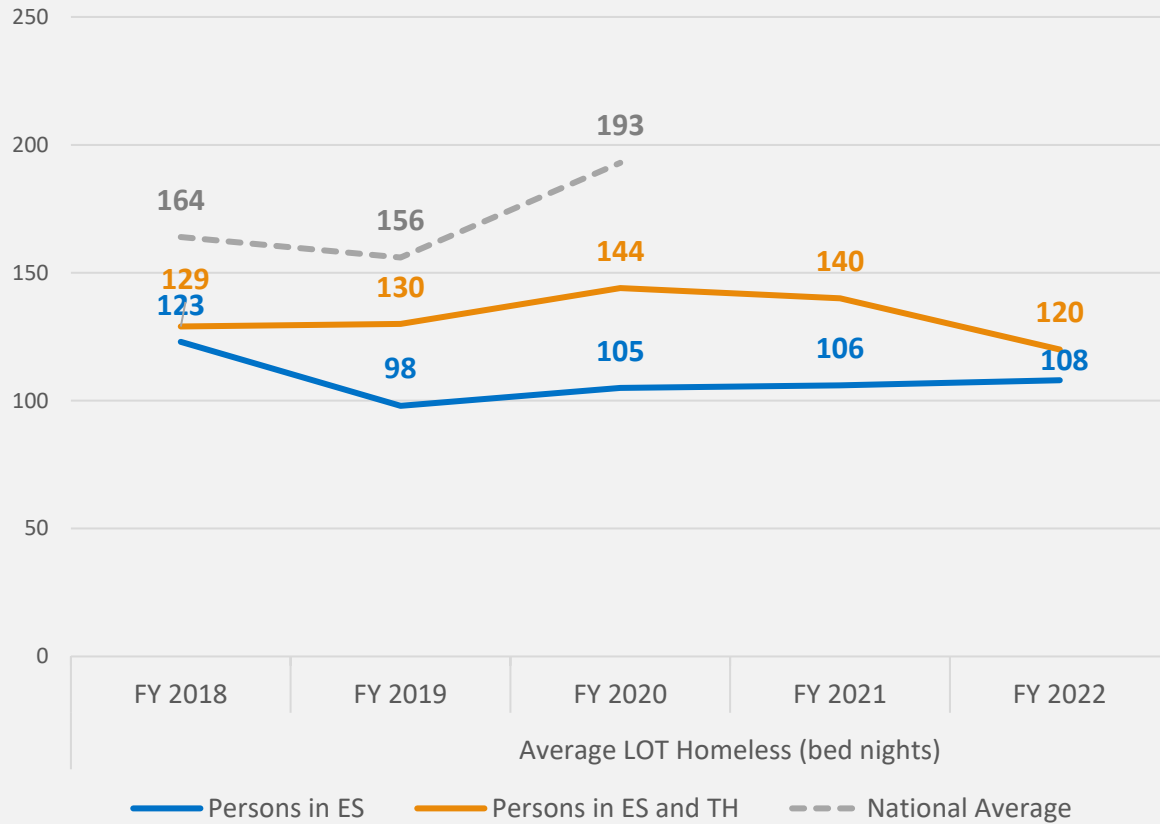
ABBREVIATIONS

- **SPM** = System Performance Measure
- **ES** = Emergency Shelter
- **SH** = Safe Haven
- **TH** = Transitional Housing
- **SO** = Street Outreach
- **PH** = Permanent Housing
- **PSH** = Permanent Supportive Housing

NOTES

- The tables shown are snapshots of the actual System Performance Measures as reported to HUD on 2/28/2023
- Reporting period: October 1, 2021 to September 30, 2022 with a two year lookback (going back to 2020)
- This presentation also displays a 5 year comparison with our own CoC data, in addition to national averages (where available).

Average Length of Time Homeless (bed nights)



AVERAGE 2022 Length of time homeless = 121 NIGHTS

MEDIAN 2022 Length of time homeless = 50 NIGHTS

*Note: 2021 National Average data has not been made available by HUD.

Measurement 1

Length of time persons remain homeless

This report measures the number of clients active in the report date range along with their average and median length of time homeless across the relevant universe of projects. This includes time homeless during the report date range as well as prior to the report start date.

Projects included in this metric: Emergency Shelters (ES) and Transitional Housing (TH)

Measurement 1

***Goal:** Reduce the length of time a person/household experiences homelessness*

RECOMMENDATIONS:

- Increase permanent housing placement rates from Emergency Shelter Programs
- Improve data collection and updating in HMIS for Exit destinations from Emergency Shelter

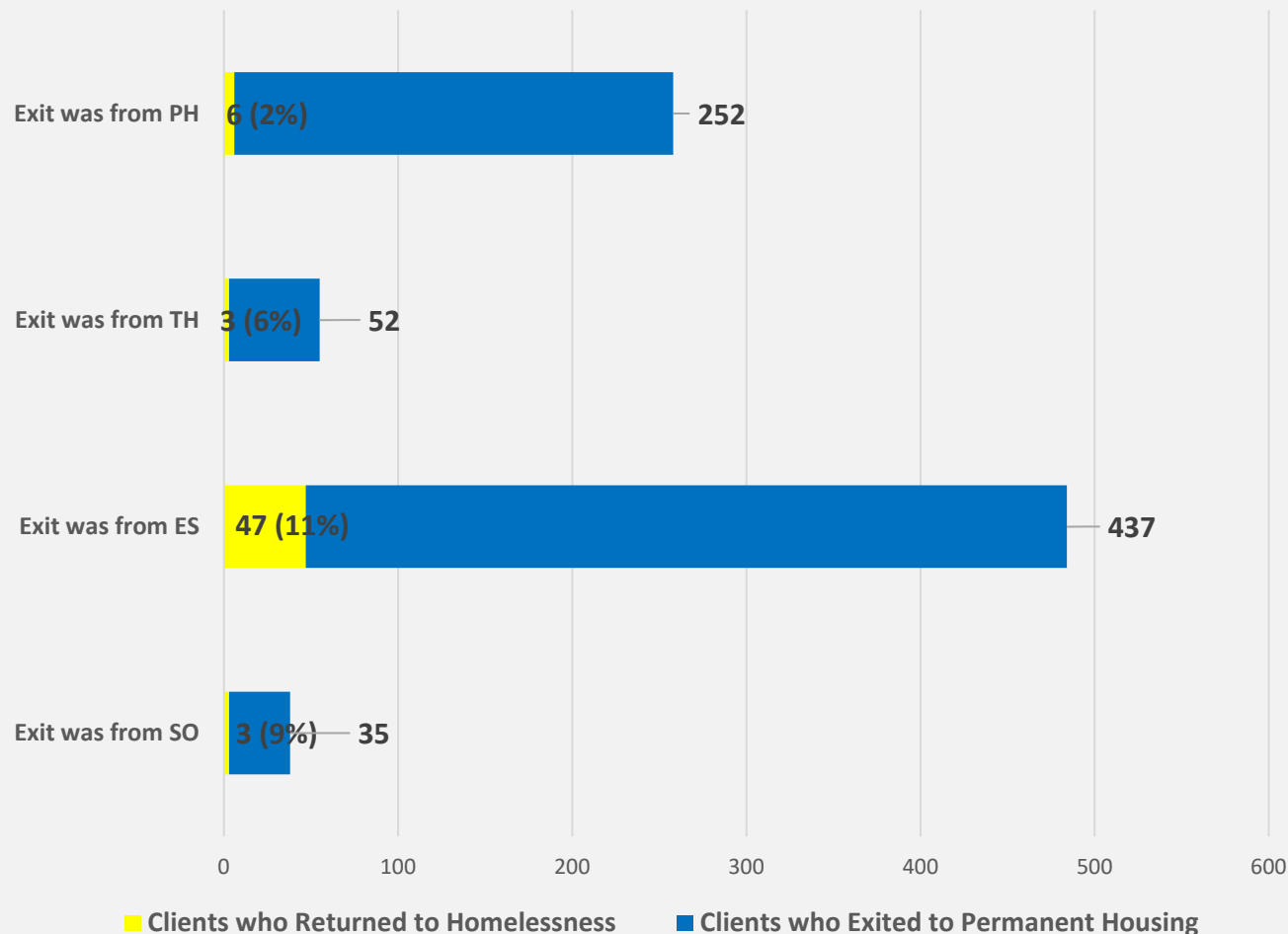
Measurement 2

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as measured in the HMIS for up to two years after the initial exit

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)

Returns to Homelessness in Less than 6 Months



RETURNS TO HOMELESSNESS IN 6 MONTHS = 155 (8%)

2021 NATIONAL AVERAGE = 9%

Measurement 2

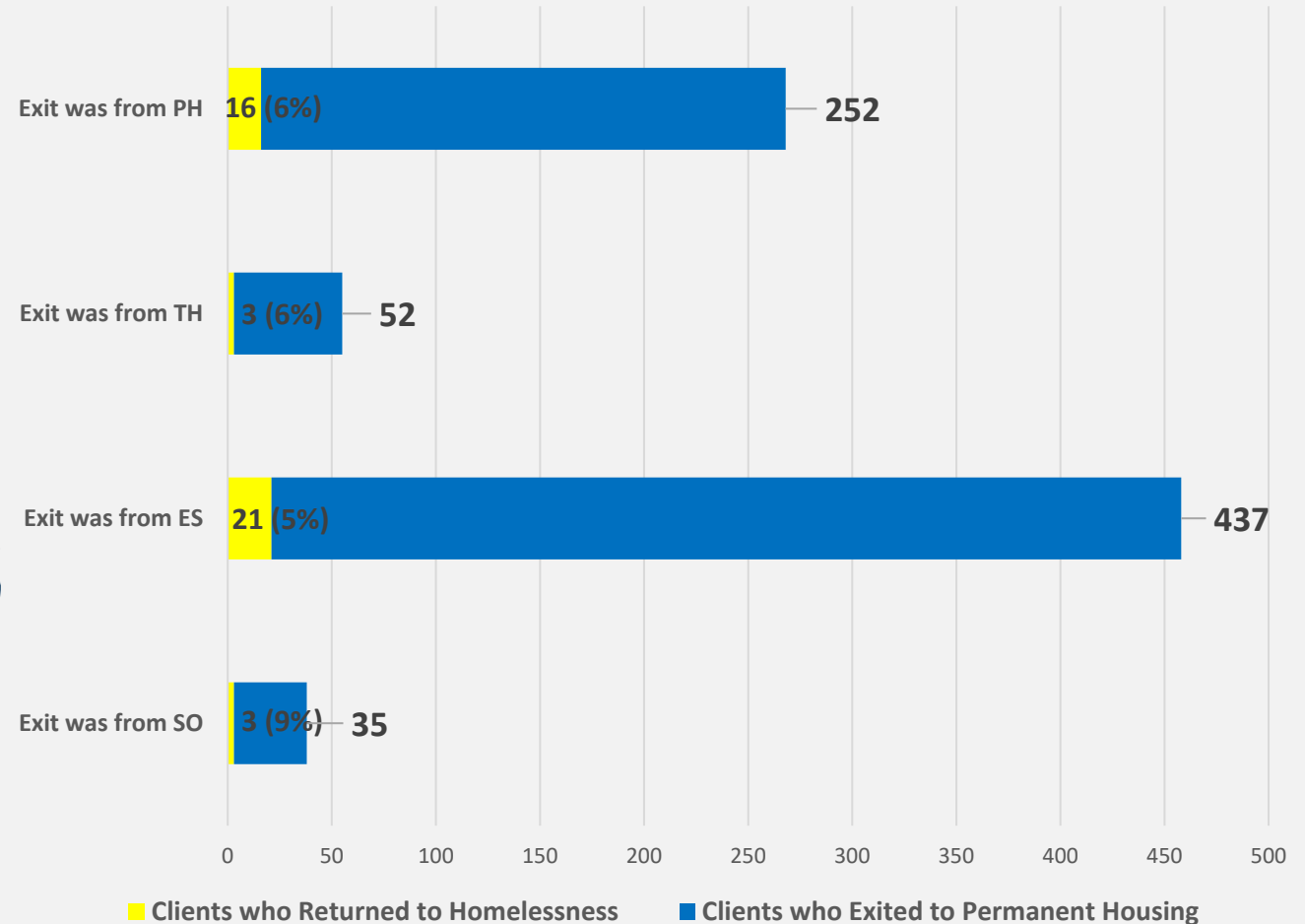
Continued

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as measured in the HMIS for up to two years after the initial exit

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)

Returns to Homelessness in 6 to 12 Months



TOTAL RETURNS IN 6 TO 12 MONTHS: 43 (6%)

2021 NATIONAL AVERAGE = 9%

Measurement 2

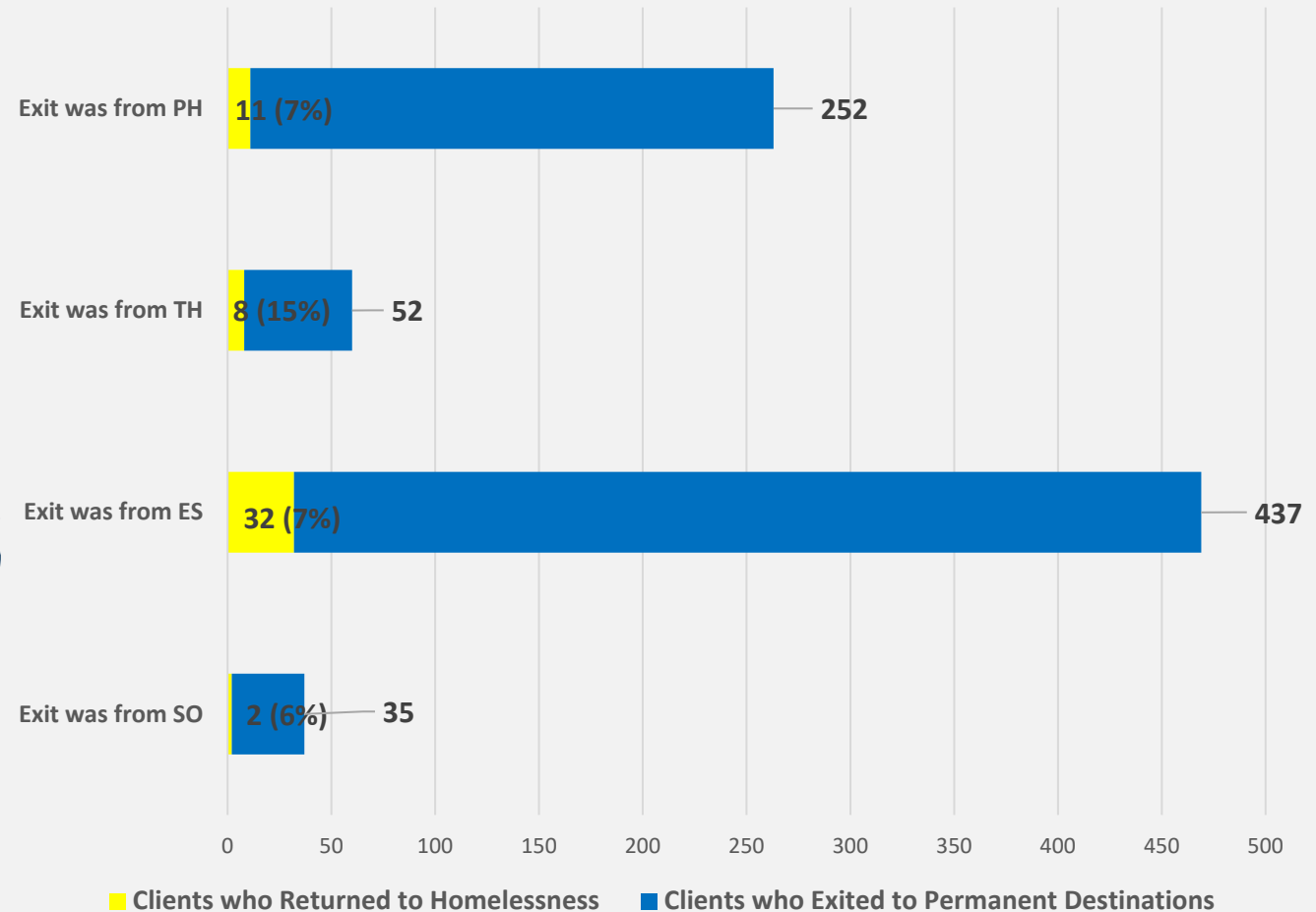
Continued

Extent to which persons who exit homelessness to permanent housing destinations return to homelessness

This report begins with clients who have exited to a permanent destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as measured in the HMIS for up to two years after the initial exit

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), Street Outreach (SO)

Returns to Homelessness in 13-24 Months



TOTAL RETURNS FROM 12 TO 24 MONTHS: 53 (7%)

2021 NATIONAL AVERAGE = 13%

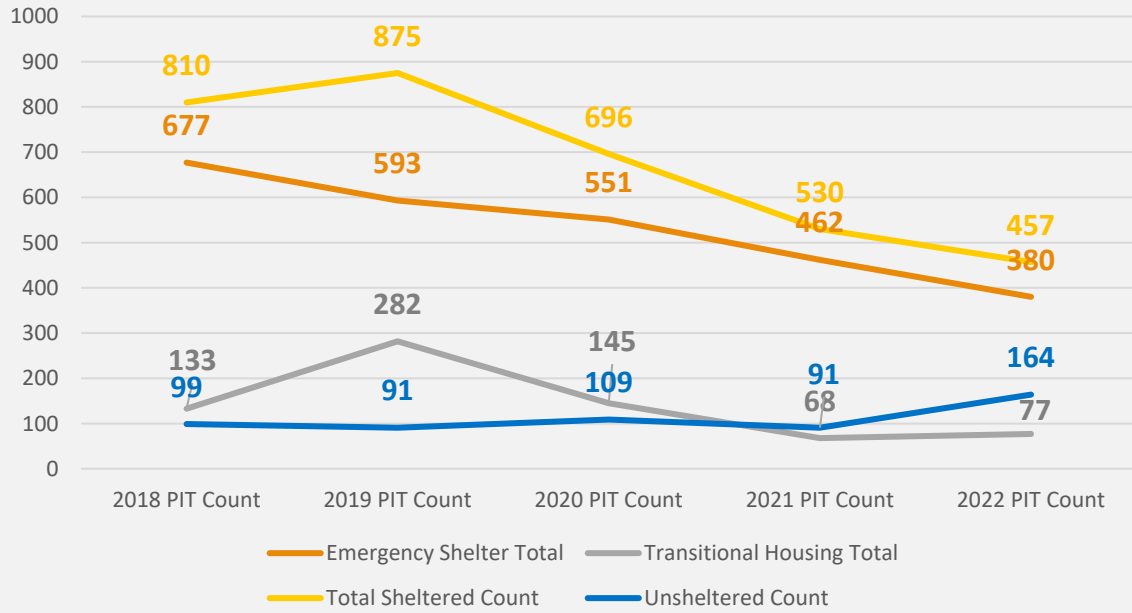
Measurement 2

Goal: *Decrease the number of incidences where a formerly homeless household returns to homelessness*

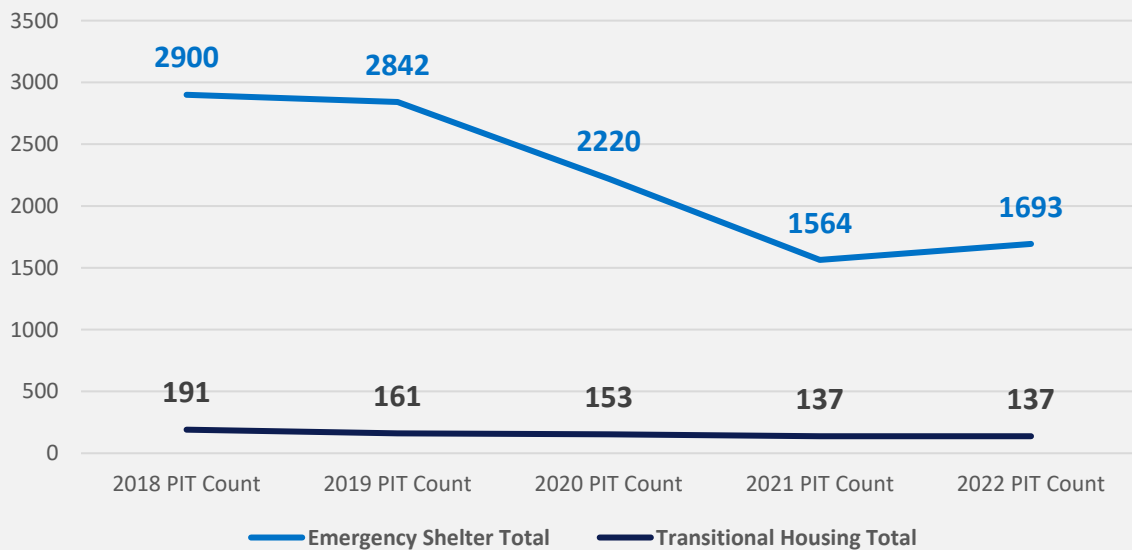
Recommendations:

- Increase Homeless Prevention
- Expand Diversion efforts and funding efforts and resources CoC-wide
- Implement case follow-up among all projects for cases that exited to Permanent Housing at 30, 60, 90 days, 6 and 12 months following permanent housing placement to identify resources to assist in the event there is an imminent return to homelessness
- Increase Landlord Mediation efforts between client and landlord to avoid eviction
- Increase access to natural support systems for system leavers

Change in PIT Counts



Change in Annual Counts



Measurement 3

Number of homeless persons

This metric uses counts of client level HMIS data to show an unduplicated annual count of homeless clients served in Emergency Shelter, Safe Haven and Transitional Housing.

Projects included in this metric: Emergency Shelter (ES), Transitional Housing (TH)

Recommendations:

- Strengthen Housing First practices CoC wide
- Create more options for ongoing housing subsidies including housing authority vouchers prioritized for those exiting homelessness
- Expand diversion and prevention programs
- Implement CoC wide Diversion strategies to divert people from shelter within the first 14 days of their stay.
- Increase permanent housing options for people with \$0 income
- Expand Permanent Supportive Housing Programs
- Coordinate with other systems of care to avoid homelessness amongst the re-entry population, child welfare, hospitals

Measurement 3

Goal: *Decrease overall number of households experiencing homelessness in our CoC*

Measurement 4

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

Projects included in this metric: HUD CoC Funded Permanent Supportive Housing (PSH), HUD CoC funded Rapid Rehousing (RRH)

4.1 – CHANGE IN EARNED INCOME FOR ADULT SYSTEM STAYERS

| | FY 2021 | FY 2022 | Difference |
|--|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 143 | 100 | -43 |
| Number of Adults with Increased Earned Income | 9 | 6 | -3 |
| Percentage of adults who increased earned income | 6% | 6% | 0% |

4.2 – CHANGE IN NON-EMPLOYMENT CASH INCOME FOR ADULT SYSTEM STAYERS

| | FY 2022 | FY 2022 | Difference |
|---|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 143 | 100 | -43 |
| Number of Adults with Increased Non-employment Cash Income | 67 | 69 | 2 |
| Percentage of adults who increased Non-employment Cash Income | 47% | 69% | 22% |

Measurement 4

Continued

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

4.3 – CHANGE IN TOTAL INCOME FOR ADULT SYSTEM STAYERS

| | FY 2021 | FY 2022 | Difference |
|--|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 143 | 100 | -43 |
| Number of Adults with Increased Earned Income | 74 | 75 | 1 |
| Percentage of adults who increased earned income | 52% | 75% | 23% |

2021 NATIONAL AVERAGE = 38%

4.4 – CHANGE IN EARNED INCOME FOR ADULT SYSTEM LEAVERS

| | FY 2021 | FY 2022 | Difference |
|---|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 26 | 48 | 22 |
| Number of Adults with Increased Non-employment Cash Income | 3 | 4 | 1 |
| Percentage of adults who increased Non-employment Cash Income | 12% | 8% | -4% |

Measurement 4

Continued

Jobs and Income Growth for Homeless Persons in CoC Program-funded Projects

This report looks at clients with an Entry or Exit from a CoC-funded project within a given operating year to determine the percentage of clients who have increased Earned, Other (non-earned) or total income during that timeframe. Metric 4 has (6) associated tables which focus on employment and income growth for our (3) CoC-funded projects

4.5 – CHANGE IN NON-EMPLOYMENT CASH INCOME FOR ADULT SYSTEM LEAVERS

| | FY 2021 | FY 2022 | Difference |
|--|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 26 | 48 | 22 |
| Number of Adults with Increased Earned Income | 8 | 16 | 8 |
| Percentage of adults who increased earned income | 31% | 33% | 2% |

4.6 – CHANGE IN TOTAL INCOME FOR ADULT SYSTEM LEAVERS

| | FY 2021 | FY 2022 | Difference |
|---|---------|---------|------------|
| Universe: Number of Adults (System Stayers) | 26 | 48 | 22 |
| Number of Adults with Increased Non-employment Cash Income | 11 | 19 | 8 |
| Percentage of adults who increased Non-employment Cash Income | 42% | 40% | -2% |

2021 NATIONAL AVERAGE = 33%

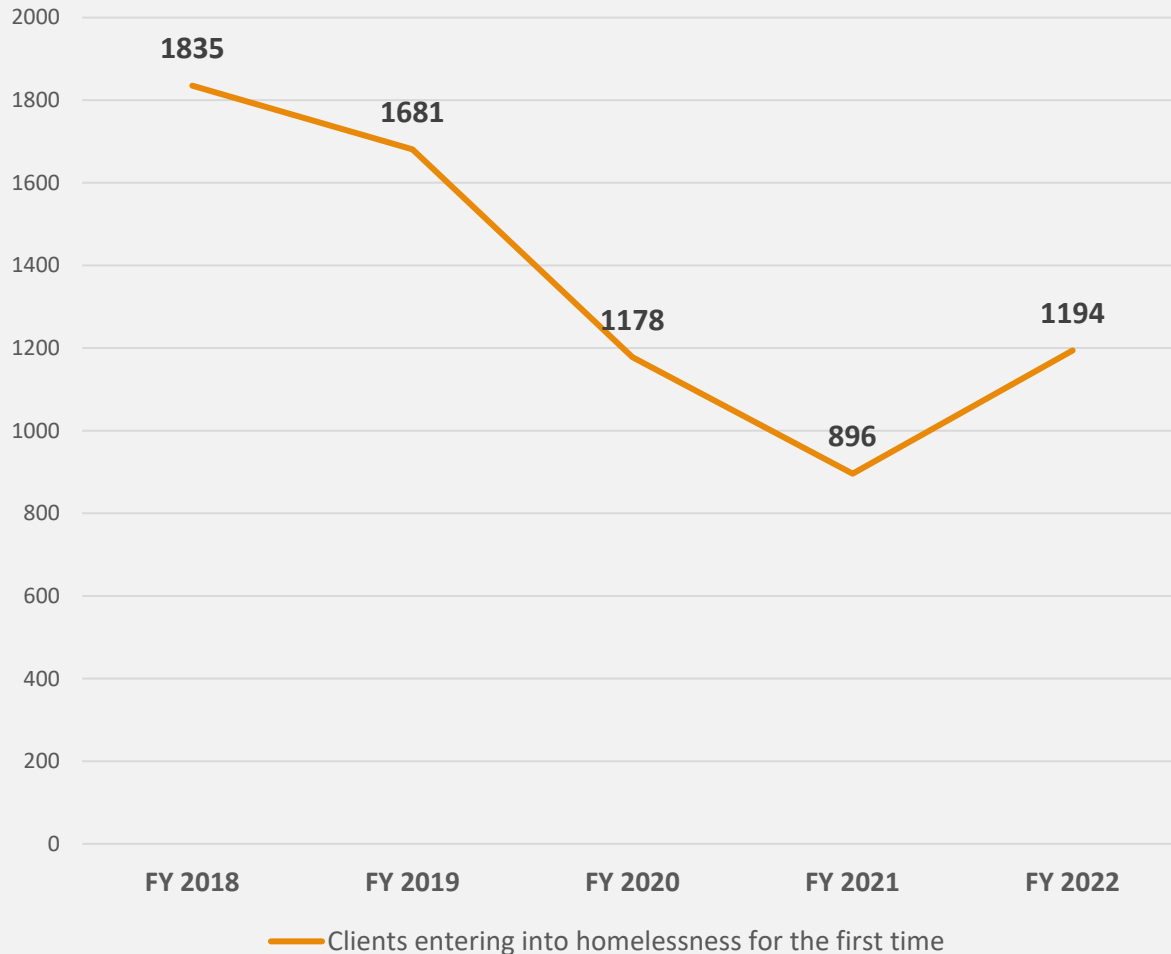
Measurement 4

Goal: Increase income across all HUD CoC-funded projects

Recommendations:

- Continue Intensive case management identifying potential income
- Continue to work with participants to initiate or increase non-earned income (e.g. SSI or SSDI)
- Identify sustainable, low-income housing options for households outside of PSH, such as mainstream housing vouchers or set-aside units
- Encourage households to initiate or increase earned income where possible
- Continue to track updates in annual assessment data in HMIS

First-Time Homelessness (based on entries into ES and TH)



298 more people became homeless for the 1st time

Measurement 5

Number of Persons Homeless for the First Time

This metric uses a client's entry date in relation to any prior project entries to determine whether the entry is a "new" homeless stay or whether the client was homeless in the prior 24 months.

Projects included in this metric: Emergency Shelter (ES), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH)

Recommendations:

- Implement diversion and prevention efforts CoC-wide
- Improve discharge planning for people exiting systems of care and institutions

Measurement 5

Goal: Decrease number of persons who become homeless for the first time

Measurement 7

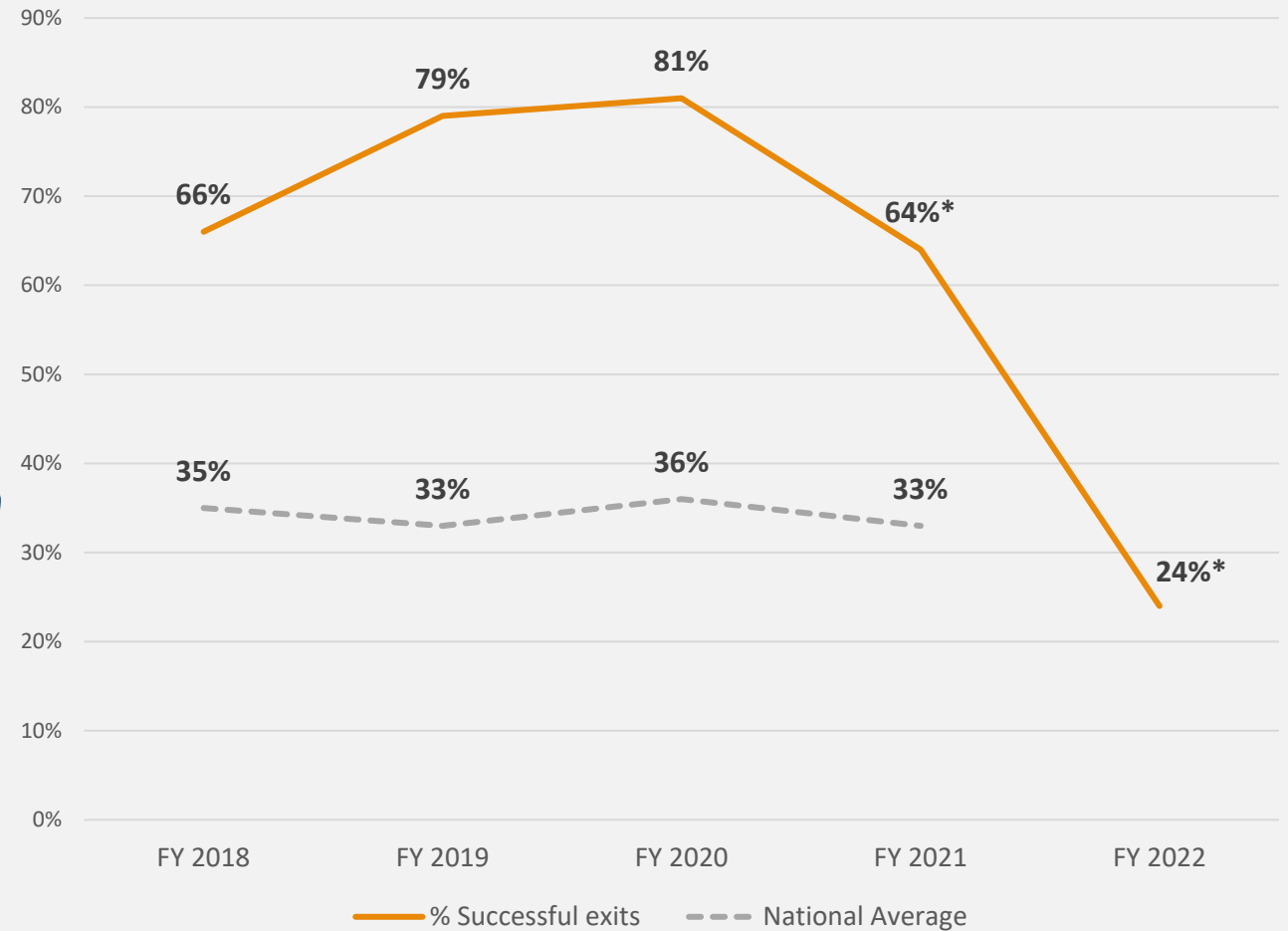
Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Measure 7a.1 Change in exits to PH destinations from Street Outreach Programs

This metric uses counts of client level HMIS data to show placements from Street Outreach into Temporary and Permanent Housing and Permanent Housing Placements and Retention in PH projects. It includes three tables – this table focuses on placements to PH from Street Outreach.

Projects included in this metric: Emergency Shelter (ES), Safe Haven (SH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Street Outreach (SO), Transitional Housing (TH)

Change in SO exits to temporary destinations, some institutional destinations, and permanent housing destinations



Please note: The sharp drop beginning in 2021 is due to an error in our HMIS data. We are working to correct this and will re-submit with corrections in 2024. Any questions, please email elayton@bigbendcoc.org

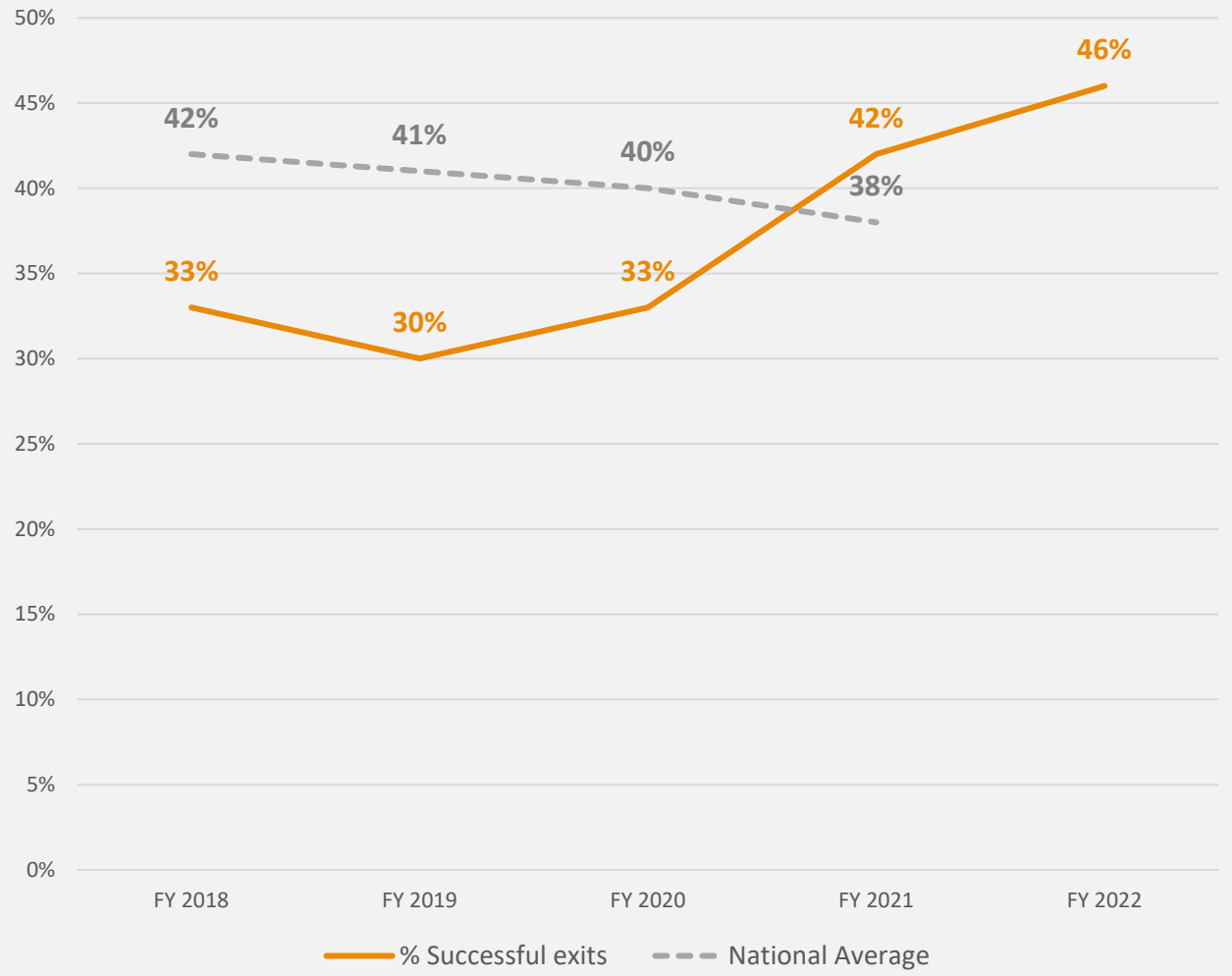
Measurement 7

Measure 7b.1 Change in exits from ES, SH, TH, RRH, PH to permanent housing destinations

This metric looks at clients exited from ES, SH, TH, RRH and PH projects who exited to permanent housing destinations

Projects included in this metric: Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH), Rapid Rehousing (RRH), and Other Permanent Housing (OPH).

Change in ES, TH, and PH-RRH exits to permanent housing destinations



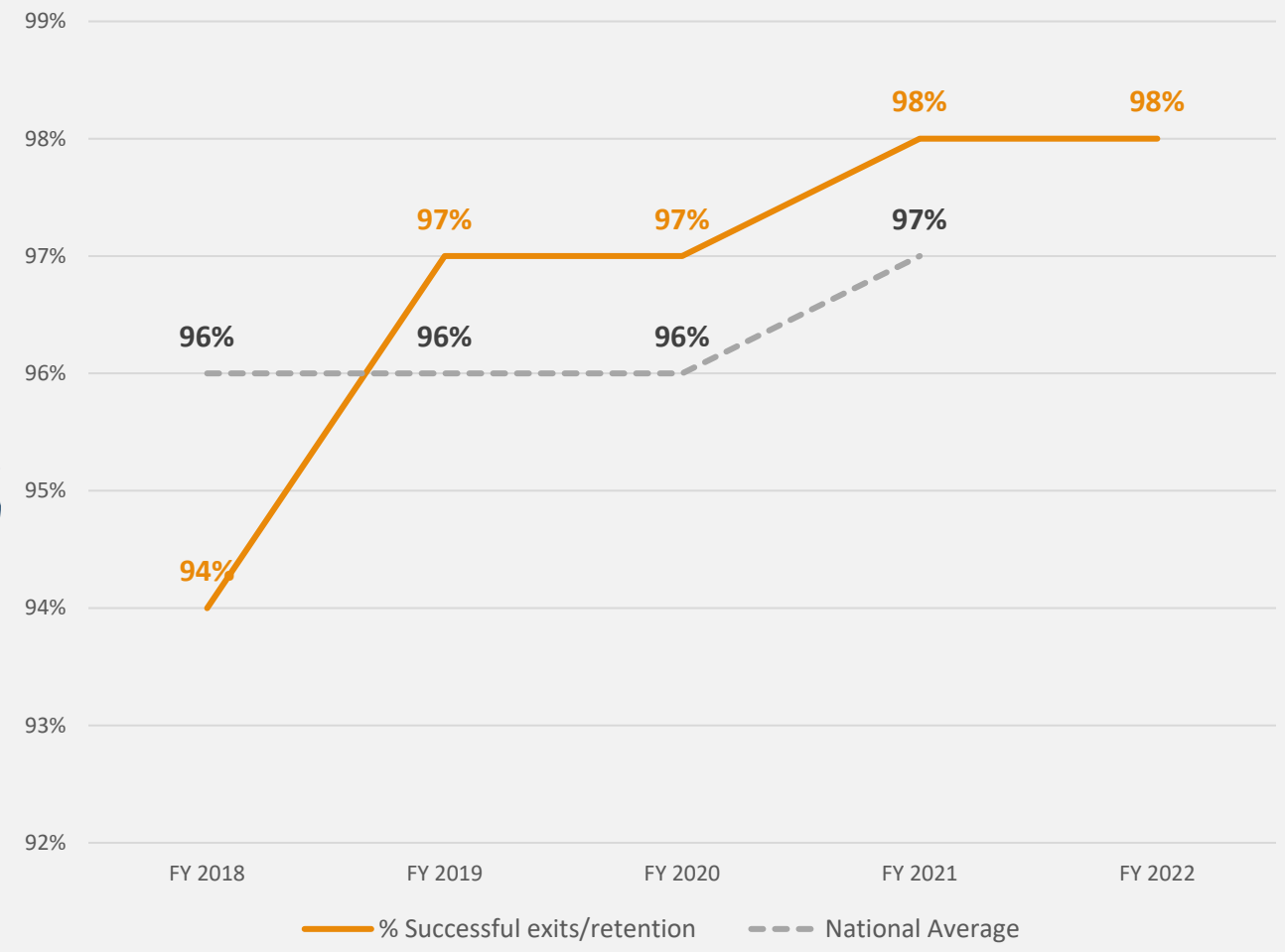
Measurement 7

Measure 7b.2 Change in exit to or retention of permanent housing

This metric uses counts of clients in all PH projects except RRH, that either remained in the PH projects or exited to other permanent housing destinations.

Projects included in this metric: all Permanent Housing (PH) except for RRH.

Change in PH exits to permanent housing destinations or retention of permanent housing





Ongoing Performance Management

Improving Data Quality and System Performance

- Complete monthly data quality and quantity reports with individual projects
- Ensure agencies run their own data quality and quantity reports monthly
- Complete system performance measure data reviews quarterly with individual projects
- Offer monthly training to HMIS users and leadership addressing common mistakes in maintaining excellent data quality
- Provide training on reporting and performance management to leadership and have them access HMIS for reporting and monitoring
- Conduct HMIS monitoring's annually and implement data corrective action plan with agencies as needed
- Expand new user and ongoing user refresher trainings available via webinar and recorded, interactive video sessions

- h. Reports any security or privacy incidents to the local Continuum-designated Lead HMIS System. The HMIS System Administrator investigates the incident, including running applicable audit reports. If the System Administrator and Security Officer determine that a breach has occurred and/or the users/agents involved violated privacy or security guidelines, the System Administrator will report to the chair of the Continuum Designated HMIS Lead Agency. A Corrective Action Plan will be implemented. Components of the Plan must include, at a minimum, supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.

National criminal background checks must be completed on all End Users and the background check or the certification (see Appendix R) of the background check must be submitted to the local Lead Agency System Administrator prior to End Users gaining access to the System. For current End Users, the background check must be submitted on or before the date of the next End User Agreement.

- i. If a national background check has been completed within 30 days of the training request for a new End User an additional background check does not need to be completed.
- j. Any prior convictions of either embezzlement or identity theft forbid an End User from using the System permanently.
- k. Any convictions of domestic violence, fraud, or any other crime of a predatory nature within the past seven years forbid an End User from using the System. Exemptions may be made on a case-by-case basis to allow the End User to utilize the System. If an end user with a history of any of these offenses requests access to the system, a written statement from the Local CoC must be submitted to the PromisSE HMIS vendor contract-holding Agency Executive Director. As of November 10, 2022, that person is Michelle Farley. Written statements should be submitted via email to michelle@oneroofonline.org.
- l. Background checks must be safeguarded according to local HMIS Agency policy for confidential information.
- m. Sufficient documentation of a cleared background check includes either the full background check maintained by the HMIS Lead or a background check certification maintained by the HMIS Lead that explicitly states that the prohibited offenses were checked and cleared for the user (see Appendix R).
- n. Continuum-designated HMIS Lead Agency conducts routine audits to ensure compliance with the HMIS Policies and Procedures. The audit could include a mix of System and on-site reviews. Continuum-designated HMIS Lead Agency will make recommendations for corrections as needed.

Electronic Data Interchange

Electronic Data Interchange (EDI) is the direct computer-to-computer exchange of standard formatted business transactions between one or more business partners, known as trading partners. EDI permits organizations to generate, receive, and process data without human intervention.

- Agencies requesting the ability to import or export data from the HMIS must receive permission from the Continuum-designated HMIS Lead Agency. Change to “sharing data” language.
 - a. Importing data from one database to another (i.e. mass data dump) requires permission from the Continuum-designated Lead HMIS System Administrator.
 - b. Uploading client-specific documents such as case notes or identity documents such as birth certificates, marriage licenses, etc. do not require the permission of the Continuum-designated Lead Agency.
- Continuum Designated HMIS Lead Agencies may elect to participate in de-identified research data sets to support research and planning.
 - a. De-identification will involve the masking or removal of all identifying or potentially identifying information such as the name, Unique Client ID, SS#, DOB, address, Agency name, and Agency location.
 - b. A geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - c. Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - d. Continuum Designated HMIS Lead Agencies will be provided a description of each Study being implemented when including data from that Continuum Designated HMIS Lead Agency. Continuum Designated HMIS Lead Agencies may opt out of the Study through a written notice to the requesting Continuum Designated HMIS Lead Agency.

Staff Training and Required Meetings

- All End Users are recertified through User Recertification Test annually, found on the PromisSE Learning Management System – www.learnhmis.org.
- All End Users participate in Workflow Training and Training Updates for their assigned Workflows.
- All End Users will have access to the list of HUD Universal Data Elements (see Appendix K).

Data Security Standards

- Information security is the responsibility of all End Users with access to the System. The risk of a data breach is the burden of each End User and all other individuals with whom they collaborate. If a data breach occurs, the knowledgeable party is required to notify the Continuum-designated HMIS Lead Agency immediately. A complete investigation into the End User's access to the system will be completed. Unless otherwise noted, monitoring items listed below must be completed on an annual basis at minimum.
- All licensed End Users of the System must be assigned Access Levels that are consistent with their job responsibilities and their business "need to know".
- All computers have virus protection with automatic updates.
- Agency Administrators and Security Officers are responsible for monitoring all computers that connect to the HMIS to ensure:
 - a. The Anti-Virus Software is using the up-to-date virus database.
 - b. That updates are automatic.
 - c. Operating system updates are scheduled to run regularly.
 - d. All computers are protected by a Firewall.
- Agency Administrators and Security Officers are responsible for ensuring Physical access to computers that connect to the HMIS is controlled.
 - a. All workstations are in secured locations (locked offices).
 - b. Workstations are logged off when not manned.
 - c. All workstations (computers, laptops, tablets, etc.) are password protected.
 - d. All HMIS End Users are prohibited from using a computer that is available to the public or from accessing the System from a public location through an internet connection that is not secured. That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections to connect to the HMIS.
- Agency Administrators and Security Officers are responsible for the development and implementation of a plan for remote access if staff will be using the System outside of the office, such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
 - a. The computer and environment of data entry must meet all the standards defined above.
 - b. Downloads from the computer may not include client identifying information.
 - c. System access settings should reflect the job responsibilities of the person using the System. Certain access levels do not allow for downloads.

WellSky Housing & Community Services Data Security

- SSL Encryption - Data transported across the internet to the End User's web browser is encrypted through a protected data transfer mechanism called Secure Socket Layer (SSL) encryption, which keeps data private while it is being transmitted. When an End User accesses the PromisSE (HMIS) system, an SSL (encrypted) negotiation is performed between the server at WellSky's data center and the End User's web browser. The traffic that then flows between the server and the End User's workstation is encrypted using the SSL certificate installed on that server.

Appendix G – PromisSE Release of Information (ROI)

Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name _____ First Name _____ MI _____

Date of Birth _____ Social Security Number _____

*** The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping System. This System was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.**

PromisSE is a shared, electronic record keeping System that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency is participating in PromisSE, a database that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for **5 (five) years** and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

Upon a life-threatening emergency or death, my System information will be used for identification purposes.

Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

_____ I authorize sharing my data.

_____ I do not authorize sharing my data,

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Client's (Head of Household) Printed Name

Other Adult in HH Printed Name

Client's (Head of Household) Signature

Other Adult in HH Signature

Date (mm/dd/yy)

Date (mm/dd/yy)

Appendix A – CoC and Agency Participation Agreement

Continuum of Care Program Management Information System of the Southeast

Participation Agreement between the CoC and

(Name of Agency)

This agreement is entered into on _____ (mm/dd/yy) between _____ (COC NAME), hereafter known as the CoC, and _____ (Agency name), hereafter known as "Agency," regarding access and use of the CoC Program Management Information System of the Southeast, hereafter known as "PromisSE."

Introduction

PromisSE, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout the participating regions of the Southeast to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-Agency agreements, on common clients.

PromisSE's goals are to:

- Improve coordinated care for and services to homeless persons in the PromiSE implementation service area.
- Provide a user-friendly and high quality automated records System that expedites client intake procedures, improves referral accuracy, increases case management and administrative tools, creates a tool to follow demographic trends and service utilization patterns of families and individuals either currently experiencing or about to experience homelessness, and supports the collection of quality information that can be used for program improvement and service-planning.
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD) and other funders as needed.

In compliance with all State and Federal requirements regarding client confidentiality and data security.

PromisSE is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk of being homeless. The CoC administers PromisSE through a contract with HUD.

COC Responsibilities

- The CoC will provide the Agency 24-hour access to PromisSE data-gathering System via an internet connection, with which the Agency is responsible for maintaining connectivity.
- The CoC will provide model Privacy Notices, Client Release forms and other templates for agreements that may be adopted or adapted at the participating Agency.
- The CoC will provide both initial training and periodic updates to that training for core Agency staff regarding the use of PromisSE, with the expectation that the Agency will take responsibility for conveying this information to all Agency staff using the System.
- The CoC will provide basic user support and technical assistance (i.e., general troubleshooting and assistance with standard report generation). Access to this basic technical assistance will normally be

available from 8:30 AM. to 4:30 PM. on Monday through Friday (with the exclusion of holidays) and limited availability after regular hours.

- The CoC will not publish reports on client data that identify specific agencies or persons, without prior Agency (and where necessary, client) permission. Public reports otherwise published will be limited to the presentation of aggregated data within the PromisSE database.

Agency Responsibilities

- The Agency will comply with the PromisSE Homeless Management Information System (HMIS) Operating Policies and Procedures.
- The Agency will designate and staff one HMIS Agency Administrator who shall abide by the policies and procedures set out in the PromisSE Homeless Management Information System (HMIS) Operating Policies and Procedures.
- The Agency will designate and staff one HMIS Security Officer who shall abide by the policies and procedures set out in the PromisSE Homeless Management Information System (HMIS) Operating Policies and Procedures.
- The Agency will ensure that both initial training and periodic updates to that training for core Agency staff regarding the use of PromisSE is completed in accordance with the requirements set out in the CoC Homeless Management Information System (HMIS) Operating Policies and Procedures.
- Agencies serving clients in more than one CoC must participate in each CoC where clients are located. Participation necessitates that the agency must adhere to each CoC's procedures, policies, participation requirements, etc.

Privacy and Confidentiality

Protection of Client Privacy

- The Agency will comply with all applicable Federal and State laws regarding the protection of client privacy.
- The Agency will comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Member Agencies shall recognize that Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- The Agency will comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services.
- The Agency will comply with all policies and procedures established by the CoC pertaining to the protection of client privacy.
- Each Agency will abide by local Laws, which in general terms, require an individual to be informed that any and all medical records she/he authorizes to be released, whether related to physical or mental health, may include information indicating the presence of a communicable or venereal disease. The Agency is required to inform the individual that these records may include, but are not limited to, the inclusion of information on diseases such as hepatitis, syphilis, gonorrhea, tuberculosis, and HIV/AIDS.

System Administration and Data Quality Plan

Provider Page Set-Up

All PromisSE (HMIS) system providers are required to have provider pages accurately setup to properly record and report on data entered for that provider. The local Lead Agency System Administrator is responsible for setting up and maintaining Provider pages.

- Provider Pages are appropriately named per the PromisSE naming standards: <CoC #/Name> - <Agency name> - <Program Name><Program Type>. Example: “AL501- Housing First – Victory (TH)”.
- Inactive Provider Pages are properly identified with “ZZZ”><Provider Page Name.
- Provider Pages maintained from the PromisSE (HMIS) system, but not actively used by the local Lead HMIS Agency, are properly identified with the following prefix: “Historic<CoC #”>Provider Page Name. Example: “HistoricAL500 – Aletheia House – HUD Men (TH)”.
- Provider Pages that are used as placeholders in the PromisSE (HMIS) system are properly identified with the following prefix: “DB<CoC #> Provider Page Name. Example: “DBAL500 - Aletheia House”.

HUD HMIS Data Standards

Project Descriptor Data Elements

Project Descriptor Data Elements are completed for all projects in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Universal Data Elements

Universal Data Elements are required to be collected by all participating in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Program Specific Data Elements

Program Specific Data Elements are required to be collected by all participating in HMIS using the standards set forth in the most recent HMIS Data Standards Manual published by HUD. (Appendix K)

Federal Partner Program Data Elements

Federal Partner Program Data Elements, as required by HMIS Federal Partner programs, are required to be completed. Refer to the most recent HMIS Federal Partner Manuals for program specific data elements:

- ESG Program HMIS Manual
- HOPWA Program HMIS Manual
- PATH Program HMIS Manual
- RHY Program HMIS Manual
- VA Program HMIS Manual
- VASH Program HMIS Manual

Data Quality Plan

All PromisSE-participating HMIS Leads are expected to develop and implement a data quality plan using the HUD Data Quality Toolkit as a guide. Each data quality plan should address the following areas:

User Administration & Billing Procedures

New HMIS User Requests

1. Requests for HMIS user additions should only be submitted by an agency Executive Director (ED) or agency HMIS Lead. New HMIS user requests from personnel not described above should be forwarded to the agency ED for confirmation or additional instruction.
2. All new HMIS user requests should include a completed “**HMIS Background Check Consent Form**,” “**HMIS User Agreement & Affidavit**,” and **photocopy of a valid photo ID** (i.e. drivers license). The Affidavit must be signed and notarized prior to being accepted.
 - a. Some HMIS participating agencies run their own qualifying background checks, however we are still required to collect the completed Background Check Consent Form.
 - b. These documents should be submitted either through the BBCoC HMIS Helpdesk, or in a password-protected zip file if emailed, due to the Personally Identifiable Information (PII) contained therein.
3. Once all documentation has been received, it should be submitted to Sarah Grindle-Rollins, BBCoC Administrative Assistant, to complete a [level 2 background check](#) and process paperwork.
4. Once the background check has been completed, Sarah will inform the CoC HMIS staff whether the background check passed or failed. If the background check failed, BBCoC HMIS staff will inform the requesting ED via Helpdesk ticket or email (depending how the request was submitted).
5. If the background check is passed, BBCoC HMIS staff will require the following information to add the new user to HMIS:
 - a. User’s name (first/last)
 - b. User’s agency-issued email (no gmail, yahoo, AOL, etc.) for password resets.
 - c. Contact phone number and extension (if applicable)
 - d. What EDA access the user requires
 - e. What [HMIS User Role](#) is required
 - f. If the user requires an ART license (*Agency Admins only*)
6. Once this information has been collected, BBCoC HMIS staff will add the new user to HMIS, and schedule the user for New User Training. Credentials should not be supplied to the user until their New User Training has been completed.

7. User login credentials will be emailed only to the user's agency-issued email address, or the email of the requesting ED or HMIS lead.

HMIS User Revocation/Removal Requests

1. Requests for HMIS user revocations/removals should only be submitted by an agency Executive Director (ED), agency HMIS Lead or agency Human Resources representative. HMIS user requests from personnel not described above should be forwarded to the agency ED for confirmation or additional instruction.
2. Upon receipt of this request from authorized personnel, BBCoC HMIS staff will delete the user from HMIS. Deleting the user frees up their HMIS license, allowing it to be used by another user. Deleting an HMIS user does not delete user audit records of HMIS activity.

HMIS License Billing Policy

Big Bend CoC has established a fee structure for financing the software utilized by PromisSE, including an administrative fee. The current fee structure is as follows:

- The cost of all WellSky Community Services licenses for HMIS-participating agencies will be charged to each agency annually. Agency HMIS-participation contracts run from October 1 to September 30.
- One Roof (contract-holding agency for our HMIS software vendor) charges a 3% fee for all HMIS software related billing to each CoC in the implementation. This total fee is divided equally amongst all HMIS-participating agencies.

Data Quality & Monitoring Plan

Introduction

This document describes the Homeless Management Information System (HMIS) data quality plan for the FL-506 Continuum of Care (CoC). The document includes data quality planning and protocols for ongoing data quality monitoring that meets requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by Big Bend Continuum of Care, the HMIS Lead Agency for FL-506. This HMIS Data Quality Plan is considered part of the HMIS Policies and Procedures and is to be reviewed, revised, and approved annually in accordance with S 578.7(b) of the CoC Program interim rule, and considering the latest HMIS data standards and locally developed performance plans.

What Is a Data Quality Plan?

A data quality plan is a community document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan sets expectations for the CoC, the HMIS Lead Agency, and the end users to capture valid and reliable data on persons accessing the homeless assistance system throughout the community. Developed by the HMIS Lead Agency and formally adopted by the CoC, the plan:

- Identifies the responsibilities of all parties within the CoC with respect to data quality;
- Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency;
- Describes the procedures for implementing the plan and monitoring progress toward meeting data quality benchmarks; and
- Establishes a timeframe for monitoring data quality on a regular basis and puts in place sanctions and incentives to continually improve HMIS data quality.

What Is Data Quality?

Data quality is a measurement of the reliability and validity of client-level data gathered and entered into HMIS. Several factors influence good data quality: timeliness of entry, completeness of the data, and accuracy of the data. Adhering to a strong data quality plan will ensure better outcome reporting, easier submissions of grant performance reports such as the HUD Annual Performance Report (APR), and supports the submission of the Longitudinal System Analysis (LSA), System Performance Measures Report (SPMs), Point In Time Count (PIT), and Housing Inventory Count (HIC).

With good data quality, the CoC can tell the story of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

What Is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into HMIS at both the project

and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

Data Quality Standards

The Data Quality Standards for FL-506 outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard. Unless otherwise noted, all participating projects are expected to achieve and maintain the data quality standards; this also includes those projects that are not funded by HUD or other governmental funding bodies, but whose data is used for federal reporting. Providers are expected to identify the appropriate program for their projects and comply with the requirements outlined in this plan.

Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection and data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Real-time data entry (i.e. entering data while interacting with the client) provides the optimum quality when entering data in HMIS. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

Timely data entry also includes correcting any data quality issues if notified by the CoC or HMIS Lead. In the event an Agency Admin receives notification of data issues needing rectification, the corrections must be made within two business days. If the issues are extensive and will take more than two days, the agency will provide a reasonable estimate of the time necessary to correct the data.

Target

Real time data entry is encouraged and considered a best practice. Otherwise, agencies should aim to have data entered within 24 hours of client contact.

Project Entry Data

When a client is initially enrolled in a project, the following information must be entered into HMIS in real-time or within 24 hours:

| Entry Type | Data Element | Collected For | Entry Creation | Project Start | Interim Update | Annual Assessment | Project Exit | Post-Exit |
|------------|--------------------------|-------------------|----------------|---------------|----------------|-------------------|--------------|-----------|
| All | Name | All | X | | | | | |
| All | Social Security Number | All | X | | | | | |
| All | Date of Birth | All | X | | | | | |
| All | Race | All | X | | | | | |
| All | Ethnicity | All | X | | | | | |
| All | Gender | All | X | | | | | |
| All | Veteran Status | HoH/Adults | X | | | | | |
| All | Disabling Condition | All | | X | | | | |
| All | Project Start Date | All | | X | | | | |
| All | Project Exit Date | All | | | | | X | |
| All | Destination | All | | | | | X | |
| All | Relationship to HoH | All | | X | | | | |
| All | Client Location | HoH | | X | X | | | |
| All | Housing Move-In Date | HoH | | | X | | | |
| All | Prior Living Situation | HoH/Adults | | X | | | | |
| All | Income and Sources | HoH/Adults | | X | X | X | X | |
| All | Non-Cash Benefits | HoH/Adults | | X | X | X | X | |
| All | Health Insurance | All | | X | X | X | X | |
| All | Disabilities | All | | X | X | | X | |
| All | Domestic Violence | HoHAdults | | X | X | | | |
| STO | Current Living Situation | HoH/Adults | | X | X | | | |
| STO | Date of Engagement | HoH/Adults | | X | X | | | |
| CE | CE Assessment | HoH | | X | X | | | |
| CE | CE Event | HoH | | X | X | | | |
| HOPWA | Services Provided | All | | | X | | | |
| HOPWA | Financial Assistance | HoH | | | X | | | |
| HOPWA | Medical Assistance | All w/HIV or AIDS | | X | X | | X | |
| HOPWA | T-cell and Viral Load | All w/HIV or AIDS | | X | X | X | X | |
| HOPWA | Housing Assess. at Exit | All | | | | | X | |
| PATH | Services Provided | Adults | | | X | | | |
| PATH | Referrals Provided | Adults | | | X | | | |
| PATH | PATH Status | Adults | | | X | | | |
| PATH | Connection with SOAR | Adults | | X | X | X | X | |
| RHY | Referral Source | Adults | | X | | | | |
| RHY | RHY-BCP Status | All | | X | X | | | |
| RHY | Sexual Orientation | Adults | | X | | | | |
| RHY | Last Grade Completed | Adults | | X | | | X | |
| RHY | School Status | Adults | | X | | | X | |
| RHY | Employment Status | Adults | | X | | | X | |
| RHY | General Health Status | Adults | | X | | | X | |
| RHY | Dental Health Status | Adults | | X | | | X | |
| RHY | Mental Health Status | Adults | | X | | | X | |
| RHY | Pregnancy Status | Female Adults | | X | X | | | |
| RHY | Formerly Foster | Adults | | X | | | | |
| RHY | Formerly Juvenile | Adults | | X | | | | |
| RHY | Family Issues | Adults | | X | | | | |
| RHY | RHY Service Connections | Adults | | | X | | | |
| RHY | Commercial Sexual Expl. | Adults | | | | | X | |
| RHY | Labor Exploitation | Adults | | | | | X | |
| RHY | Project Completion Stat. | Adults | | | | | X | |
| RHY | Counseling | Adults | | | | | X | |
| RHY | Safe & Appropriate Exit | Adults | | | | | X | |
| RHY | Aftercare Plans | Adults | | | | | | X |
| RHY | Veteran's Information | All Veterans | X | | | | | |
| VA | Services Provided | All | | | X | | | |
| VA | Financial Assistance | All | | | X | | | |
| VA | Percent of AMI | HoH | | X | | | | |
| VA | Last Permanent Address | HoH | | X | | | | |
| VA | VAMC Station Number | HoH | | X | | | | |
| VA | HP Targeting Criteria | HoH | | X | | | | |
| VA | HUD-VASH Voucher Track | Veteran HoH | | X | X | | X | |
| VA | HUD-VASH Exit Info | Veteran HoH | | | | | X | |

Housing Move-In Date (Residential Projects)

Movement into housing at Permanent Housing projects (“Housing Move-in Dates”) should be documented within two business days of the client physically moving into their unit or having the keys to their unit. This is not applicable to non-permanent housing projects. For further clarification, if a client enters a project on a Wednesday, the Entry record should be created in HMIS on or before Friday.

Exit Data

All data required to be collected at project exit is to be made available in HMIS within two working days of the client exiting any project type. When a client is exited from a project in HMIS, they should be exited as of the date they last utilized the bed/services provided by the project. (For example, if a client last received services from a project on 1/10/2023, they should be exited from the project on 1/10/2023, even if the user is doing the data entry on a future date.)

Completeness

Complete HMIS data helps a CoC meet various funding compliance requirements, and ensures that persons in the homeless assistance system receive the services needed to secure and maintain permanent housing. Additionally, it is necessary to fully understand the demographic characteristics and service use of persons accessing the homeless housing and services in the community.

Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, including:

- Unduplicated counts of persons served;
- Patterns of use of persons entering and exiting the homeless assistance system in the community; and
- Evaluation of the effectiveness of the community’s homeless assistance system.

Data Elements

The Continuum of Care’s goal is to collect 100% of all data elements. However, the CoC recognizes this may not be possible in all cases. Therefore, the CoC has established an acceptable range of missing/null, don’t know, refused, and data not collected responses, depending on the data element and the type of program entering data.

Target

All data in HMIS should be collected and entered in a common and consistent manner across all programs. Data collection and entry should be conducted in accordance with the most current HUD HMIS Data Standards.

All data entered into HMIS should be complete. Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services – services that could help them become permanently housed and end their episode of homelessness.

While HUD has not provided specific percentages of acceptable rates of missing or unknown data, there are statewide data standards that encourage no more than **5%** of a given data element to have missing or unknown data. The goal, however, is 100% completion whenever possible. Complete data also includes entering the data for all clients served. Additionally, complete data also refers to the completeness of bed utilization in the system. Consistent data refers to agencies collecting data using the same definitions and entering data that has no contradictions. Consistent data has no values that are impossible; child veterans, for example.

All Clients Served

HUD expects that all clients receiving housing and/or services through the homeless assistance system will have their service delivery documented in HMIS. If a program only enters data on a few of its clients, the program's efficacy cannot accurately be determined. Incomplete data may erroneously reflect low bed utilization rates (for shelter/housing programs), and may inaccurately reflect client's progress in meeting programmatic goals (i.e. employment, transitioning to permanent housing).

For clients who do not wish their information to be shared within HMIS, their information can be entered and only the staff at the agency where the data was entered and HMIS System Administrators will be able to access that data. Whereas FL-506 maintains a target of 100% of clients served will be included in HMIS, no agency will be permitted to refuse or change their service delivery based on whether a client agrees to have their data entered within HMIS.

Target

All programs using HMIS will enter data for one hundred percent (100%) of clients served.

All projects participating in HMIS are required to comply with the data standards. Data entered needs to be valid and accurately represent information on the clients being served.

Universal Data Elements (UDE)

The purpose of the UDEs is to ensure that all service providers participating in HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the Annual Performance Report (APR) and the Longitudinal System Analysis (LSA) collected by the U.S. Department of Housing and Urban Development (HUD), plus other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Program Specific Data Elements (PDEs)

As outlined in the HUD Data standards, which Program Specific Data Elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their projects. For the purposes of consistency, elements in the Entry Assessment are required for all projects participating in HMIS. This ensures all service providers are documenting the data elements necessary to produce the Annual Performance Report or ESG-Caper.

Bed Utilization

One of the primary features of HMIS is its ability to record the number of client stays or bed nights at a homeless residential facility. Bed utilization is based on the bed and unit inventory as set up by Big Bend Continuum of Care and the number of program participants and households served in that project. Changes over time should be documented at least annually as it is reported in the Homeless Inventory Count.

A program's bed utilization rate is the number of beds occupied as a percentage of the entire bed inventory. When a client is enrolled into a residential program (emergency/safe haven, transitional/rapid re-housing, or permanent), they are assigned to a bed or unit. The client remains in that bed or unit until they are transferred to another bed or unit, or is exited from the program. When the client is exited from the program, they are also exited from the bed or unit in HMIS.

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year. Projects are to monitor themselves monthly on completeness of data entry which can be tracked in HMIS, with

status and/or issues communicated to Big Bend Continuum of Care, who will also perform monitoring throughout the year.

Low utilization rates can indicate a program operating under capacity or it could be a sign that 100% of clients served were not entered into HMIS.

Accuracy

Accurate collection and entry of data into HMIS ensures the data is the best possible representation of reality as it relates to people experiencing or at risk of homelessness and the programs that provide homeless housing and services. HMIS data should accurately reflect any data collected in a physical file, along with information known about the client and the housing and/or services received by the client. All data entered (manually or through data exchange) into HMIS should be a reflection of information provided by the client and as documented in the client's file. Changes or updates in client information should be reflected in HMIS as they occur. To ensure the most up-to-date and complete data, data entry errors should be corrected monthly, or more frequently as required.

Often, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably "don't know" or "refused") than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

Consistency

Consistency of data directly affects the accuracy of data. Consistency ensures that data is understood, collected, and entered in the same manner across all programs in HMIS. Basic enrollment (intake), annual assessment, and exit workflows/forms, designed to capture client data pursuant to HUD's HMIS Data Standards, provide for common and consistent data collection and are available to all programs. To that end, all intake and data entry staff will complete an initial basic user training before accessing HMIS and complete ongoing training provided by HMIS staff.

To ensure that data collected and entered into HMIS are consistent across all projects:

1. Every HMIS user is required to complete a new user training on the system, policies, procedures, and protocols prior to receiving access to the system. Current users are required to take an annual recertification course.
2. A standardized intake assessment as specified by Big Bend Continuum of Care must be used by all providers to collect data in a consistent manner.
3. New agencies that join the CoC are required to review and understand all policies and procedures including data quality requirements.
4. Providers will make every effort to record accurate data.

Monitoring

The purpose of monitoring is to ensure that the agreed-upon data quality targets are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. The CoC recognizes that the data produced from HMIS is critical to meet the reporting and compliance requirements of HUD, the individual agencies, and the CoC as a whole.

To ensure that all projects are in compliance with the requirements and expectations outlined in this plan, Big Bend Continuum of Care staff will monitor data on a monthly basis to identify and resolve any issues that affect the timeliness, completeness and the accuracy of data.

Incentives

Agencies should be creative in finding ways to incentivize excellent data quality. Actively monitoring data quality within the organization will lead to agencies being able to easily identify high performing staff, those who've shown great improvement, and those who may still struggle with data entry. When an agency identifies a staff person continuing to struggle with their data quality, the option for retraining exists. Continuum of Care CoCs incentivize data quality through their annual CoC Prioritization process. The better the data quality, the better the data reflects the progress a project is making with their clients. This can lead to a higher rank for the HUD NOFA process, and more funding opportunities

Training

The Big Bend Continuum of Care HMIS team is responsible for training all agency users. In addition to this initial training for new users, ongoing training sessions are held monthly which cover commonly-asked questions, and refresher items to ensure quality data entry. In addition to training, the CoC HMIS Help Desk is available to assist agencies with any HMIS-related technical support.

Data Quality Monitoring Plan

The Data Quality Monitoring Plan entails a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into HMIS at both the project and aggregate system levels. This plan serves as the primary tool for tracking and improving data quality for FL-506.

The following sections are covered under this monitoring plan:

- A. Roles and Responsibilities
- B. HMIS Lead Timelines
- C. Timelines for Data Quality reports
- D. Compliance and Monitoring frequency
- E. Data Quality Reports and Outcomes

A. Roles and Responsibilities

Agencies

Individual Partner Agencies are at the front line of good data quality. Fostering a culture that uses data to make programmatic decisions will also encourage staff to enter data accurately, completely, and timely. Agencies can run the Data Quality Framework (DQF) report in HMIS to review the data quality within their projects. The Agency should run the report as often as possible to catch issues before they become problematic, with the recommendation that the report is run and reviewed at least once per month. This includes doing client file spot checks to ensure the data in a client file matches what was entered into HMIS when necessary. When agencies determine a staff person is struggling to maintain good data quality, they should strongly consider providing additional training support in house or referring the staff person for additional training from Big Bend Continuum of Care.

Continuum of Care

The CoC regularly reviews the Data Quality Reports available in HMIS for the CoC's projects. Because data quality is critical to the operation of the entire system, all projects in the CoC should be included in the reporting, not just HUD funded projects.

HMIS Lead

The HMIS Lead (Big Bend Continuum of Care) ensures HMIS is operational and able to meet the specifications outlined by HUD and other federal partners. Big Bend Continuum of Care ensures that all

required reports are available and functional in the system and communicates visible data quality issues to the agencies.

HMIS Committee

The HMIS Committee provides authorization for, and oversight of, the Data Quality program. They will support the efforts of the Big Bend Continuum of Care HMIS Team by enforcing the incentives described in the data quality plan.

B. HMIS Lead Timelines

It is the responsibility of Big Bend Continuum of Care to submit four important reports on behalf of FL-506: Longitudinal Systems Analysis (LSA), System Performance Measures (SPM), Point in Time Count (PIT), and Housing Inventory Count (HIC).

These reports are submitted annually on dates determined at HUD's discretion.

C. Timelines for Data Quality Reports

While it is highly recommended that every project run the reports on a monthly basis, each of the projects are required to be in compliance with HUD Data Standards. Big Bend Continuum of Care will provide the following reports by the 10th of every month:

1. Data Quality Framework
2. Data Completeness Report Card

D. Monitoring Frequency

To ensure accurate reporting to federal partners, the Big Bend Continuum of Care will perform routine reviews of the data at the beginning of each month. The following will be the generally expected flow of monitoring, counseling and/or corrective actions regarding data quality:

1. Each HMIS-contributing agency and Big Bend Continuum of Care will review DQFs and Data Completeness Report Cards monthly.
 - a. Should agency quality outcomes for timeliness, completeness, accuracy and/or consistency fall outside acceptable benchmark parameters, said outcomes will be reported to the person designated as Agency Admin.
 - b. Reporting of data quality issues to Agency Admins offers Big Bend Continuum of Care and the agency an opportunity to collaborate to correct the problem, to spot other potential problems before they arise, and to identify ways to improve systemically.
2. Additional monitoring may be conducted as needed, particularly if an agency continues to have data quality that falls outside parameters. Big Bend Continuum of Care's monitoring could consist of spot checks of data quality and could include a review of the agency's record keeping process. If issues are reported or suspected, this may prompt required intensive HMIS training.
3. More isolated problems or those of lesser severity or urgency may not result in concerns unless or until an agency has been shown to have the same or similar problem in repeated monthly reports.
 - a. While all reasonable efforts as outlined above will be made by Big Bend Continuum of Care to collaborate with a given agency to improve data quality problems that might occur, should those efforts fail or the agency is non-compliant with training, significant and/or egregious data quality problems that continue unresolved and/or which impact the wider CoC community may result in agency or user HMIS licenses being suspended.
 - b. It is the responsibility of the Agency Admin to ensure compliance with all data quality requirements and will be notified if their program does not meet any or all of the requirements.

- c. For all HUD-funded projects, lack of compliance with data quality requirements may result in forfeiting points in the annual local NOFA rating and ranking, as determined annually by Big Bend Continuum of Care’s Executive Committee. Similar negative impact may occur on grants that require the use of HMIS reporting.
4. In addition to the above, Big Bend Continuum of Care HMIS staff will conduct a monthly HMIS-only HIC and PIT count to ensure Bed and Unit inventory utilization match agency-reported available beds in Provider Admin. Any discrepancies will be communicated to the Agency Admin.

E. Data Quality Reports and Outcomes

Big Bend Continuum of Care HMIS staff will send data quality monitoring reports to the Agency Admin. Reports will indicate the percentage of data errors. The CoC benchmark is an error rate of 5% or less. If the agency fails to make corrections, or if there are repeated or egregious data quality errors, HMIS staff will require intensive training or a repeat of basic user training.

Big Bend Continuum of Care Internal Reports

In addition to the reports listed above, Big Bend Continuum of Care executes the following reports monthly:

| Report Name | Description/Purpose | Action |
|---------------------|--|---|
| Case Notes | Checks for recent case notes for open entries. | Agency and user notified. |
| Chronicity DQ | Finds missing data elements used to determine chronic status. | Agency Admin and user notified. Retraining or intensive training possible depending on severity. |
| Client Location | Looks at Client Location CoC Code and highlights missing codes or codes other than FL-506. | Agency and user notified. |
| Date of Birth | Reviews data for missing DOBs and DOBs that result in negative age or age over 100. | Agency and user notified. |
| Duplicate Clients | Finds clients with the same DOB, SSN, Name. | Corrected by HMIS staff. |
| Duplicate Entries | Checks for entries for the same client on the same date for the same agency. | Corrected by HMIS staff. |
| Exit Destination | Looks for missing exits, and exits to other than PH if client subsequently entered PH with a PH entry in HMIS. | Corrected by HMIS staff. |
| Funding Information | Examines at funding sources in HMIS to ensure they are accurate and current. | Agencies are required to report funding sources annually or when funding changes. |
| Head of HH DQ | Looks for entries with missing HoH, households with no HoH, and children as HoH. | Agency and user notified. |
| Housing Inventory | Big Bend Continuum of Care runs this report on the last Wednesday of every month to look for irregularities in enrolled clients vs Bed and Unit inventory in Provider Setup. | Agency notified if enrollments fall outside of the norm. Inventory adjustments are made when necessary. |
| Housing Move In | Checks HMI dates for: <ul style="list-style-type: none"> • dates prior to project entry, | Agency and user notified and asked to correct within two |

| | | |
|-------------------------|--|--|
| | <ul style="list-style-type: none"> no HMI date with long/open enrollment in PH, and dates greater than the current date. | business days. Re-training may be recommended. |
| Income Data Quality | <p>Examines income for:</p> <ul style="list-style-type: none"> mismatches (yes to receives income, but no income sources listed), SSI/SSDI with no disability. Same income source with open entries SSI/SSDI amounts not updated, etc. | Agency and user notified and asked to correct within two business days. Re-training may be recommended. |
| Point In Time | Big Bend Continuum of Care runs this report on the last Wednesday of every month to look for irregularities in enrolled clients vs Bed and Unit inventory in Provider Setup. | Agency notified if enrollments fall outside of the norm. Inventory adjustments are made when necessary. |
| Project Length of Stay | <p>Looks at length of stay and checks for:</p> <ul style="list-style-type: none"> Long stays in emergency shelter Stays longer than CoC standards for RRH. Long stays in PH with no HMI date. | Agency and user notified and asked to correct within two business days. |
| Referrals | Checks that accepted referrals to PH have an HMI within 90 days. | Agency and user notified and asked to correct within two business days. |
| ROI | Ensures that all clients with open entries have non-expired ROIs. | Agency and user notified and asked to correct within two business days. |
| Services | Examines service entries for PH projects to look for current services, specifically Case Management services greater than one year for PH and 90 days for RRH. | Agency and user notified and asked to correct within two business days. |
| SSI/SSDI and Disability | Looks for discrepancies in reported disability and the receipt of SSI/SSDI. | Agency and user notified and asked to correct within two business days. |
| SSVF/VA Missing Data | Examines all data elements required for SSVF and VA projects to look for missing data. | Agency and user notified and asked to correct within two business days. |
| Underage Veterans | Checks for Veteran Status set to yes for clients under 18 years of age. | Corrected by HMIS staff. |
| User Login Report | Looks for users who have not logged in to HMIS in the last 30 days. | Agency is notified. Users are locked out of HMIS and required to re-take basic user training. There are no exceptions. |

Big Bend Continuum of Care Code of Ethical Conduct Policy

Goal: To establish a set of principles and practices of the Big Bend Continuum of Care (CoC) Governing Board that will set parameters and provide guidance and direction for board conduct and decision-making.

Code: Members of the Governing Board of the Continuum of Care are committed to observing and promoting the highest standards of ethical conduct in the performance of their responsibilities on the board of CoC. Board members pledge to accept this code as a minimum guideline for ethical conduct.

I. Purpose

The Governing Board for the Big Bend Continuum of Care (CoC) has adopted the following Code of Conduct. This Code is intended to focus board members, officers, and support staff on areas of ethical risk, provide guidance to help them recognize and deal with ethical issues, provide mechanisms to report unethical conduct, foster a culture of honesty and accountability. No code or policy can anticipate every situation that may arise. Accordingly, this Code is to serve as a source of guiding principles.

II. Introduction

Each board member, officer and support staff are expected to adhere to a high standard of ethical conduct. The good name of Big Bend Continuum of Care depends on the way board members, officers and support staff conduct business and the way the public perceives that conduct. Unethical actions, or the appearance of unethical actions, are not acceptable. Board members, officers and support staff are to be guided by the following principles in carrying out their responsibilities:

III. Accountability

1. Faithfully abide by the governing charter and policies of Continuum of Care.
2. Exercise reasonable care, good faith and due diligence in organizational affairs.
3. Fully disclose, at the earliest opportunity, information that may result in a perceived or actual conflict of interest.
4. Fully disclose, at the earliest opportunity, information that would have significance in board decision-making.

IV. Professional Excellence

1. Maintain a professional level of courtesy, respect, and objectivity in all Continuum of Care activities.
2. Adhere to the highest standards of conduct to inspire public confidence and trust in public service.
3. Respect the confidentiality of sensitive information known due to board service.
4. Ensure when communicating CoC information that it is fair, accurate, and complete.
5. Reject knowingly making any misrepresentations relating to CoC recommendations, actions, or activities.
6. Refuse to engage in any professional conduct involving dishonesty, fraud, or deceit.
7. Act in such a manner as to enhance personal and professional honor, integrity, and dignity.
8. Treat with respect and consideration all persons, regardless of race, religion, gender, abilities, age, or national origin.
9. Respect the diversity of opinions and register dissent as appropriate.
10. Exercise the powers invested in your position for the good of all members and the organization.
11. Promote collaboration, cooperation, and partnership among CoC members.

V. Media Policy

The CoC appreciates that any form of media can be a rewarding way for board members and staff to share information about themselves, and to interact with people in the community and around the world. Because board members and staff serve the public, however, and potentially are subject to public scrutiny on and off-duty conduct, use of any form of media carries with it risks and responsibilities of which board members and staff must be aware. This is especially true for those board members or staff who are in a leadership capacity, although it applies to everyone. This policy sets forth the CoC's guidelines on board members and staff media usage including but not limited to social, television, and print media.

Big Bend Continuum of Care Code of Ethical Conduct Policy

1. Board members and staff are solely responsible for what they post on any form of media. Remember that many postings can be viewed worldwide and are archived “forever,” meaning that they cannot be deleted once posted, or are archived even if deleted and that seemingly “private” posts can easily be shared with a wide audience via a single contact in your closed network. It is also easy to capture short-lived messages (like Snapchat) and rebroadcast them in a more permanent format despite the originator’s intent.
2. Unless communications are part of a board member or staff’s regular job duties, they are not to represent themselves as spokespeople for the CoC. Similarly, if commenting about the CoC or its policies or services, board members and staff whose job duties do not include media communications must make clear that they are speaking in a personal capacity, rather than in an official capacity, and that their views do not represent those of the CoC or of other board members or staff.
3. In general, while board members and staff have the right to comment freely about matters of public concern— issues or events of political, social, or other importance to our community—the comments must not be unduly disruptive to the CoC’s operations or interfere/distract from board duties.
4. Board members and staff must avoid posting material about their board work that could be construed as malicious, obscene, or threatening, or that might constitute harassment or bullying. An example of prohibited conduct would be offensive or obscene posts deliberately intended to harm a collaborator’s reputation, or the use of racial, ethnic, or gender slurs.
5. Board members or staff may not evade these guidelines by posting anonymously or under a screen name.

Definition: “Media” shall include all ways of communicating with others via printed publication and the internet, including, but not limited to, Facebook, YouTube, Twitter, Snapchat, Pinterest, Reddit, or Instagram; communications on blogs, bulletin boards, wikis, chat rooms and on-line journals; file-sharing including, but not limited to, Dropbox, Airdrop, or Google Drive; and items posted in comment sections to stories published on-line by traditional media outlets such as newspapers and television stations.

VI. Penalties

Penalties imposed for breach of the CoC’s Code of Ethics Policy may include, but are not limited to, the following:

- a. Excluding the member from portions of all future meetings and discussions which relate to the breach, and/or
- b. Censure of the member in private, public, or both, and/or
- c. Removal of the member from the board by a resolution passed by a vote of two-thirds of the Board of Directors.

I have read the Code of Ethical Conduct for the Big Bend Continuum of Care and agree to uphold the aforementioned responsibilities:

Print Name: _____

Signature: _____

Organization: _____

Date: _____

Duplicate Clients in ServicePoint

Client Unique IDs by Entry Exit Providers (Excluding Anonymous/Unnamed)

Report Dates: 10/1/2022 - 10/1/2023

Data Effective: 8/22/2023

| Client Unique ID 36 | Client Uid 74 | First Name | Last Name | Date of Birth | Gender |
|----------------------|---------------|------------|------------|---------------|--------|
| abob10031974a535b650 | 481087 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 532729 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| amca07181990a200m200 | 508075 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| | 508190 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| amtb04111990a425m300 | 318115 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 506037 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 506180 | [REDACTED] | [REDACTED] | [REDACTED] | Male |

Duplicate Clients in ServicePoint

SSN by Entry Exit Providers (Excluding Anonymous/Unnamed)

Report Dates: 10/1/2022 - 10/1/2023

Data Effective: 8/22/2023

| Social Security Number 65 | Client Uid 143 | First Name | Last Name | Date of Birth | Gender |
|---------------------------|----------------|------------|------------|---------------|--------|
| XXX-XX-0018 | 289359 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| | 307701 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 309036 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| | 312986 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 520449 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 520450 | [REDACTED] | [REDACTED] | [REDACTED] | |
| | 538113 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| XXX-XX-0660 | 481067 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| | 507821 | [REDACTED] | [REDACTED] | [REDACTED] | Female |
| XXX-XX-6410 | 486740 | [REDACTED] | [REDACTED] | [REDACTED] | Male |
| | 508179 | [REDACTED] | [REDACTED] | [REDACTED] | Male |