

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 and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/28/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** CESC, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 47-4589916
c. Unique Entity Identifier: DN2BR6LVXM96

d. Address

Street 1: 2650 Municipal Way
Street 2:
City: Tallahassee
County: Leon County
State: Florida
Country: United States
Zip / Postal Code: 32304

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Danielle
Middle Name:
Last Name: Dougherty
Suffix:
Title: Grant Writer
Organizational Affiliation: CESC, Inc.
Telephone Number: (484) 529-6543
Extension:

Fax Number: (850) 536-6053

Email: danielle.dougherty@cesctlh.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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: CESC, Inc. Rapid Rehousing Program

16. Congressional District(s):

16a. Applicant: FL-002

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

17. Proposed Project

a. Start Date: 07/01/2024

b. End Date: 06/30/2025

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? c. Program is not covered by E.O. 12372.

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: Rick

Middle Name:

Last Name: Kearney

Suffix:

Title: Board President

Telephone Number: (850) 792-9000
(Format: 123-456-7890)

Fax Number: (850) 536-6053
(Format: 123-456-7890)

Email: Rick.Kearney@mainline.com

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: CESC, Inc.

Prefix: Mr.

First Name: Rick

Middle Name:

Last Name: Kearney

Suffix:

Title: Board President

Organizational Affiliation: CESC, Inc.

Telephone Number: (850) 792-9000

Extension:

Email: Rick.Kearney@mainline.com

City: Tallahassee

County: Leon County

State: Florida

Country: United States

Zip/Postal Code: 32304

2. Employer ID Number (EIN): 47-4589916

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$206,970.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD/Big Bend Continuum of Care, 2507 Callaway Rd, Tallahassee, FL 32303	Grant	\$206,970.00	Rapid Re-Housing
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? 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: Rick Kearney, Board President

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: CESC, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Mr.

First Name: Rick

Middle Name

Last Name: Kearney

Suffix:

Title: Board President

Telephone Number: (850) 792-9000
(Format: 123-456-7890)

Fax Number: (850) 536-6053
(Format: 123-456-7890)

Email: Rick.Kearney@mainline.com

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: CESC, Inc.

Name / Title of Authorized Official: Rick Kearney, Board President

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: CESC, Inc.

Street 1: 2650 Municipal Way

Street 2:

City: Tallahassee

County: Leon County

State: Florida

Country: United States

Zip / Postal Code: 32304

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: Rick

Middle Name:

Last Name: Kearney

Suffix:

Title: Board President

Telephone Number: (850) 792-9000
(Format: 123-456-7890)

Fax Number: (850) 536-6053
(Format: 123-456-7890)

Email: Rick.Kearney@mainline.com

Signature of Authorized Representative: 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: CESC, Inc.
Prefix: Mr.
First Name: Rick

Middle Name:

Last Name: Kearney

Suffix:

Title: Board President

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

Date Signed: 08/28/2023

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Since the inception of CESC, Inc. in 2015, the organization has served over 15,000 people experiencing or at risk for homelessness in the eight-county Big Bend Region of Florida. Our comprehensive wrap-around services are designed to respond to people’s immediate needs while working to obtain permanent housing. As part of the CESC, Inc. parent organization, the Kearney Center serves as the one-stop shop for those in need – providing overnight shelter and daytime services that connect clients with social service providers, case management, and housing-focused programs. The most basic needs, such as a warm shower, hot meal, and clean clothes, are provided alongside information and referrals to a variety of social service agencies in our community. The Kearney Center provides space for State, Federal, and local government agencies, non-profits, and faith-based organizations to co-locate and provide wrap-around services to clients.

Our goal is to transition clients as quickly as possible to permanent housing solutions that are safe, decent, affordable, and accessible. Our case managers work with chronically homeless individuals, veterans, domestic violence and human trafficking survivors, and other adults experiencing homelessness. In FY23 (July 1, 2022 – June 30, 2023), we served the following:

- Total number of persons served: 1,621
- Number of veterans: 118
- Number of chronically homeless persons: 360
- Total with a domestic violence history: 204
- Total persons fleeing domestic violence: 47

CESSC, Inc. successfully manages all basic organizational functions, understanding that without dedicated staff members and internal structures and processes in place, we cannot achieve our mission of providing a path to self-sufficiency for those in poverty.

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

CESSC, Inc. was founded in 2015 and has consistently offered emergency shelter, nutritious meals, social services, case management, and medical care to residents of the 8-County Big Bend Region of Florida who are at risk for or currently experiencing homelessness. Funding comes from a variety of sources, including the United Way, the City of Tallahassee, the Department of Children and Families, the Big Bend Continuum of Care, Leon County, and Second Harvest. CESC's largest funder is currently the Department of Children and Families. The organization is receiving a two-year funding stream of \$1,500,000 to provide emergency shelter and housing to clients in Leon County. In addition, we recently received a \$498,105 grant from Leon County in support of our day and outreach programs. We also receive funding through a collaboration between the City of Tallahassee and the Leon County Government called the Community Human Service Partnership (CHSP). These funds provide support for our case management and emergency shelter/direct care services. Finally, our extensive public and private partnership network provides in-kind services to increase the impact and reach of our organization.

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

CESSC has a contract with Suzanne Litherland at IMS Business Accounting and Back Office Services to oversee the organization's financial management. CESC also employs a bookkeeper who takes care of the day-to-day accounting needs of the organization, including end-of-month and end-of-year reconciliation, grant reporting, cash disbursements, and gift processing.

CESSC utilizes the QuickBooks accounting system that is operated in accordance with generally accepted accounting principles. The organization has written financial policies and procedures that mandate several internal control safeguards to ensure that federal funds are used solely for authorized purposes and that financial transactions are properly appropriated, executed, and recorded. This includes conflict of interest policies, access controls, staff time and effort reporting, and separation of duties to ensure that award funds are managed properly.

Our programs and services have been funded by a wide array of sources, including Federal grants. For example, we were recently awarded an FY24 ESG-CV3 (Emergency Shelter Solutions Grant – COVID) through the Department of Children and Families, meant to assist in preventing, preparing for, and responding to COVID among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by COVID. We have experience in raising matching funds, as is often a requirement for many grant programs.

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

3A. Project Detail

1. CoC Number and Name: FL-506 - Tallahassee/Leon County CoC
2. CoC Collaborative Applicant Name: Apalachee Regional Planning Council
3. Project Name: CESC, Inc. Rapid Rehousing Program
4. Project Status: Standard
5. Component Type: PH
- 5a. Select the type of PH project: RRH
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

We are respectfully submitting this proposal request for \$206,970 in funding to provide 12 months of rapid rehousing assistance to our target populations. With this support, our Housing Navigator and Case Managers, who currently provide permanent and transitional housing assistance, will have the resources needed to implement a rapid rehousing program at CESC, which will include intensive case management and access to our full network of supportive services with the goal of having individuals obtain housing quickly, increase self-sufficiency, and stay housed. The target populations for this project are chronically homeless individuals, veterans, domestic violence and human trafficking survivors, and other individuals experiencing or at risk for homelessness. We are anticipating utilizing the CoC funds to provide \$2,760 in rapid rehousing assistance per person to 75 individuals over a 12-month period. Funds will be used for security deposits of up to two months' rent and to help with moving costs, transportation, utility costs, and operating costs associated with supplies and materials incurred in directly providing supportive services to program participants. Per Section 578.51(a)(2), security deposits are an eligible cost item within the rental assistance Budget Line Item; however, there is no way to enter a separate cost for security deposits in ESNAPS since they are considered part of the rent. Applicants have been instructed to mention security deposits in the project description; this serves as an explanation for the rental assistance portion of our budget. These activities will be conducted by our current Housing Case Management Team. We will not be hiring any new staff to implement this grant, and grant funding will not be supporting any salary lines.

Our Housing Case Management Team includes a Housing Navigator and three Housing Case Managers. They will assist clients in navigating the processes necessary to obtain and retain stable housing, referring clients to local resources for housing needs such as income, employment, and mental health regulation while conducting assessments and creating a housing case plan to fit each client's strengths and unique housing needs. We provide services using the Housing First model – clients are offered housing opportunities with no programmatic preconditions such as a demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. We do not screen out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. While supportive services are readily available, clients are not required to utilize any to access housing opportunities. Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy.

By the end of the 12-month grant period, 75 individuals will have gained stable housing through the rapid re-housing program. For these individuals, we have the following objectives: (1) Less than 21% of individuals receiving rapid re-housing assistance will return to homelessness within 6 months, (2) Less than 33% of individuals receiving rapid re-housing assistance will return to homelessness within two years (3) Placements to permanent housing from rapid re-housing will be greater than 30%.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity	365			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

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

(Select ALL that apply)

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

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

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No
renewal project?

4A. Supportive Services for Participants

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

All clients within the Kearney Center will be assigned a Housing Case Manager within the first two weeks of entry. Once a client has been added to a Housing Case Manager's caseload, they must conduct an Outreach with a scheduled appointment to the client within two weeks time. Upon initial engagement with a client, the Housing Case Manager is expected to explore the client's background, begin building rapport, and collaborate with the client to create a housing plan. In addition, the Housing Case Manager will explore the client's housing goals, assess for any housing barriers, and provide the client with the next steps in their housing plan. During this first appointment, the Housing Case Manager completes the PromisSE ROI, Coordinated Entry Assessment, and VI-SPDAT.

The client will complete a PromisSE ROI to provide permission to the Housing Case Manager to discuss client information as it relates to the client's housing plans and achieving stable housing. Approval of the ROI allows the Housing Case Manager to discuss client information with landlords and other service providers, make referrals, and conduct other activities that involve sharing client information. Upon completing the ROI, the client will complete the BBCOC Coordinated Entry Pre-Screening which provides detailed information about their background, experience with homelessness, income, medical information, and benefit information. Finally, the Housing Case Manager will conduct the VI-SPDAT vulnerability survey with the client to determine the most appropriate form of housing assistance. Scores between 4-7 recommend Rapid Rehousing, upon which the requested grant funds would be utilized to move the client as quickly as possible into an appropriate housing situation. Housing Case Managers are expected to follow up with their clients to obtain updates about their housing plan progress.

The Housing Navigator acts as a guide and support system to the client throughout their transition to housing, coordinating preparations for move-in such as transportation, moving supplies, lease education, and unit inspections. In addition, the Housing Navigator works to identify properties that will accept program funding and accommodate clients' unique needs while strengthening community relationships to build an inventory of housing units available to clients. Once the client is housed, the Housing Navigator must conduct monthly follow-up visits for up to three months, then again at one year, to ensure the client has remained housed. Regarded as "light touch" case management, follow-up visits are conducted to ensure housing retainment by linking clients with needed resources and additional assistance if necessary.

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

In collaboration with a number of partner agencies in the Tallahassee community, CESC offers a myriad of services to support client goals of independence and well-being, helping them to obtain the benefits for which they are eligible, obtain and increase employment income, increase non-employment income, social services, and healthcare benefits and resources. The following organizations are on-site at the Kearney Center at least once a week to provide wrap-around services for program participants. Clients are not required to participate in or utilize any of these services in order to gain housing assistance.

- Ability 1st: Walking aids (wheelchairs, canes, etc.)
- Legal Services of North Florida: Legal claims, disability claims, social security cards
- DISC Village: Substance abuse prevention and intervention
- Apalachee Center: Mental health counseling and medication assistance
- UnitedHealthcare: Health benefits and insurance assistance
- H3lp Florida: Employment and identification assistance
- EmployU: Job placement, job training, and resume building
- Bond Community Health Center: Health services
- Wellcare: Health benefits and insurance assistance
- Capital City Youth Services: Supportive services for those 18-24 years of age
- Lively Technical Collge - Barbering Program: Haircuts
- Florida Licensing on Wheels: State IDs
- Veterans Affairs (VA): Education, rehabilitation services, disability assistance, and more for Veterans
- Career Source: Provides comprehensive employment and workforce services
- Bright Future Behavioral Health: Therapy services/counseling, art therapy
- Department of Children & Families: Food stamps and Medicaid assistance
- Community Action: Getting Ahead Program: 15-week self-sufficiency course
- Alcoholics Anonymous: Sobriety support
- Survive & Thrive Advocacy Center: Education on labor and sex trafficking

The Kearney Center also provides free in-house medical care. Services offered by our Evening Nurse Clinic include first aid, assessment of vital signs, diabetic monitoring, glucose testing, over-the-counter medications, and medication assistance. In partnership with Tallahassee Memorial Healthcare, the TMH Transition Center provides medical services for clients including filling prescriptions and helping clients find a primary care physician to ensure continued health. Using video conferencing technology ('telehealth'), TMH connects clients to clinicians for minor and non-urgent medical needs instead of going to a primary care physician or emergency room. Telemedicine services can connect clients to medical providers including family practice doctors, internists, dermatologists, and specialists. In addition, a medical case manager helps connect clients with necessary resources and helps to support them in maintaining or recovering their health.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
Education Services	Partner	Weekly
Employment Assistance and Job Training	Partner	Weekly
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Partner	Weekly
Life Skills Training	Partner	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	Daily
Outreach Services	Applicant	Daily
Substance Abuse Treatment Services	Partner	Weekly
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 75

Total Beds: 137

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Shared housing	---	5	25	
Shared housing	---	10	10	
Single Room Occupancy (SRO)...	---	10	10	
Single Room Occupancy (SRO)...	---	7	28	
Single Room Occupancy (SRO)...	---	7	28	
Clustered apartments	---	10	10	
Scattered-site apartments (...)	---	6	6	
Scattered-site apartments (...)	---	10	10	
Single family homes/townhou...	---	10	10	

4B. Housing Type and Location Detail

1. **Housing Type:** Shared housing

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

a. **Units:** 5

b. **Beds:** 25

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1600 Old Bainbridge Road

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32303

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. **Housing Type:** Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units:** 10
- b. Beds:** 10

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 3208 Westgate Court
Street 2:
City: Tallahassee
State: Florida
ZIP Code: 32304

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units:** 10
- b. Beds:** 10

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 3208 Westgate Court

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32304

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 7

b. Beds: 28

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2700 W. Pensacola Street

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32304

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 7

b. Beds: 28

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1560 High Road
Street 2:
City: Tallahassee
State: Florida
ZIP Code: 32304

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units:** 10
- b. Beds:** 10

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1242 Stuckey Avenue
Street 2:
City: Tallahassee
State: Florida

ZIP Code: 32310

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 6

b. Beds: 6

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2001 Old Saint Augustine Road

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32301

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 10

b. Beds: 10

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2765 W. Tharpe Street

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32303

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units:** 10
- b. Beds:** 10

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1539 Paul Russell Road

Street 2:

City: Tallahassee

State: Florida

ZIP Code: 32311

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

123000 Tallahassee, 129073 Leon County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	75	0	75

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	70		70
Persons ages 18-24	0	5		5
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	75	0	75

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	17	1	4	7	1	20	2	15	3	0
Persons ages 18-24	1	0	0	0	0	3	0	1	0	0
Total Persons	18	1	4	7	1	23	2	16	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input 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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?
(13 to 18 months) No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Request:	\$150,720
Grant Term:	1 Year
Total Request for Grant Term:	\$150,720
Total Units:	20

The number of beds for which funding has been requested in the Rental Assistance budget is 20.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Tallahassee, FL HUD Metro FMR Ar...	20	\$150,720

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - Tallahassee, FL HUD Metro FMR Area (1203999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO	20	x	\$628	x	12	=		\$150,720
0 Bedroom		x	\$837	x	12	=		\$0
1 Bedroom		x	\$941	x	12	=		\$0

2 Bedrooms		x	\$1,124	x	12	=	\$0
3 Bedrooms		x	\$1,470	x	12	=	\$0
4 Bedrooms		x	\$1,596	x	12	=	\$0
5 Bedrooms		x	\$1,835	x	12	=	\$0
6 Bedrooms		x	\$2,075	x	12	=	\$0
7 Bedrooms		x	\$2,314	x	12	=	\$0
8 Bedrooms		x	\$2,554	x	12	=	\$0
9 Bedrooms		x	\$2,793	x	12	=	\$0
Total Units and Annual Assistance Requested	20						\$150,720
Grant Term							1 Year
Total Request for Grant Term							\$150,720

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		\$0
2. Assistance with Moving Costs	\$120/person x 75 people: Reasonable one-time moving costs including truck rental, moving supplies, moving company fees	\$9,000
3. Case Management		\$0
4. Child Care		\$0
5. Education Services		\$0
6. Employment Assistance		\$0
7. Food		\$0
8. Housing/Counseling Services		\$0
9. Legal Services		\$0
10. Life Skills		\$0
11. Mental Health Services		\$0
12. Outpatient Health Services		\$0
13. Outreach Services		\$0
14. Substance Abuse Treatment Services		\$0
15. Transportation	\$120/person x 75 people: Travel on public transportation or in a vehicle provided by CESC to and from case management meetings, rental properties, etc.	\$9,000
16. Utility Deposits	\$250/person x 75 people: One-time fees paid to utility companies	\$18,750
17. Operating Costs	\$260/person x 75 people: Material costs incurred in service provision to clients	\$19,500
Total Annual Assistance Requested		\$56,250
Grant Term		1 Year
Total Request for Grant Term		\$56,250

Click the 'Save' button to automatically calculate totals.

VAWA Budget

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 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. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$51,743
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$51,743

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	CESSC, Inc. Genera...	\$51,743

Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** CESC, Inc. General Operating Funds
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$51,743

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$150,720	1 Year	\$150,720
4. Supportive Services (Screen 6F)	\$56,250	1 Year	\$56,250
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$206,970
10. Admin (Up to 10% of Sub-total in #9)			\$0
11. HUD funded Sub-total + Admin. Requested			\$206,970
12. Cash Match (From Screen 6I)			\$51,743
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$51,743
15. Total Project Budget for this grant, including Match			\$258,713

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. 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: Rick Kearney

Date: 08/28/2023

Title: Board President

Applicant Organization: CESC, Inc.

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

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

Page	Last Updated
New Project Application FY2023	Page 59 08/28/2023

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/22/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/28/2023
1E. SF-424 Compliance	08/22/2023
1F. SF-424 Declaration	08/22/2023
1G. HUD 2880	08/28/2023
1H. HUD 50070	08/22/2023
1I. Cert. Lobbying	08/22/2023
1J. SF-LLL	08/22/2023
IK. SF-424B	08/22/2023
1L. SF-424D	08/22/2023
2A. Subrecipients	No Input Required
2B. Experience	08/28/2023
3A. Project Detail	08/22/2023
3B. Description	08/28/2023
3C. Expansion	08/22/2023
4A. Services	08/28/2023
4B. Housing Type	08/27/2023
5A. Households	08/28/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/22/2023
6E. Rental Assistance	08/28/2023
6F. Supp Srvcs Budget	08/28/2023
VAWA Budget	No Input Required
6I. Match	08/28/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/22/2023