

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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 2023 Project Application will be imported into the FY 2024 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.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2024 CoC Program Competition NOFO.

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: 09/25/2024

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: 1820 East Park Ave.

Street 2: Suite 203

City: Tallahassee

County: Florida

State: Florida

Country: United States

Zip / Postal Code: 32301

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) 792-5015

Extension: 1003

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-6800-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 FY2024

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: Ms.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

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

Fax Number: (850) 488-1616
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 09/25/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Apalachee Regional Planning Council
Prefix: Ms.
First Name: Johnna
Middle Name:
Last Name: Coleman
Suffix:
Title: Executive Director
Organizational Affiliation: Apalachee Regional Planning Council
Telephone Number: (850) 792-5015
Extension: 1001
Email: jcoleman@bigbendcoc.org
City: Tallahassee
County: Florida
State: Florida
Country: United States
Zip/Postal Code: 32301

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: Johnna Coleman, Executive Director

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

Date Signed: 09/25/2024

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: Ms.

First Name: Johnna

Middle Name

Last Name: Coleman

Suffix:

Title: Executive Director

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

Fax Number: (850) 488-1616
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 09/25/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Apalachee Regional Planning Council

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

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

Date Signed: 09/25/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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: 1820 East Park Ave.

Street 2: Suite 203

City: Tallahassee

County: Florida

State: Florida

Country: United States

Zip / Postal Code: 32301

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: Ms.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

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

Fax Number: (850) 488-1616
(Format: 123-456-7890)

Email: jcoleman@bigbendcoc.org

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

Date Signed: 09/25/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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: Ms.

First Name: Johnna

Middle Name:

Last Name: Coleman

Suffix:

Title: Executive Director

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

Date Signed: 09/25/2024

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 2024 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 2023 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 2023 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 2024 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. Submit without changes

The applicant has selected "Submit without changes" to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select "Make changes" above and update the relevant project information.

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 FY2024

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

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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. 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 2024 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 (AHAR), 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

In FY2024, 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 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.

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

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

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



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

6. Select the costs for which funding is requested:

HMIS	<input checked="" 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.

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)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$121,768
9. Admin (Up to 10% of Sub-total in #8)	\$8,524
10. HUD funded Sub-total + Admin. Requested	\$130,292
11. Cash Match (From Screen 6D)	\$33,000
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$33,000
14. 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	2024 HMIS Funding...	09/25/2024
3) Other Attachment	No	2024 HMIS Renewal...	09/25/2024

Attachment Details

Document Description: BBCoC Non-Profit Status Ltr

Attachment Details

Document Description: 2024 HMIS Funding Match

Attachment Details

Document Description: 2024 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: Johnna Coleman

Date: 09/25/2024

Title: Executive 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	09/16/2024
1B. SF-424 Legal Applicant	09/16/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2024
1E. SF-424 Compliance	09/16/2024
1F. SF-424 Declaration	09/16/2024
1G. HUD 2880	09/16/2024

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1H. HUD-50070	09/16/2024
1I. Cert. Lobbying	09/16/2024
1J. SF-LLL	09/16/2024
IK. SF-424B	09/16/2024
Submission Without Changes	09/16/2024
Recipient Performance	09/16/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/16/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/16/2024
3B. Description	09/16/2024
4A. HMIS Standards	09/16/2024
6A. Funding Request	09/16/2024
6D. Match	09/16/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2024
7B. Certification	09/25/2024

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**

September 24, 2024

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 # FL0355L4H062314-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 10/1/24- 9/30/25.

Please let me know if you need additional information.

Best Regards,

Kimball Thomas

Kimball Thomas, PhD
Director of Housing and Community Resilience Department

2024-25 HMIS Renewal Application

Click any item below to link to that page

SECTION 00: APPLICATION

HMIS Project Renewal Application See separate attachment

SECTION 01: ADMIN

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Applicant ESNAPS Profile 65

Staff ELOCCS Profiles 66

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(NOTE: Point in Time results included in SPM presentation on page 99)

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Click any item above to link to that page



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DB-14
R. 01-18

CE 8017876-000-1	05/08/2028	05/31/2028	DOMINIC ORGANIZATION
Card Issued To	Expiration Date	Expiration Date	Exempt Organization
This certifies that			

BANKING AND FINANCE ASSISTANCE DIVISION
 CE DIVISION
 2007 GULLAWAY AVENUE 200
 TALLAHASSEE FL 32310-5228

This exemption relieves payment of Florida sales and use tax on real property, motor, bank and retail property rentals, tangible personal property purchased or used and services purchased.



Important Information for Exempt Organizations

DB-14
R. 01-18

1. You must purchase all services and supplies with an exemption certificate before making tax-exempt purchases. See Rule 12A.1068, Florida Administrative Code (F.A.C.).
2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's exclusively non-profit activities.
3. Purchases made by an individual on his or her own behalf are not exempt if the organization or a taxable item of the individual will be liable for taxes by the organization.
4. This exemption applies only to purchases your organization makes. The sales tax on all others or tangible personal property, including motor vehicles, or other real property, is taxable. Your organization must register and collect and remit sales and use tax on such taxable transactions. Churches are exempt from this requirement except when they are the lessor of real property (Fla. Stat. § 212.01, F.A.C.).
5. If it is determined to be fraudulent or otherwise used to evade the payment of sales tax, the person in the instances should then be liable for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will require the revocation of the certificate.
6. If you have questions about your exempt certificate, please call Taxpayer Services at 850-488-6900. The toll-free 1-800-488-6900 (Toll-free) Tallahassee, FL 32304-5480.

Sort by

Date Modified/Upda

Showing 1 - 1 of 1 results

APALACHEE REGIONAL PLANNING COUNCIL ● Active Registration

Unique Entity ID	CAGE Code	Physical Address
ZP4NRU21LL94	3GBV9	2507 CALLAWAY RD STE 100, TALLAHASSEE, FL 32303 USA

Entity

Expiration Date
Dec 11, 2024

Purpose of Registration
Federal Assistance Awa



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:



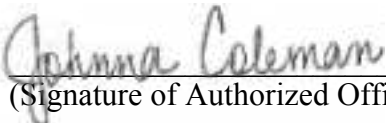
Larry Hayes, Director
(Typed Name and Title)

August 1, 2023
(Date)

RECIPIENT

Apalachee Regional Planning Council
(Name of Organization)

By:



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).

Renewal Project Application
FY2024

Applicant Name:
Apalachee Regional
Planning Council
Applicant Number:
FL-506 CoC
Project Name:
HMIS Renewal FY2024
Project Number:
221979

Renewal Project
Application FY2024

- Before Starting
- Part 1 - Forms
 - 1A. SF-424 Application Type
 - 1B. SF-424 Legal Applicant
 - 1C. SF-424 Application Details
 - 1D. SF-424 Congressional District(s)
 - 1E. SF-424 Compliance
 - 1F. SF-424 Declaration
 - 1G. HUD 2880
 - 1H. HUD-50070
 - 1I. Cert. Lobbying
 - 1J. SF-LLL
 - 1K. SF-424B
- Information About Submission without Changes
 - Submission Without Changes
 - Recipient Performance
 - Renewal Grant Consolidation or Renewal Grant Expansion
- Part 2 - Subrecipient Information
 - 2A. Subrecipients
- Part 3 - Project Information
 - 3A. Project Detail
 - 3B. Description
- Part 4 - Housing, Services, and HMIS
 - 4A. HMIS Standards
- Part 6 - Budget Information

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 <small>(Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)</small>	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)	\$0
7. Rural (Enter) <small>(Only for HUD CoC Program approved rural areas)</small>	\$0
8. Sub-total of CoC Program Costs Requested	\$121,768
9. Admin <small>(Up to 10% of Sub-total in #8)</small>	\$8,524
10. HUD funded Sub-total + Admin. Requested	\$130,292
11. Cash Match (From Screen 6D)	\$33,000
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$33,000
14. Total Project Budget for this grant, including Match	\$163,292

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT
SEPTEMBER 30, 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Big Bend Homeless Assistance Continuum of Care, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Big Bend Homeless Assistance Continuum of Care, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Big Bend Homeless Assistance Continuum of Care, Inc. as of September 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Big Bend Homeless Assistance Continuum of Care, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Big Bend Homeless Assistance Continuum of Care, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Big Bend Homeless Assistance Continuum of Care, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis 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 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, 2024, on our consideration of Big Bend Homeless Assistance Continuum of Care, Inc.'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 solely 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 the effectiveness of Big Bend Homeless Assistance Continuum of Care, Inc.'s 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 Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control over financial reporting and compliance.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2024

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2023

ASSETS

CURRENT ASSETS	
Cash	\$ 113,669
Grants receivable	155,338
Prepaid expenses	<u>1,875</u>
Total current assets	270,882
Operating lease right of use asset, net	187,291
Deposits	<u>3,400</u>
TOTAL ASSETS	<u><u>\$ 461,573</u></u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts payable	\$ 117,168
Deferred revenue	101,026
Operating lease liability - current portion	<u>29,680</u>
Total current liabilities	247,874
Operating lease liability - less current portion	157,611
Total liabilities	<u>405,485</u>
NET ASSETS	
Without donor restrictions	<u>56,088</u>
Total net assets	<u>56,088</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 461,573</u></u>

The accompanying notes to financial statements are an integral part of this statement.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED SEPTEMBER 30, 2023

Revenue and support	
Federal grants	\$ 1,238,964
State grants	195,232
Membership dues	5,916
Contributions	3,492
Other income	15,131
Total revenue and support	<u>1,458,735</u>
Expenses	
Program services	1,320,422
Supporting services	89,508
Total expenses	<u>1,409,930</u>
Change in net assets	48,805
Net assets without donor restrictions, beginning of year	<u>7,283</u>
Net assets without donor restrictions, end of year	<u><u>\$ 56,088</u></u>

The accompanying notes to financial statements are an integral part of this statement.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2023

	Supporting Services				Total
	Program Services	Management and General	Fundraising	Total Supporting Services	
Advertising	\$ -	\$ -	\$ 1,186	\$ 1,186	\$ 1,186
Contract services	591,605	70,834	-	70,834	662,439
Insurance	-	2,066	-	2,066	2,066
Miscellaneous	-	3,593	-	3,593	3,593
Occupancy	20,613	2,290	-	2,290	22,903
Professional fees	-	6,750	-	6,750	6,750
Program expense	19,285	-	-	-	19,285
Grants to subrecipients	669,710	-	-	-	669,710
Supplies	2,371	-	-	-	2,371
Technology and subscriptions	7,826	1,956	-	1,956	9,782
Telephone	3,333	833	-	833	4,166
Travel and meetings	5,679	-	-	-	5,679
	\$ 1,320,422	\$ 88,322	\$ 1,186	\$ 89,508	\$ 1,409,930

The accompanying notes to financial statements are an integral part of this statement.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2023

Cash flows from operating activities	
Change in net assets	\$ 48,805
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Increase in grants receivable	(119,236)
Increase in prepaid expenses	(1,875)
Increase in operating lease right of use asset	(187,291)
Increase in deposits	(3,400)
Increase in accounts payable	33,563
Increase in deferred revenue	101,026
Increase in operating lease liability	187,291
Total adjustments	<u>10,078</u>
Net cash provided by operating activities	<u>58,883</u>
Net increase in cash and cash equivalents	58,883
Cash and cash equivalents at beginning of year	<u>54,786</u>
Cash and cash equivalents at end of year	<u><u>\$ 113,669</u></u>
 Supplemental disclosures of cash flow information	
Cash paid during the year for:	
Interest	<u><u>\$ -</u></u>
Income taxes	<u><u>\$ -</u></u>

The accompanying notes to financial statements are an integral part of this statement.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2023

NOTE 1: NATURE OF OPERATIONS

Big Bend Homeless Assistance Continuum of Care, Inc. (the “Organization”) is a nonprofit organization incorporated on February 28, 2017 in the state of Florida. They received a determination letter from the IRS to be treated as a 501(c)(3) tax exempt organization on February 15, 2020. The Organization operates as a membership planning and oversight body for the eight-county region of the Big Bend of Florida, which includes Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties. Their mission is to address homelessness through a proactive and integrated approach using their Homelessness Continuum of Care. They are dedicated to providing individuals experiencing homelessness with a comprehensive range of services and support, guiding them towards stable housing and self-sufficiency. The Organization is primarily supported through federal and state grants.

During the period February 28, 2017 until September 30, 2022, all financial activity was reported in a special revenue fund of the Apalachee Regional Planning Council (“ARPC”)(a local governmental agency). ARPC was a collaborative applicant to receive and manage all the grants of the Big Bend Homeless Assistance Continuum of Care, Inc (“BBCoC”). Effective October 1, 2022, the majority of grants were awarded directly to BBCoC. BBCoC is still working with the ARPC on several programs as contractors and grant subrecipients.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the more significant accounting policies and practices of the Organization:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Net assets without donor restriction – Net assets available for use in general operations that are not subject to donor-imposed stipulations. Any restricted net assets that are received and expensed in the same fiscal year are classified as net assets without donor restrictions.
- Net assets with donor restrictions – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time. The Organization had no net assets with donor restrictions at September 30, 2023.

Use of 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Liquidity

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and their maturity and resulting use of cash, respectively. See Note 5 for more information on liquidity and availability of assets.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Grants Receivable

All grants receivable are considered to be fully collectible and accordingly, no provision for allowance for doubtful accounts has been recorded in the statement of financial position.

Prepaid Expenses

The Organization records prepaid expenses on its statement of financial position when funds are expended in the current year for an expense of a subsequent period. In subsequent periods when the expense is actually incurred, the asset is removed from the statement of financial position and the expense is recognized.

Accounts Payable

Accounts payable consists of grants payable to subrecipients.

Deferred Revenue

Deferred revenue represents advances of grant revenue and membership revenue collected in advance of the membership year.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses that directly relate to a program are distributed to that program, while other expenses are allocated based upon management's estimate of the percentage attributable to each program.

Revenue Recognition

The Organization recognizes contributions of cash or other assets as restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as revenue without donor restrictions.

Grant revenues include amounts derived from cost-reimbursement federal and state grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Revenues are recognized when the Organization has incurred expenditures in compliance with grant provisions.

Income Taxes

The Organization is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code; therefore, no provision for income taxes has been made in these financial statements. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions as provided in Section 170(b)(1)(A)(vi).

The Organization has implemented the accounting guidance for uncertainty in income taxes. Management believes there are no uncertain tax positions that qualify for recognition or disclosure in the financial

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

statements. The Organization is not aware of any activities that would jeopardize their tax-exempt status. Tax years after September 30, 2020 remain subject to examination by taxing authorities.

Contributed Services

Many individuals volunteer their time to assist the Organization with conducting surveys and data entry for their annual Point in Time count. Management estimates that it receives approximately 788 hours of volunteer time from 50 volunteers throughout the week-long event. The volunteer hours have not been recorded in the statement of activities as these services do not meet the criteria for recognition as contributed services.

New Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which supersedes existing guidance for accounting for leases under *Topic 840, Leases*. The FASB also subsequently issued the following additional ASUs, which amend and clarify Topic 842: ASU 2018-01, *Land Easement Practical Expedient for Transition to Topic 842*; ASU 2018-10, *Codification Improvements to Topic 842, Leases*; ASU 2018-11, *Leases (Topic 842): Targeted Improvements*; ASU 2018-20, *Narrow-scope Improvements for Lessors*; and ASU 2019-01, *Leases (Topic 842): Codification Improvements*; ASU 2020-05, *Leases (Topic 842): Lessors—Certain Leases with Variable Lease Payments*; and ASU 2021-09, *Leases (Topic 842): Discount Rate for Lessees That Are Not Public Business Entities*. The most significant change in the new leasing guidance is the requirement to recognize right-of-use (ROU) assets and lease liabilities for operating leases on the statement of financial position.

The Organization elected to adopt these ASUs effective October 1, 2022 and utilized all of the available practical expedients. The adoption had a material impact on the Organization's statement of financial position but did not have a material impact on the statement of activities. The most significant impact was the recognition of ROU assets and lease liabilities for operating leases. There was no impact on beginning net assets due to there being no material lease liability remaining on the lease of office space that expired during the year ended September 30, 2023. A new lease was entered into in September of 2023. See Note 7 for information regarding the new lease.

Under ASU 2021-09, *Leases (Topic 842): Discount Rate for Lessees That Are Not Public Business Entities*, the Organization has elected to use a risk-free rate as the discount rate for all leases if a rate is not implicit in the lease.

NOTE 3: CONCENTRATION OF CREDIT RISK

The Organization maintains its cash balances in one financial institution located in Tallahassee, Florida. The balances at the financial institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At September 30, 2023, the Organization had no uninsured cash balances.

NOTE 4: ECONOMIC DEPENDENCY

The Organization receives a substantial amount of its support from federal and state grants (approximately 98% during the year ended September 30, 2023). The current level of the Organization's operations and program services may be impacted, or segments discontinued if the funding is not renewed.

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2023

NOTE 5: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization has \$269,007 of financial assets available for general expenditure within one year of the date of the statement of financial position, consisting of cash of \$113,669 and grants receivable of \$155,338.

NOTE 6: ADVERTISING

The Organization uses advertising to promote its programs and events among the audiences it serves. Advertising expenses are expensed as incurred. During the year ended September 30, 2023, advertising expense totaled \$1,186.

NOTE 7: LEASES

The Organization conducts its operations from a leased office space in Tallahassee, Florida. In September of 2023, the Organization entered into a five-year lease for office space. Escalating payments are due monthly beginning November of 2023 through October of 2028. The lease does not provide an implicit rate, therefore the Organization elected to use a discount rate of 4.67% which is the risk-free rate.

Future minimum lease payments as of September 30, 2023 were as follows:

<u>Year Ending September 30:</u>	
2024	37,125
2025	41,243
2026	42,073
2027	42,906
2028	43,759
2029	<u>3,652</u>
Total future minimum lease payments	210,758
Less: present value discount	<u>(23,467)</u>
Present value of future minimum lease payments	<u><u>187,291</u></u>

NOTE 8: CONTRACT SERVICES

The Organization contracts with Apalachee Regional Planning Council (“ARPC”) to provide personnel and oversight services for the Organization. During the year ended September 30, 2023, the amount paid to ARPC for these services was \$662,439.

NOTE 9: SUBSEQUENT EVENTS

Subsequent events were evaluated through April 11, 2024, which is the date the financial statements were available to be issued.

**BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2023**

<u>FEDERAL GRANTOR / PASS-THROUGH GRANTOR / PROGRAM TITLE</u>	<u>ALN</u>	<u>Contract #</u>	<u>Grant Amount</u>	<u>Total Expenditures</u>	<u>Pass-through to Subrecipients</u>
<i>U.S. Department of Housing and Urban Development</i>					
<i>Passed Through the Department of Children and Families</i>					
Emergency Solutions Grant (ESG)	14.231	BPZ12	\$ 150,000	\$ 147,097	\$ 144,248
Emergency Solutions Grant - CV (ESG-CV)	14.231	BPZ12	237,791	88,766	85,080
<i>Passed Through the City of Tallahassee</i>					
Emergency Solutions Grant (ESG)	14.231	995112	158,153	41,148	-
Emergency Solutions Grant (ESG)	14.231	994242	157,307	157,307	-
<i>Passed Through Apalachee Regional Planning Council</i>					
Continuum of Care - Homeless Management Information System	14.267	FL0355L4H062112	130,292	130,292	-
Continuum of Care - Homeless Management Information System	14.267	FL0355L4H062213	130,292	45,427	-
Continuum of Care - Planning	14.267	FL0889L4H062100	74,278	74,278	-
Continuum of Care - Planning	14.267	FL0957L4H062200	74,278	5,982	-
			<u>1,112,391</u>	<u>690,297</u>	<u>229,328</u>
<i>U.S. Department of Treasury</i>					
<i>Passed Through the City of Tallahassee</i>					
Coronavirus State and Local Fiscal Recovery Funds (SLFRF)	21.027	995105	631,680	289,120	119,113
<i>Passed Through Leon County</i>					
Coronavirus State and Local Fiscal Recovery Funds (SLFRF)	21.027	995105	778,320	224,081	233,582
			<u>1,410,000</u>	<u>513,201</u>	<u>352,695</u>
<i>U.S. Department of Health and Human Services</i>					
<i>Passed Through the Department of Children and Families</i>					
Temporary Assistance for Needy Families	93.558	BPZ12	32,250	35,466	34,406
			<u>32,250</u>	<u>35,466</u>	<u>34,406</u>
Total Federal Awards			<u>\$ 2,554,641</u>	<u>\$ 1,238,964</u>	<u>\$ 616,429</u>

**BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2023**

Note 1 – Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of Big Bend Homeless Assistance Continuum of Care, Inc. (the “Organization”) and is presented on the accrual basis of accounting. 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). Therefore, some amounts presented in this Schedule may differ from amounts presented in or used in the preparation of the basic financial statements.

Note 2 – Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3 – Indirect Cost Rate

The Organization has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

Note 4 – Contingencies

Grant monies received and disbursed by the Organization 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 Organization does not believe that such disallowances, if any, would have a material effect on the financial position of the Organization.

Note 5 – Subrecipients

For the year ended September 30, 2023, the Organization passed \$616,429 through to subrecipients.

**BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2023**

Section I - Summary of Auditor's Results

Financial Statements

1. Type of auditor's report issued: Unmodified
2. Internal control over financial reporting:
- Material weakness identified? ___ yes X no
- Significant deficiency identified? ___ yes X none noted
3. Noncompliance material to financial statements noted? ___ yes X no

Federal Awards

1. Internal control over major federal programs:
- Material weakness identified? ___ yes X no
- Significant deficiency identified? ___ yes X none noted
2. Type of auditor's report issued on compliance for major federal programs: Unmodified
3. Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? ___ yes X no

Identification of Major Federal Programs

Name of Federal Program(s)	Assistance Listing Number(s)
Coronavirus State and Local Fiscal Recovery Funds (SLFRF)	21.027
Dollar threshold used to distinguish between Type A and Type B programs:	<u>\$750,000</u>
Auditee qualified as low-risk auditee?	___ yes <u>X</u> no

Section II - Financial Statement Findings

None noted for the year ended September 30, 2023.

Section III - Findings and Questioned Costs - Federal Award Programs

None noted for the year ended September 30, 2023.

Section IV - Summary Schedule of Prior Audit Findings Relative to Federal Awards

No prior audit findings.

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

To the Board of Directors of
Big Bend Homeless Assistance Continuum of Care, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Big Bend Homeless Assistance Continuum of Care, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Big Bend Homeless Assistance Continuum of Care, Inc.'s major federal programs for the year ended September 30, 2023. Big Bend Homeless Assistance Continuum of Care, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Big Bend Homeless Assistance Continuum of Care, Inc. complied, in all material respects, with the types of 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, 2023.

Basis for Opinion on Each Major Federal Program

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 for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Big Bend Homeless Assistance Continuum of Care, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Big Bend Homeless Assistance Continuum of Care, Inc.'s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Big Bend Homeless Assistance Continuum of Care, Inc.'s federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion

on Big Bend Homeless Assistance Continuum of Care, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Big Bend Homeless Assistance Continuum of Care, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Big Bend Homeless Assistance Continuum of Care, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on 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 a 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 in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However,

material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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 the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Moran & Smith LLP

Moran & Smith LLP
Tallahassee, Florida
April 11, 2024

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 Board of Directors of
Big Bend Homeless Assistance Continuum of Care, Inc.

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 Big Bend Homeless Assistance Continuum of Care, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 11, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control over financial reporting (internal control) as a basis for designing 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 Big Bend Homeless Assistance Continuum of Care, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Big Bend Homeless Assistance Continuum of Care, Inc.'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 or significant deficiencies may exist that were not identified.

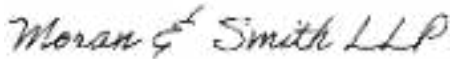
Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Big Bend Homeless Assistance Continuum of Care, Inc.'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 financial statements. 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 organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Moran & Smith LLP".

Moran & Smith LLP
Tallahassee, Florida
April 11, 2024

MORAN & SMITH, LLP
2260 WEDNESDAY STREET SUITE 400
TALLAHASSEE, FL 32308
(850) 879-0636
cmoran@moransmithcpa.com

April 11, 2024

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC
1820 E. PARK AVE, #203
TALLAHASSEE, FL 32303

Dear Client,

Enclosed is the 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, for BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC for the tax year ending September 30, 2023.

Your 2022 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Christopher H. Moran

2022 Exempt Organization Business Tax Return
prepared for:

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC
1820 E. PARK AVE, #203
TALLAHASSEE, FL 32303

MORAN & SMITH, LLP
2260 WEDNESDAY STREET SUITE 400
TALLAHASSEE, FL 32308

(850)879-0636

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **Oct 1**, **2022**, and ending **Sep 30**, **2023**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1820 E. PARK AVE 203
 City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE, FL 32303

D Employer identification number
82-0710839

E Telephone number
(850) 792-5015

F Name and address of principal officer:
JOHNNA COLEMAN, 1820 E. PARK AVE SUITE 203, Tallahassee, FL 32303

G Gross receipts **\$1,458,735.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.bigbendcoc.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2017**

M State of legal domicile: **FL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Develop and implement strategies to help end homelessness in the Big Bend of Florida through accurate and meaningful data, high-quality best practices and evidence based interventions.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,805,441.	1,443,604.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,764.	15,131.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,820,205.	1,458,735.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,119,973.	669,710.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	88,505.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,186.	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	651,664.	740,220.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,860,142.	1,409,930.
19	Revenue less expenses. Subtract line 18 from line 12	-39,937.	48,805.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	90,888.	461,573.
	22	Net assets or fund balances. Subtract line 21 from line 20	83,605.	405,485.
			7,283.	56,088.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JOHNNA COLEMAN, EXECUTIVE DIRECTOR** Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Christopher H. Moran** Preparer's signature: **Christopher H. Moran** Date: **04/11/2024** Check if self-employed PTIN: **P00071006**

Firm's name: **MORAN & SMITH, LLP** Firm's EIN: **45-2773421**

Firm's address: **2260 WEDNESDAY STREET SUITE 400, TALLAHASSEE, FL 32308** Phone no.: **(850) 879-0636**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Develop and implement strategies to help end homelessness in the
Big Bend of Florida through accurate and meaningful data, high-quality best
practices and evidence based interventions.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,005,709. including grants of \$ 669,710.) (Revenue \$ 1,117,045.)

Engagement, rental and utility assistance for homeless persons and families.

4b (Code: _____) (Expenses \$ 314,713. including grants of \$ 0.) (Revenue \$ 349,553.)

Service coordination of homeless services in the Big Bend.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 1,320,422.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		2 X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		3 X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		4 X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		5 X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		6 X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		7 X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		8 X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		9 X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		10 X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		11a X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		11b X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		11c X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		11d X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		11f X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		12b X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		13 X
14a Did the organization maintain an office, employees, or agents outside of the United States?		14a X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		14b X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		15 X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		16 X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		17 X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		18 X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		19 X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		20a X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 LONA FORD, 1820 E PARK AVE SUITE 203, TALLAHASSEE, FL 32303 (850) 792-5015

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE WILLIAMS COX DIRECTOR	2.00	X								
(2) RICK MINOR DIRECTOR	2.00	X								
(3) NOAH LOCKLEY DIRECTOR	2.00	X								
(4) ERIC F HINSON DIRECTOR	2.00	X								
(5) STEVEN WALKER DIRECTOR	2.00	X								
(6) DOYLE BROWN DIRECTOR	2.00	X								
(7) DONNIE WALDREP DIRECTOR	2.00	X								
(8) THOMAS DEMPS DIRECTOR	2.00	X								
(9) CHUCK HESS DIRECTOR	2.00	X								
(10) JOHNNA COLEMAN DIRECTOR	2.00	X								
(11) FRANK NORRIS SECRETARY	4.00	X		X						
(12) JIM MCSHANE TREASURER	4.00	X		X						
(13) JEANNE FREEMAN CHAIR	4.00	X		X						
(14) BARBARA WILLS VICE CHAIR	4.00	X		X						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) EMILY MITCHEM DIRECTOR	2.00	X								
(16) MANDY BIANCHI DIRECTOR	2.00	X								
(17) HOLLY BERNARDO DIRECTOR	2.00	X								
(18) HORACE FRED THOMPSON DIRECTOR	2.00	X								
(19) BRENDA WILLIAMS DIRECTOR	2.00	X								
(20) JAY REEVE DIRECTOR	2.00	X								
(21) GWEN VIROSTEK DIRECTOR	2.00	X								
(22) MELISSA RADEY DIRECTOR	2.00	X								
(23) MICHAEL HIGHTOWER DIRECTOR	2.00	X								
(24) VICKI BUTLER DIRECTOR	2.00	X								
(25) CHUCK WHITE DIRECTOR	2.00	X								
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
APALACHEE REGIONAL PLANNING COUNCIL, 2507 CALLAWAY RD #100, TALLAHASSEE, FL 32303	Provide personnel and oversight services.	662,439.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0.				
	b	Membership dues	1b 5,916.				
	c	Fundraising events	1c 0.				
	d	Related organizations	1d 0.				
	e	Government grants (contributions)	1e 1,434,196.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,492.				
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		1,443,604.			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue . .					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	OTHER INCOME	Business Code 900099	15,131.	15,131.	0.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		15,131.			
12	Total revenue. See instructions		1,458,735.	15,131.	0.	41 0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	669,710.	669,710.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	662,439.	591,605.	70,834.	0.
b Legal				
c Accounting	6,750.	0.	6,750.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,186.	0.	0.	1,186.
13 Office expenses	6,537.	5,704.	833.	0.
14 Information technology	9,782.	7,826.	1,956.	0.
15 Royalties				
16 Occupancy	22,903.	20,613.	2,290.	0.
17 Travel	3,119.	3,119.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,560.	2,560.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,066.	0.	2,066.	0.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSE	19,285.	19,285.	0.	0.
b				
c				
d				
e All other expenses	3,593.	0.	3,593.	0.
25 Total functional expenses. Add lines 1 through 24e	1,409,930.	1,320,422.	88,322.	1,186.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	54,786.	1	113,669.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	36,102.	3	155,338.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	0.
	8 Inventories for sale or use		8	0.
	9 Prepaid expenses and deferred charges		9	1,875.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	187,291.
	15 Other assets. See Part IV, line 11		15	3,400.
16 Total assets. Add lines 1 through 15 (must equal line 33)		90,888.	16	461,573.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	83,605.	18	117,168.
	19 Deferred revenue		19	101,026.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	187,291.
	26 Total liabilities. Add lines 17 through 25		83,605.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,283.	27	56,088.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,283.	32	56,088.
33 Total liabilities and net assets/fund balances	90,888.	33	461,573.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,458,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,409,930.
3	Revenue less expenses. Subtract line 2 from line 1	3	48,805.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,283.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,088.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	X	



Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

Continuation Statement

Name and title	Average hours per week (list any hours for related organizations on the right)		Position						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			C1 - Individual trustee or director C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former								
			C1	C2	C3	C4	C5	C6			
TAYLOR BIRO DIRECTOR	2.00		X								
FATIMA OLEABHIELE DIRECTOR	2.00		X								
MATTHEW KNEE DIRECTOR	2.00		X								
LIZBETH MURPHY DIRECTOR	2.00		X								
GREG DOWNEY DIRECTOR	2.00		X								
JOHNNA COLEMAN EXECUTIVE DIRECTOR	2.00				X						
									0.	0.	0.

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC	Employer identification number 82-0710839
---	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1,805,441.	1,443,604.	3,249,045.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0.		0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0.		0.
4 Total. Add lines 1 through 3				1,805,441.	1,443,604.	3,249,045.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,249,045.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4				1,805,441.	1,443,604.	3,249,045.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				0.		0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0.		0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				14,764.	15,131.	29,895.
11 Total support. Add lines 7 through 10						3,278,940.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.09 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.19 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10: Other Income Part II, Line 10 Description: Other Income 2021: 14764.

2022: 15131.

DO NOT MAIL

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC
Employer identification number: 82-0710839

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	187,291.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	187,291.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information *(continued)*

DO NOT MAIL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC

Employer identification number

82-0710839

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC. 1823 BUFORD CT TALLAHASSEE FL 32308	59-2091522		101,293.				HOMELESS OUTREACH PROGRAMS
(2) BIG BEND HOMELESS COALITION INC 2729 WEST PENSACOLA ST TALLAHASSEE FL 32304	59-2898810		320,140.				HOMELESS OUTREACH PROGRAMS
(3) CAPITAL CITY YOUTH SERVICES INC 2407 ROBERTS AVE TALLAHASSEE FL 32310	59-3184365		63,906.				HOMELESS OUTREACH PROGRAMS
(4) CATHOLIC CHARITIES OF NW FL 1380 BLOUNTSTOWN HWY TALLAHASSEE FL 32304	59-3213644		102,478.				HOMELESS OUTREACH PROGRAMS
(5) CESC INC 2650 Municipal Way TALLAHASSEE FL 32304	474589916		53,677.				HOMELESS OUTREACH PROGRAMS
(6) EMERGENCY CARE HELP ORGANIZATION 548 EAST BRADFORD RD TALLAHASSEE FL 32303	592290628		10,571.				HOMELESS OUTREACH PROGRAMS
(7) INVESTING IN OUR YOUTH 155 MARTIN ST QUINCY FL 32351	593424875		17,645.				HOMELESS OUTREACH PROGRAMS
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC

Employer identification number

82-0710839

Pt VI, Line 12c: Yes, all staff is required to review and acknowledge the written
code of conduct annually.

Pt VI, Line 11b: Yes, it is emailed out to the organization.

DO NOT MAIL

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning Oct 1, 2022, and ending Sep 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer BIG BEND HOMELESS ASSISTANCE CONTINUUM OF CARE INC	EIN or SSN 82-0710839
Name and title of officer or person subject to tax JOHNNA COLEMAN, EXECUTIVE DIRECTOR	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b _____ 0.
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MORAN & SMITH, LLP to enter my PIN

1	0	8	3	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 04/11/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

--	--	--	--	--	--	--	--	--	--	--

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 04/11/2024

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So



**CITY OF
TALLAHASSEE**

September 24, 2024

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 # FL0355L4H062314-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 10/1/24- 9/30/25.

Please let me know if you need additional information.

Best Regards,

Kimball Thomas

Kimball Thomas, PhD
Director of Housing and Community Resilience Department

- 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@thearpc.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

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Workspace

Applicants
Funding Opportunity Registrations
Projects
Submissions

Contact Us

User Account

:: First Name:
 Middle Name:
 :: Last Name:

 :: Email:
 :: Email Confirm:

 :: Default Application Language:

* User Name: elayton

Use the **Update Primary** button to add/update your organizations primary email address. Please note that by default, this address will receive all generated eLOCCS emails

Use the **Add Additional** button to add any additional email addresses.



Don't forget to assign additional addresses to a type of email from the [Maintain Email Assignments](#) option.

PRIMARY Email Address: (Primary receives ALL LOCCS Emails)

Name : APALACHEE REGIONAL PLANNING COUNCIL
Email : iford@bigbendcoc.org

Update Primary

ADDITIONAL Email Addresses: (Click the name link to modify or delete)

	Name	Email	Phone	Ext.
1)	Johnna Coleman	jcoleman@bigbendcoc.org	(850)-792-5015	1001
2)	Lona Ford	lford@bigbendcoc.org	(850)-792-5015	1003

Add Additional

PIT submitted



automail@mail.hudhdx2.info

To: Eric Layton
Cc: Eric Layton; Johnna Coleman

Reply Reply All Forward ...

Fri 5/10/2024 8:27 AM

You forwarded this message on 5/10/2024 8:29 AM.

Hello,

This is to inform you that a PIT dataset was submitted in HDX 2.0 (<https://hudhdx2.info>). The PIT for FL-506: Tallahassee/Leon County CoC has been submitted by Eric + Layton (elayton@bigbendcoc.org) on Fri May 10 2024 12:26:58 GMT+0000 (Coordinated Universal Time).

Thank you for participating in the PIT this year.

- HDX Review Team

HIC submitted



automail@mail.hudhdx2.info
To: Eric Layton
Cc: Eric Layton; Johnna Coleman

Reply Reply All Forward ...

Thu 5/9/2024 10:41 AM

You forwarded this message on 5/9/2024 10:41 AM.

Hello,

This is to inform you that a HIC dataset was submitted in HDX 2.0 (<https://hudhdx2.info>). The HIC for FL-506: Tallahassee/Leon County CoC has been submitted by Eric + Layton (elayton@bigbendcoc.org) on Thu Apr 25 2024 19:05:37 GMT+0000 (Coordinated Universal Time).

Thank you for participating in the HIC this year.

- HDX Review Team

2024 Housing Inventory Count Summary Report

ProjectName	PitCount		ProjectType
FL506 - BBCoC: Refuge House - Extended Stay (TH)	11	11	100% TH: Transitional Housing
FL506 - BBCoC: Refuge House - Townhome Village (TH)	34	34	100% TH: Transitional Housing
FL506 - BBCoC: Family Promise - SSVF Rapid Rehousing (RRH)	63	63	100% RRH: Rapid Re-Housing
FL506 - BBCoC: Family Promise - Home Base (HUD) (RRH)	3	3	100% RRH: Rapid Re-Housing
FL506 - BBCoC: CCYS - Someplace Else Crisis Youth Shelter (ES)	12	8	66.67% ES: Emergency Shelter (Entry/Exit)
FL506 - BBCoC: Catholic Charities - Rapid Rehousing (DCF Challenge) (RRH)	17	17	100% RRH: Rapid Re-Housing
FL506 - BBCoC: Catholic Charities - Rapid Rehousing (DCF ESG) (RRH)	7	7	100% RRH: Rapid Re-Housing
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)	377	323	85.68% ES: Emergency Shelter (Entry/Exit)
FL506 - BBCoC: VA - HUD VASH (Scattered Site) (PSH)	221	221	100% PSH: Permanent Supportive Housing
FL506 - BBCoC: Tallahassee Veterans Village (TH)	52	49	94.23% TH: Transitional Housing
FL506 - BBCoC: Brehon Institute (TH)	18	4	22.22% TH: Transitional Housing
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	46	46	100% PSH: Permanent Supportive Housing
FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	19	19	100% PSH: Permanent Supportive Housing
FL506 - BBCoC: Family Promise - HOPE Community Family ES (ES)	146	93	63.70% ES: Emergency Shelter (Entry/Exit)
FL506 - BBCoC: Family Promise - Home Place at Balkin (PSH)	18	13	72.22% PSH: Permanent Supportive Housing
FL506 - BBCoC: Family Promise - Home Plate (CoC-PSH)	64	58	90.63% PSH: Permanent Supportive Housing
FL506 - BBCoC: Family Promise - Home Front Veterans Community (PSH)	52	35	67.31% PSH: Permanent Supportive Housing
FL506 - BBCoC: Refuge House - 360 (TH)	14	14	100% TH: Transitional Housing
FL506 - BBCoC: Refuge House - Leon (ES)	32	32	100% ES: Emergency Shelter (Entry/Exit)
FL506 - BBCoC: Refuge House - Taylor Co (ES)	13	13	100% ES: Emergency Shelter (Entry/Exit)
FL506 - BBCoC: Ability 1st - Step up from PSH (PSH)	6	6	100% PSH: Permanent Supportive Housing
FL506 - BBCoC: Ability 1st - PSH (CHSP) (PSH)	16	16	100% PSH: Permanent Supportive Housing
FL506 - BBCoC: CCYS - Transitional Living Program (TH)	15	14	93.33% TH: Transitional Housing
FL506 - BBCoC: Family Promise - Home Run - (CHSP) (PH)	65	3	4.62% OPH: Other Permanent Housing
FL506 - BBCoC: Refuge House - Scattered Site (TH)	29	29	100% TH: Transitional Housing
FL506 - BBCoC: Ability 1st - Rapid Rehousing (DCF-ESG-CV3) (RRH)	4	4	100% RRH: Rapid Re-Housing
FL506 - BBCoC: Big Bend Cares - SURE (HRSA RWHAP) Rapid Rehousing	50	50	100% RRH: Rapid Re-Housing

File Message Help Acrobat

RE: CAPER Submission Confirmation



Flynn, Patrick <Patrick.Flynn@myflfamilies.com>

To  Eric Layton↩ Reply ↩ Reply All ➔ Forward ⋮

Mon 9/23/2024 10:57 AM

To whom it may concern,

This email is confirmation that Big Bend Continuum of Care, FL-506 successfully uploaded the annual ESG CAPER's report prior to the deadline. If you have any questions, please call me.

Thank you,

Pat.

Patrick W. Flynn
Government Operations Consultant II
Homelessness Section
Office of Community Services
Department of Children and Families
850-717-4751
Patrick.flynn@myflfamilies.com

Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
313385	09/17/2024 03:08:31 PM (2.83 mins)	EsgCaper		Eric Layton	FL506 - BBCoC: Big Bend Continuum of Care	Eric Layton	Completed

Showing 1-1 of 1

Report Options

Name	
Description	
Provider Type	<input type="radio"/> Provider <input checked="" type="radio"/> Reporting Group
Reporting Group	FL506_ALL_2024
Program Date Range	10/01/2023 to 09/30/2024
Entry/Exit Types	<input type="checkbox"/> Basic <input checked="" type="checkbox"/> HUD <input checked="" type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input checked="" type="checkbox"/> RHY <input type="checkbox"/> Standard <input checked="" type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

ESG CAPER Report Results - Date Ran: 09/17/2024 03:08:31 PM - Report ID: 313385

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st	9346	Services Only (HUD)		Missing	Yes	9346	FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	0	0											
FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	FL506 - BBCoC: Ability 1st - APCH_Families (PSH)	9368	PH - Permanent Supportive Housing (disability required for entry) (HUD)		No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	33	10											
FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	FL506 - BBCoC: Ability 1st - APCH_Individuals (PSH)	9367	PH - Permanent Supportive Housing (disability required for entry) (HUD)		No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	43	43											
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - PSH (CHSP) (PSH)	9744	PH - Permanent Supportive Housing (disability required for entry) (HUD)		No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	16	5											
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Rapid Rehousing (Challenge) (RRH)	10064	PH - Rapid Re-Housing (HUD)	RRH: Housing with or without services	No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	8	4											
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Rapid Rehousing (DCF-ESG-CV3) (RRH)	9990	PH - Rapid Re-Housing (HUD)	RRH: Housing with or without services	No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	14	9											
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Step up from PSH (PSH)	9743	PH - Permanent Supportive Housing (disability required for entry) (HUD)		No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	5	2											

FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Street Outreach (ARPA) (SO)	9736	Street Outreach (HUD)	No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	39	29
FL506 - BBCoC: Ability 1st	9346	FL506 - BBCoC: Ability 1st - Street Outreach (DCF-ESG) (SO)	9701	Street Outreach (HUD)	No			FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	58	56
FL506 - BBCoC: Apalachee Homeless Project	9347	FL506 - BBCoC: Apalachee Homeless Project	9347	Services Only (HUD)	Missing	No		FL-506	129073	False	WellSky Community Services	2023-10-01	2024-09-30	0	0

Showing 1-10 of 175

5a - Report Validation Table

Report Validation Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	5314	5606
2. Number of Adults (age 18 or over)	4091	4329
3. Number of Children (under age 18)	1145	1191
4. Number of Persons with Unknown Age	78	86
5. Number of Leavers	3024	3187
6. Number of Adult Leavers	2312	2457
7. Number of Adult and Head of Household Leavers	2462	2611
8. Number of Stayers	2419	2419
9. Number of Adult Stayers	1779	1872
10. Number of Veterans	621	633
11. Number of Chronically Homeless Persons	795	898
12. Number of Youth Under Age 25	529	606
13. Number of Parenting Youth Under Age 25 with Children	25	27
14. Number of Adult Heads of Household	3830	4061
15. Number of Child And Unknown-Age Heads of Household	190	203
16. Heads of Households and Adult Stayers in the Project 365 Days or More	1030	1073

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.01)	0	1	24	25	0%
Social Security Number (3.02)	431	294	255	561	11%
Date of Birth (3.03)	8	90	2	100	2%
Race and Ethnicity (3.04)	14	4		18	0%
Gender (3.06)	6	66		72	1%
Overall Score				670	13%

6b - Data Quality: Universal Data Elements

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Veteran Status (3.7)	46	68	4	118	2%
Project Start Date (3.10)			67	67	1%

Relationship to Head of Household (3.15)		234	188	422	8%
Enrollment CoC (3.16)		21	0	21	1%
Disabling Condition (3.8)	153	520	116	789	15%

6c - Data Quality: Income and Housing Data Quality

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Destination (3.12)	1	772		773	26%
Income and Sources (4.2) at Start	41	370	402	765	18%
Income and Sources (4.2) at Annual Assessment	0	974	3	974	95%
Income and Sources (4.2) at Exit	34	214	224	433	18%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate date this episode started (3.917.3) Missing	Number of times (3.917.4) DK/PNTA/missing	Number of months (3.917.5) DK/PNTA/missing	% of records unable to calculate
ES-EE, ES-NbN, SH, Street Outreach	1991			546	516	547	34%
TH	88	0	1	2	1	1	3%
PH(all)	428	0	14	16	13	14	8%
CE	521	0	29	33	21	21	13%
SSO, Day Shelter, HP	1087	4	161	92	42	45	25%
Total	4115						25%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	14	3
0 days	2519	1896
1 - 3 days	264	160
4 - 6 days	101	119
7 - 10 days	135	113
11+ days	770	732

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

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	215	215	100%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	4329	3735	576		18
Children	1191		924	260	7
Client Doesn't Know/Client Prefers Not to Answer	12	0	0	0	12
Data Not Collected	74	0	2	0	72
Total	5606	3735	1502	260	73

For PSH and RRH - the total persons served who moved into housing	341	227	102	0	12
7b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	2362	1679	549	90	44
April	2568	1723	703	87	55
July	2487	1636	698	95	58
October	2228	1619	478	87	44
8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	4264	3623	436	161	44
For PSH and RRH - the total households served who moved into housing	260	221	33	0	6
8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1774	1568	160	22	24
April	1888	1645	198	17	28
July	1781	1544	189	21	28
October	1761	1565	145	29	25
9a - Number of Persons Contacted					
		All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once		139	1	101	92
2-5 Times		64	2	48	0
6-9 Times		14	0	13	0
10+ Times		17	0	17	0
Total Persons Contacted		234	3	179	1
9b - Number of Persons Engaged					
		All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once		41	0	36	0
2-5 Times		0	0	0	0
6-9 Times		0	0	0	0
10+ Times		2	0	2	0
Total Persons Engaged		43	0	38	0
Rate of Engagement		0.18	0.00	0.21	0.00
10a - Gender					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	2313	1280	887	121	25

Man	3183	2419	611	137	16
Culturally Specific Identity	3	3	0	0	0
Transgender	14	14	0	0	0
Non-Binary	10	10	0	0	0
Questioning	1	1	0	0	0
Different Identity	0	0	0	0	0
Woman/Man	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0
Woman/Transgender	2	2	0	0	0
Woman/Non-Binary	0	0	0	0	0
Woman/Questioning	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0
Man/Transgender	2	1	0	1	0
Man/Non-Binary	0	0	0	0	0
Man/Questioning	0	0	0	0	0
Man/Different Identity	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0
More than 2 Gender Identities Selected	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	6	3	0	0	3
Data Not Collected	71	1	4	1	65
Total	5606	3735	1502	260	109

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-64	Age 65+	Client Doesn't Know/Prefers Not to Answer	Data Not Collected
Woman	2313	582	234	1392	98	3	4
Man	3183	605	209	2042	318	6	3
Culturally Specific Identity	3	0	2	1	0	0	0
Transgender	14	0	5	8	1	0	0
Non-Binary	10	0	7	3	0	0	0

Questioning	1	0	0	1	0	0	0
Different Identity	0	0	0	0	0	0	0
Woman/Man	0	0	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0	0	0
Woman/Transgender	2	0	2	0	0	0	0
Woman/Non-Binary	0	0	0	0	0	0	0
Woman/Questioning	0	0	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0	0	0
Man/Transgender	2	1	0	1	0	0	0
Man/Non-Binary	0	0	0	0	0	0	0
Man/Questioning	0	0	0	0	0	0	0
Man/Different Identity	0	0	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0	0	0
More than 2 Gender Identities Selected	1	0	0	1	0	0	0
Client Doesn't Know/Prefer Not to Answer	6	0	0	3	0	3	0
Data Not Collected	71	3	0	1	0	0	67
Total	5606	1191	459	3453	417	12	74

11 - Age					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	326		299	27	0
5 - 12	455		391	62	2
13 - 17	410		234	171	5
18 - 24	459	360	99		0
25 - 34	833	645	185		3
35 - 44	940	729	199		12
45 - 54	809	735	72		2
55 - 64	871	852	18		1
65 +	417	414	3		0
Client Doesn't Know/Client Prefers Not to Answer	12	0	0	0	12

Data Not Collected	74	0	2	0	72
Total	5606	3735	1502	260	109
12 - Race and Ethnicity					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	32	29	3	0	0
Asian or Asian American	12	8	3	0	1
Black, African American, or African	3576	2088	1265	186	37
Hispanic/Latina/e/o	86	57	28	1	0
Middle Eastern or North African	5	1	4	0	0
Native Hawaiian or Pacific Islander	7	7	0	0	0
White	1525	1319	153	49	4
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Black, African American, or African & American Indian, Alaska Native, or Indigenous	22	17	1	4	0
Hispanic/Latina/e/o & American Indian, Alaska Native, or Indigenous	8	8	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	19	19	0	0	0
Black, African American, or African & Asian or Asian American	8	6	0	2	0
Hispanic/Latina/e/o & Asian or Asian American	2	2	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0
White & Asian or Asian American	5	5	0	0	0
Hispanic/Latina/e/o & Black, African American, or African	44	36	4	4	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	3	3	0	0	0
White & Black, African American, or African	58	31	22	5	0
Middle Eastern or North African & Hispanic/Latina/e/o	1	1	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	6	5	0	1	0
White & Hispanic/Latina/e/o	65	57	5	3	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0
White & Native Hawaiian or Pacific Islander	7	6	1	0	0
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/e/o	13	11	1	1	0
Multiracial - more than 2 races, where no option is Hispanic/Latina/e/o	1	0	1	0	0
Client Doesn't Know/Prefers Not to Answer	14	9	1	0	4
Data Not Collected	87	10	10	4	63
Total	5606	3735	1502	260	109

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	1652	1518	84	25	11	14
Alcohol Use Disorder	160	157	2	0	0	1
Drug Use Disorder	164	162	2	0	0	0
Both Alcohol and Drug Use Disorders	213	208	4	0	0	1
Chronic Health Condition	948	871	52	16	4	5
HIV/AIDS	49	48	1	0	0	0
Development Disability	275	209	25	32	6	3
Physical Disability	1206	1128	55	10	1	12

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	777	716	36	16	8	1
Alcohol Use Disorder	59	59	0	0	0	0
Drug Use Disorder	72	72	0	0	0	0
Both Alcohol and Drug Use Disorders	98	97	1	0	0	0
Chronic Health Condition	419	384	24	10	1	0
HIV/AIDS	29	28	1	0	0	0
Development Disability	153	126	7	15	4	1
Physical Disability	557	527	21	5	1	3

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	876	803	48	9	3	13
Alcohol Use Disorder	100	97	2	0	0	1
Drug Use Disorder	90	88	2	0	0	0
Both Alcohol and Drug Use Disorders	117	113	3	0	0	1
Chronic Health Condition	526	484	28	6	3	5
HIV/AIDS	20	20	0	0	0	0
Development Disability	124	84	18	18	2	2
Physical Disability	651	602	35	5	0	9

14a - History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	742	607	123	5	7
No	3317	2976	273	40	28
Client Doesn't Know/Client Prefers Not to Answer	182	44	137	1	0
Data Not Collected	291	108	57	115	11
Total	4532	3735	590	161	46

14b - Most recent experience of domestic violence, sexual assault, dating violence, stalking, or human trafficking

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past three months	155	135	19	0	1
Three to six months ago	57	45	10	2	0
Six months to one year	72	50	22	0	0
One year ago, or more	402	335	61	2	4
Client Doesn't Know/Prefers Not to Answer	14	13	1	0	0
Data Not Collected	42	29	10	1	2
Total	742	607	123	5	7

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation	1602	1496	92	5	9
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	559	496	53	7	3
Safe Haven	27	25	2	0	0
Subtotal	2188	2017	147	12	12
Institutional Situations					
Foster care home or foster care group home	7	5	0	2	0
Hospital or other residential non-psychiatric medical facility	88	87	0	0	1
Jail, prison, or juvenile detention facility	141	136	0	5	0
Long-term care facility or nursing home	2	2	0	0	0
Psychiatric hospital or other psychiatric facility	52	50	1	1	0
Substance abuse treatment facility or detox center	25	25	0	0	0
Subtotal	315	305	1	8	1
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	142	132	10	0	0
Residential project or halfway house with no homeless criteria	12	12	0	0	0
Hotel or motel paid for without emergency shelter voucher	151	113	35	3	0
Host Home (non-crisis)	2	2	0	0	0
Staying or living in a friend's room, apartment, or house	320	257	42	19	2
Staying or living in a family member's room, apartment, or house	441	290	42	104	5
Subtotal	1068	806	129	126	7
Permanent Situations					
Rental by client, no ongoing housing subsidy	521	382	127	1	11
Rental by client, with ongoing housing subsidy	99	65	26	2	6
Owned by client, with ongoing housing subsidy	5	4	0	0	1
Owned by client, no ongoing housing subsidy	37	27	9	1	0
Subtotal	662	478	162	4	18
Client Doesn't Know/Prefers Not to Answer	26	24	0	1	1
Data Not Collected	273	105	151	10	7
Subtotal	299	129	151	11	8

Total	4532	3735	590	161	46							
16 - Cash Income - Ranges												
			Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers							
No Income			2128	5	1266							
\$1 - 150			19	3	7							
\$151 - \$250			23	0	8							
\$251 - \$500			67	2	36							
\$501 - \$1000			527	3	279							
\$1001 - \$1500			309	1	151							
\$1501 - \$2000			289	6	148							
\$2001 +			465	28	262							
Client Doesn't Know/Prefers Not to Answer			107	0	94							
Data Not Collected			395	0	206							
Number of adult stayers not yet required to have an annual assessment				837								
Number of adult stayers without required annual assessment				987								
Total Adults			4329	1872	2457							
17 - Cash Income - Sources												
			Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers							
Earned Income			603	11	338							
Unemployment Insurance			18	0	11							
Supplemental Security Income (SSI)			662	28	341							
Social Security Disability Insurance (SSDI)			461	11	261							
VA Service - Connected Disability Compensation			164	0	56							
VA Non-Service Connected Disability Pension			58	0	17							
Private Disability Insurance			2	0	2							
Worker's Compensation			0	0	0							
Temporary Assistance for Needy Families (TANF)			24	3	13							
General Assistance (GA)			10	0	9							
Retirement Income from Social Security			76	8	37							
Pension or retirement income from a former job			32	0	16							
Child Support			59	1	33							
Alimony and other spousal support			7	0	4							
Other Source			79	5	30							
Adults with Income Information at Start and Annual Assessment/Exit				48	0							
19b - Disabling Conditions and Income for Adults at Exit												
	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling
											80	

				Condition by Source			Condition by Source			Condition by Source		
Earned Income	89	147	236	38%	14	66	80	18%	0	6	6	0%
Unemployment Insurance	4	6	10	40%	0	2	2	0%	0	0	0	0%
Supplemental Security Income (SSI)	243	56	299	81%	14	15	29	48%	0	1	1	0%
Social Security Disability Insurance (SSDI)	214	30	244	88%	6	4	10	60%	1	1	2	50%
VA Service - Connected Disability Compensation	47	2	49	96%	5	0	5	100%	0	0	0	0%
VA Non-Service-Connected Disability Pension	17	0	17	100%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	1	0	1	100%	0	1	1	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	8	1	9	89%	0	3	3	0%	0	0	0	0%
General Assistance (GA)	3	2	5	60%	0	3	3	0%	0	0	0	0%
Retirement Income from Social Security	28	6	34	82%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	11	4	15	73%	0	0	0	0%	0	0	0	0%
Child Support	9	9	18	50%	5	8	13	38%	0	0	0	0%
Alimony and other spousal support	2	1	3	67%	0	0	0	0%	0	0	0	0%
Other Source	9	12	21	43%	1	0	1	100%	0	0	0	0%
No Sources	412	689	1101	37%	11	47	58	19%	0	3	3	0%
Unduplicated Total Adults	913	924	1837		43	130	173		1	10	11	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1426	34	702
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	37	2	17
TANF Child Care Services	4	0	2
TANF Transportation Services	6	0	3
Other TANF-Funded Services	10	0	4
Other Source	29	0	14

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	1589	46	881
MEDICARE	431	13	232
State Children's Health Insurance Program	31	0	20
Veteran's Health Administration (VHA)	439	0	132
Employer-Provided Health Insurance	104	1	52
Health Insurance obtained through COBRA	13	0	6
Private Pay Health Insurance	116	1	72
State Health Insurance for Adults	171	0	116
Indian Health Services Program	17	0	6

Other	236	0	187
No Health Insurance	2176	14	1246
Client Doesn't Know/Client Prefers Not to Answer	457	0	399
Data Not Collected	558	1179	221
Number of stayers not yet required to have an annual assessment		1175	
1 Source of Health Insurance	2100	41	1132
More than 1 Source of Health Insurance	447	10	249

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	1921	1666	255
8 to 14 days	274	260	14
15 to 21 days	314	254	60
22 to 30 days	210	168	42
31 to 60 days	318	207	111
61 to 90 days	198	103	95
91 to 180 days	429	163	266
181 to 365 days	580	238	342
366 to 730 Days (1-2 Yrs)	432	112	320
731 to 1,095 Days (2-3 Yrs)	172	1	171
1,096 to 1,460 Days (3-4 Yrs)	140	6	134
1,461 to 1,825 Days (4-5 Yrs)	156	0	156
More than 1,825 Days (>5 Yrs)	462	9	453
Total	5606	3187	2419

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	65	25	37	0	3
8 to 14 days	31	8	17	0	6
15 to 21 days	8	4	4	0	0
22 to 30 days	7	7	0	0	0
31 to 60 days	8	8	0	0	0
61 to 90 days	4	4	0	0	0
91 to 180 days	3	3	0	0	0
181 to 365 days	1	1	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	127	60	58	0	9
Average length of time to housing	17.23	28.25	6.98	0.00	9.78
Persons who were exited without move-in	112	49	33	0	30
Total	239	109	91	0	39

22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	1921	1720	85	81	35
8 to 14 days	274	111	111	49	3
15 to 21 days	314	103	191	18	2
22 to 30 days	210	81	119	7	3
31 to 60 days	318	150	161	7	0
61 to 90 days	198	74	109	9	6
91 to 180 days	429	215	185	21	8
181 to 365 days	580	231	323	15	11
366 to 730 Days (1-2 Yrs)	432	272	115	37	8
731 days or more	930	778	103	16	33
Total	5606	3735	1502	260	115

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	327	172	19	135	1
8 to 14 days	79	66	12	0	1
15 to 21 days	44	34	7	2	1
22 to 30 days	40	36	4	0	0
31 to 60 days	77	56	19	2	0
61 to 90 days	86	65	18	3	0
91 to 180 days	106	89	13	4	0
181 to 365 days	111	93	18	0	0
366 to 730 Days (1-2 Yrs)	213	173	38	2	0
731 days or more	554	508	42	2	2
Total (persons moved into housing)	1637	1292	190	150	5
Not yet moved into housing	276	134	107	5	30
Data Not Collected	702	577	93	20	12
Total Persons	2615	2003	390	175	47

22f - Length of Time between Project Start Date and Housing Move-in Date by Race and Ethnicity

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	1	2	223	0	0	0	93	2	12	3
Persons Exited Without Move-In	2	1	193	3	0	0	45	7	4	1
Average time to Move-In	0	0	14	0	0	0	30	0	0	0
Median time to Move-In	0	0	6	0	0	0	8	0	0	0

22g - Length of Time Prior to Housing by Race and Ethnicity - based on 3.917 Date Homelessness Started

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	13	4	1002	38	0	5	487	37	41	6
Persons Not Yet Moved Into Housing	2	1	193	3	0	0	45	7	4	1
Average time to Move-In	0	0	655	0	0	0	375	14	0	0
Median time to Move-In	0	0	388	0	0	0	171	14	0	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	173	170	1	0	2
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	695	686	4	5	0
Safe Haven	0	0	0	0	0
Subtotal	868	856	5	5	2
Institutional Situations					
Foster care home or foster care group home	4	0	2	2	0
Hospital or other residential non-psychiatric medical facility	5	5	0	0	0
Jail, prison, or juvenile detention facility	14	13	1	0	0
Long-term care facility or nursing home	1	1	0	0	0
Psychiatric hospital or other psychiatric facility	3	0	3	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Subtotal	29	21	6	2	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	7	3	4	0	0
Residential project or halfway house with no homeless criteria	2	2	0	0	0
Hotel or motel paid for without emergency shelter voucher	44	13	29	2	0
Host Home (non-crisis)	1	1	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	136	34	75	27	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	96	43	18	35	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Subtotal	286	96	126	64	0
Permanent Situations					
Staying or living with family, permanent tenure	131	23	34	72	2
Staying or living with friends, permanent tenure	32	5	13	14	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	782	198	543	5	36
Rental by client, with ongoing housing subsidy	85	46	29	2	8
Owned by client, with ongoing housing subsidy	3	1	2	0	0

Owned by client, no ongoing housing subsidy	26	3	23	0	0
Subtotal	1059	276	644	93	46
Other Situations					
No Exit Interview completed	867	805	53	5	4
Other	57	42	10	5	0
Deceased	13	13	0	0	0
Client Doesn't Know/Prefers Not to Answer	1	1	0	0	0
Data Not Collected	7	3	4	0	0
Subtotal	945	864	67	10	4
Total	3187	2113	848	174	52
Total persons exiting to positive housing destinations	1130	335	655	94	46
Total persons exiting to destinations that excluded them from the calculation	20	18	0	2	0
Percentage of persons exiting to positive housing destinations	36%	16%	77%	55%	88%

23d - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	1	1	0	0	0
VASH housing subsidy	35	32	3	0	0
RRH or equivalent subsidy	12	4	8	0	0
HCV voucher (tenant or project based) (not dedicated)	12	0	10	2	0
Public housing unit	8	1	1	0	6
Rental by client, with other ongoing housing subsidy	15	6	7	0	2
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	2	2	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
Total	85	46	29	2	8

23e - Exit Destination Type by Race and Ethnicity

	Total	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Homeless Situations	868	7	3	514	27	0	1	265	25	21	5
Institutional Situations	29	0	0	13	2	0	0	13	0	0	1
Temporary Situations	286	0	2	189	3	0	1	79	7	5	0
Permanent Situations	1059	1	1	861	22	5	0	121	12	8	28
Other Situations	945	11	0	511	18	0	3	348	20	24	10
Total	3187	19	6	2088	72	5	5	826	64	58	44

24a - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
--	-------	------------------	--------------------------	--------------------	------------------------

Able to maintain the housing they had at project start--Without a subsidy	159	99	60	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	4	2	1	0	1
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	3	0	3	0	0
Moved to new housing unit--Without an on-going subsidy	10	0	10	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	1	0	1	0	0
Jail/prison	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	2	0	2	0	0
Data Not Collected (no exit interview completed)	393	23	367	2	1
Total	572	124	444	2	2

24d - Language of Persons Requiring Translation Assistance

Language Response (Top 20 Languages Selected)	Total Persons Requiring Translation Assistance
367	2
	1
Different Preferred Language	5
Total	3

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	112	111	1	0
Non-Chronically Homeless Veteran	521	480	41	0
Not a veteran	3574	3086	471	17
Client Doesn't Know/Client Prefers Not to Answer	47	11	36	0
Data Not Collected	75	47	27	1
Total	4329	3735	576	18

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	898	808	80	2	8
Not Chronically Homeless	3850	2323	1236	232	59
Client Doesn't Know/Client Prefers Not to Answer	289	268	18	1	2
Data Not Collected	569	336	168	25	40
Total	5606	3735	1502	260	109

New SPM +



SPM > All SPMs

All SPMs

FL-506

All historical SPM data can be accessed via the HUD Exchange System Performance Landing Page that includes downloadable Excel data, PDF data, and Tableau data visualizations.

Note: FY22 datasets must be "Submitted" before FY23 datasets can be started for a given CoC. If you wish to reupload/edit an FY22 dataset after starting an FY23 dataset, you must delete the FY23 dataset.

Search bar, Reset Search, Reset to Default View, Toggle Columns, Export

CoC Name ↑	CoC Code	Reporting Period	Dataset Status	Status Change Date	Replace	Delete
Tallahassee/Leon County CoC	FL-506	2023	Submitted	April 4, 2024 - 10:40am		

Items 1 - 1 of 1 results | Page 1 | 10 / page



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

U.S. Department of Housing and Urban Development | 451 7th Street S.W., Washington, DC 20410
Telephone: (202) 708-1112 TTY: (202) 708-1455 Find the address of the HUD office near you



SYSTEM PERFORMANCE MEASURES

OCTOBER 1, 2022 – SEPTEMBER 30, 2023



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

HOW DO WE USE THE DATA?

NEEDS ASSESSMENT AND PLANNING

- Identifying client needs and service gaps in our CoC coverage area
- Making data informed decisions on strategic planning and allocation of resources to end homelessness

HUD COC FUNDING PROCESS

- HUD will use the data as selection criteria to award projects under future HUD CoC funding
- HUD will evaluate how CoCs are improving their performance from year to year and consider their unique circumstances and conditions



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

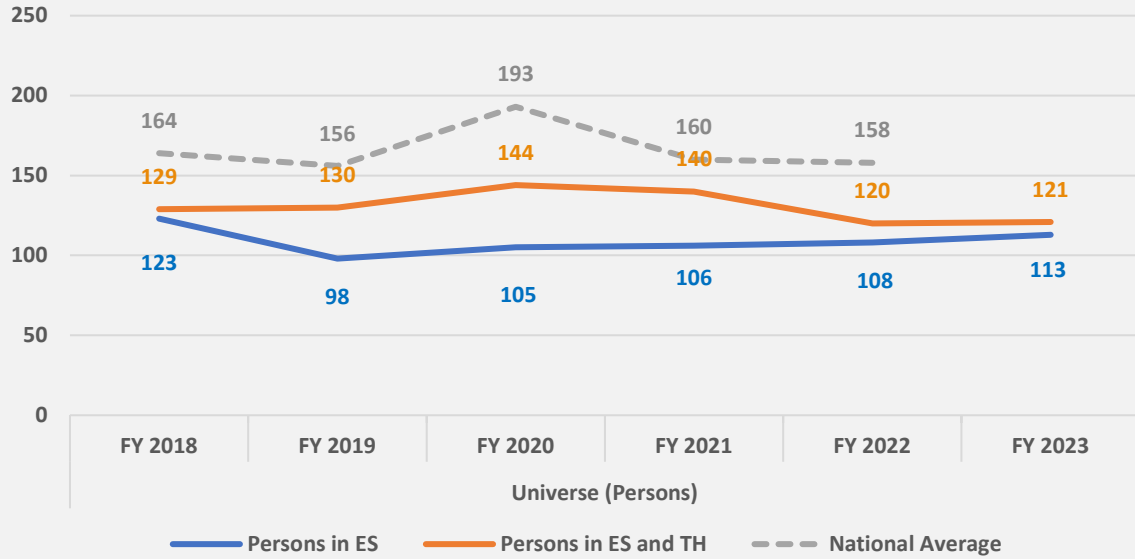
ABBREVIATIONS

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

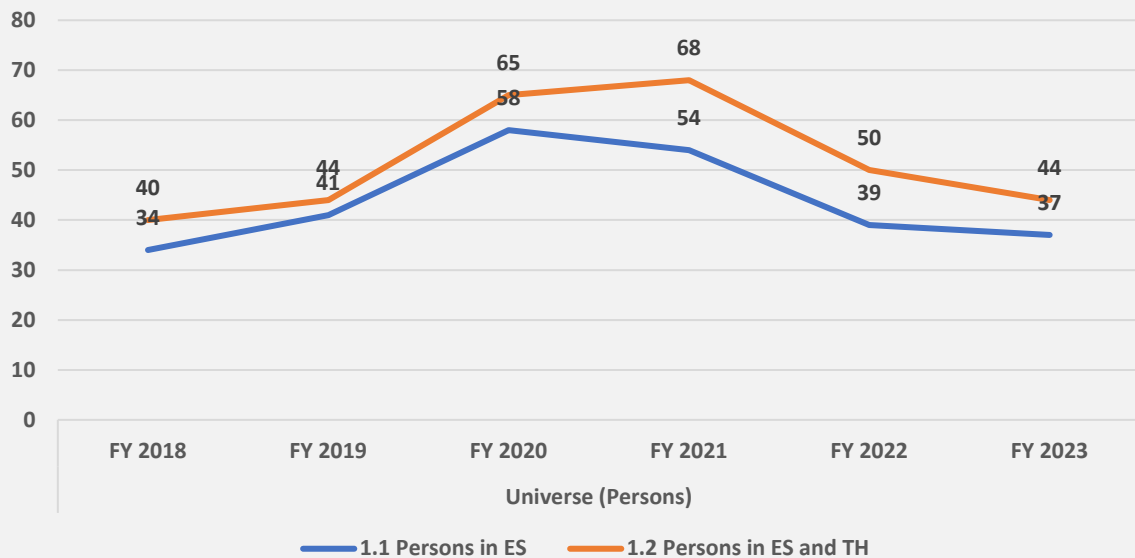
NOTES

- The tables shown are snapshots of the actual System Performance Measures as reported to HUD on 2/28/2023
- Reporting period: October 1, 2022 to September 30, 2023 with a two year lookback (going back to 2021)
- 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)



Median Length of Time Homeless (bed nights)



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:

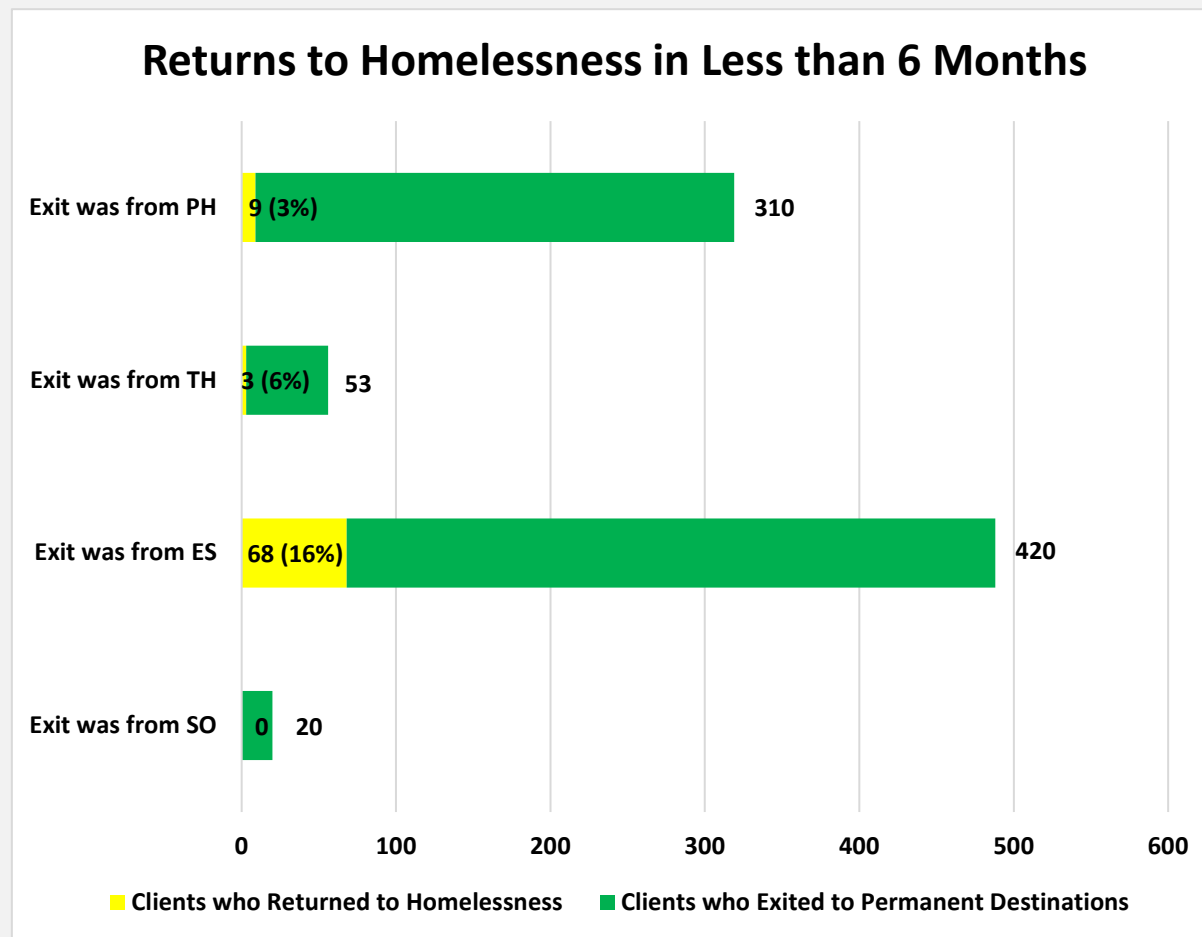
- Increase permanent housing placement rates from Emergency Shelter Programs
- Improve data collection and updating in HMIS for Exit destinations from Emergency Shelter

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 6 MONTHS = 80 (10%)

2022 NATIONAL AVERAGE = 7.3%

Measurement 2

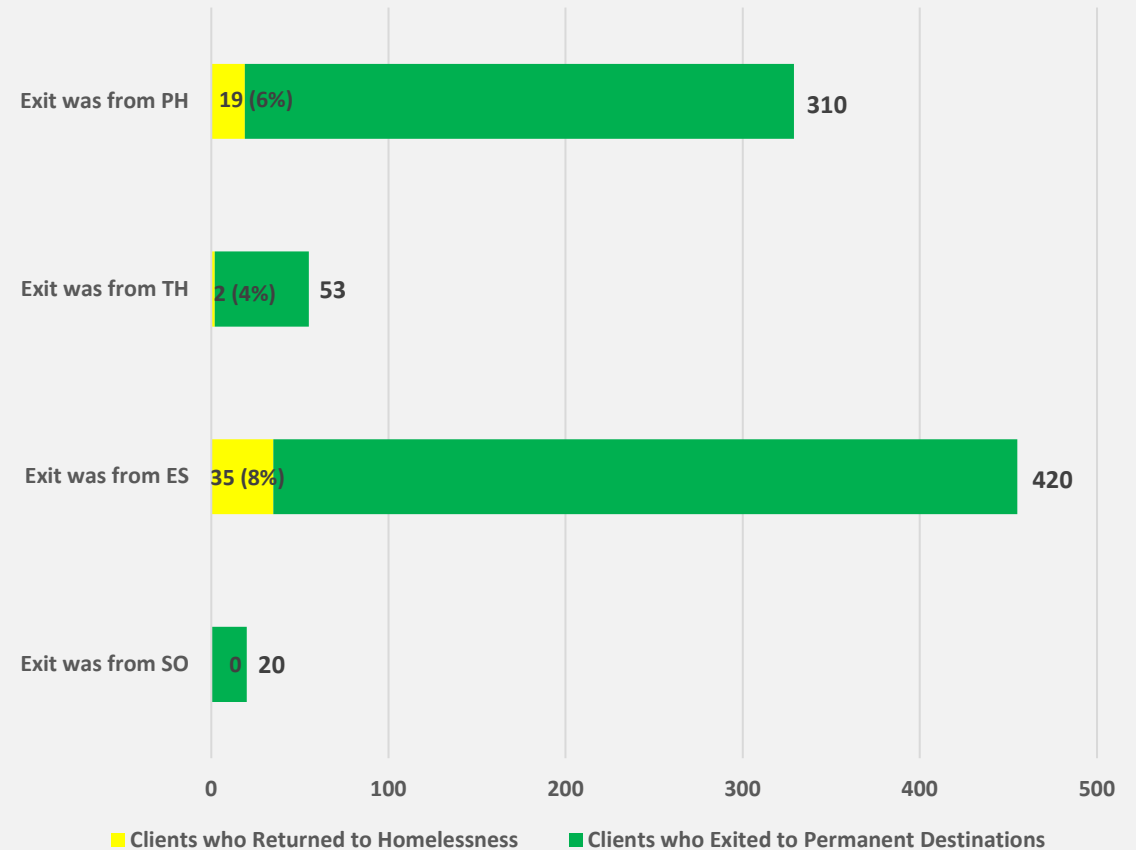
Continued

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: 56 (7%)

2022 NATIONAL AVERAGE = 11%

Measurement 2

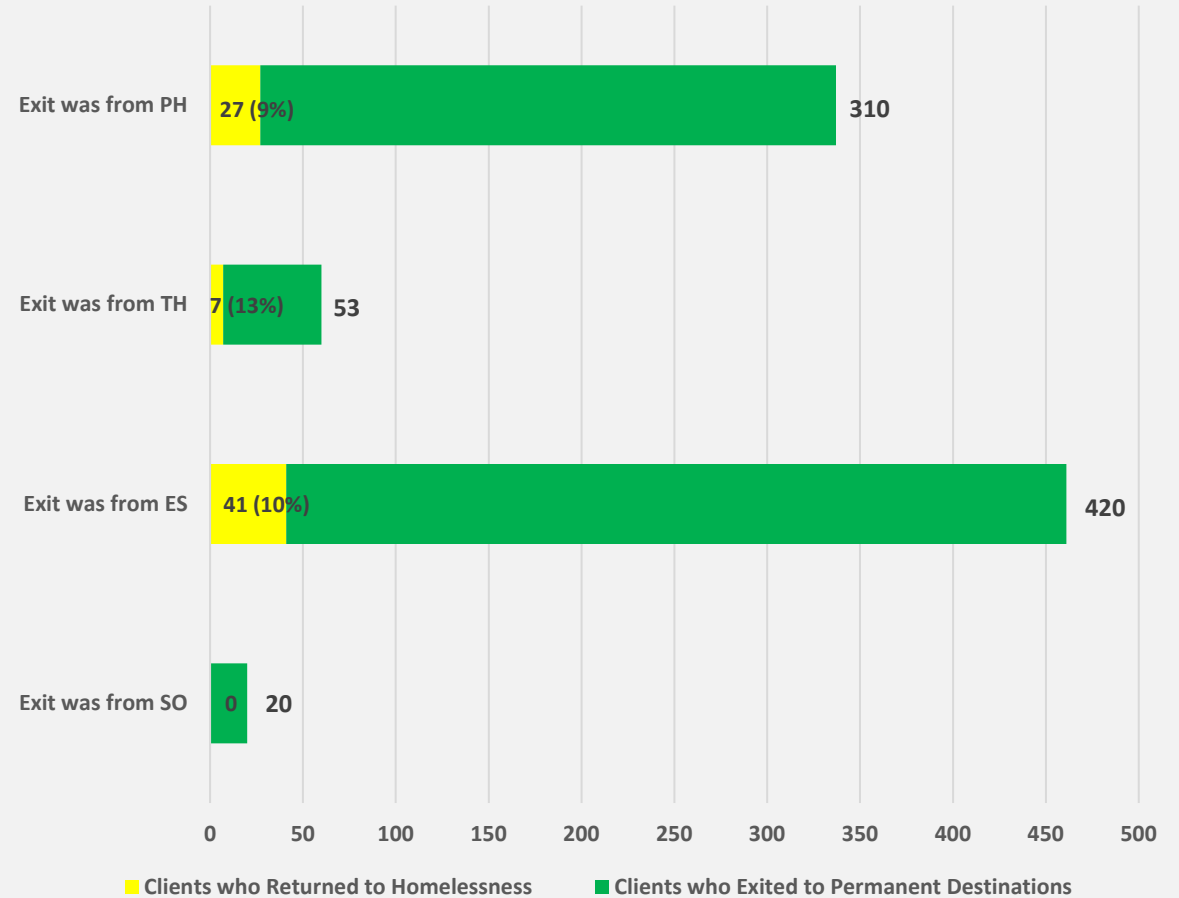
Continued

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: 75 (9%)

2022 NATIONAL AVERAGE = 16.5%

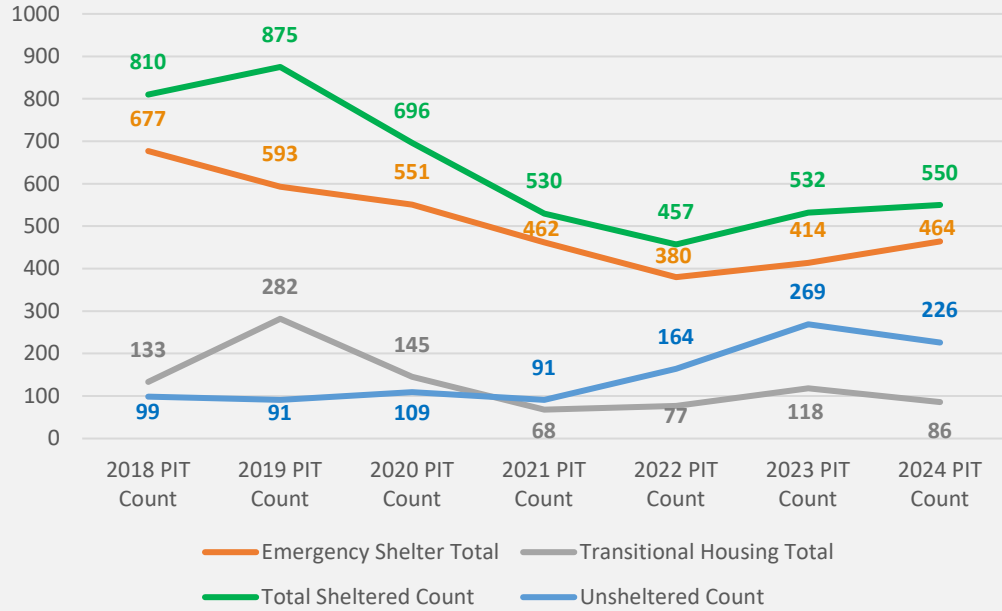
Measurement 2

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

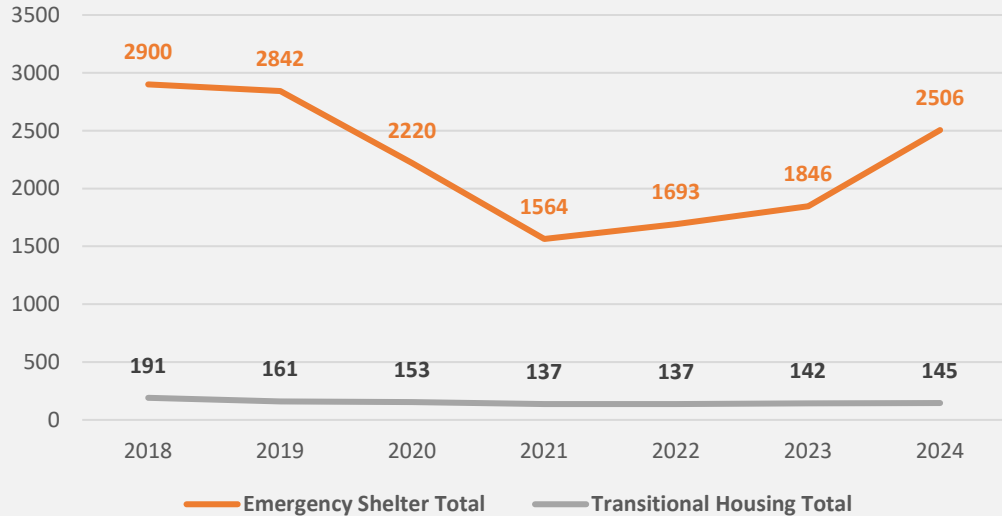
Recommendations:

- 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 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 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	100	102	4
Number of Adults with Increased Earned Income	6	0	-6
Percentage of adults who increased earned income	6%	0%	0%

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

	FY 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	100	102	2
Number of Adults with Increased Non-employment Cash Income	69	8	-61
Percentage of adults who increased Non-employment Cash Income	69%	8%	↓61%

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 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	100	102	2
Number of Adults with Increased Earned Income	69	8	-61
Percentage of adults who increased earned income	75%	8%	↓67%

2022 NATIONAL AVERAGE = 32%

4.4 – CHANGE IN EARNED INCOME FOR ADULT SYSTEM LEAVERS

	FY 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	48	24	-24
Number of Adults with Increased Non-employment Cash Income	4	2	-2
Percentage of adults who increased Non-employment Cash Income	8%	8%	0%

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 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	48	24	-24
Number of Adults with Increased Earned Income	16	13	3
Percentage of adults who increased earned income	33%	54%	↑21%

4.6 – CHANGE IN TOTAL INCOME FOR ADULT SYSTEM LEAVERS

	FY 2022	FY 2023	Difference
Universe: Number of Adults (System Stayers)	48	24	-24
Number of Adults with Increased Non-employment Cash Income	19	15	-4
Percentage of adults who increased Non-employment Cash Income	40%	58%	↑18%

2022 NATIONAL AVERAGE = 37%

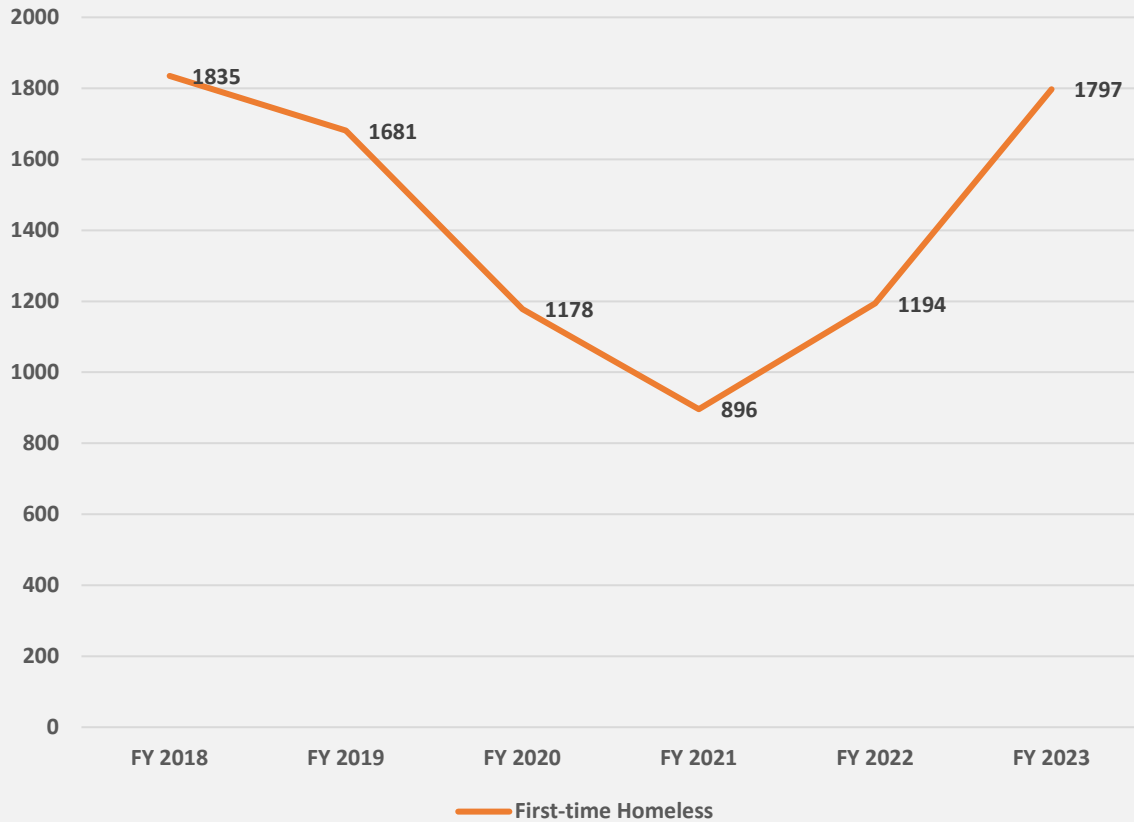
Measurement 4

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 Homeless (based on entries into ES and TH)



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)

603 more people became homeless for the first time

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

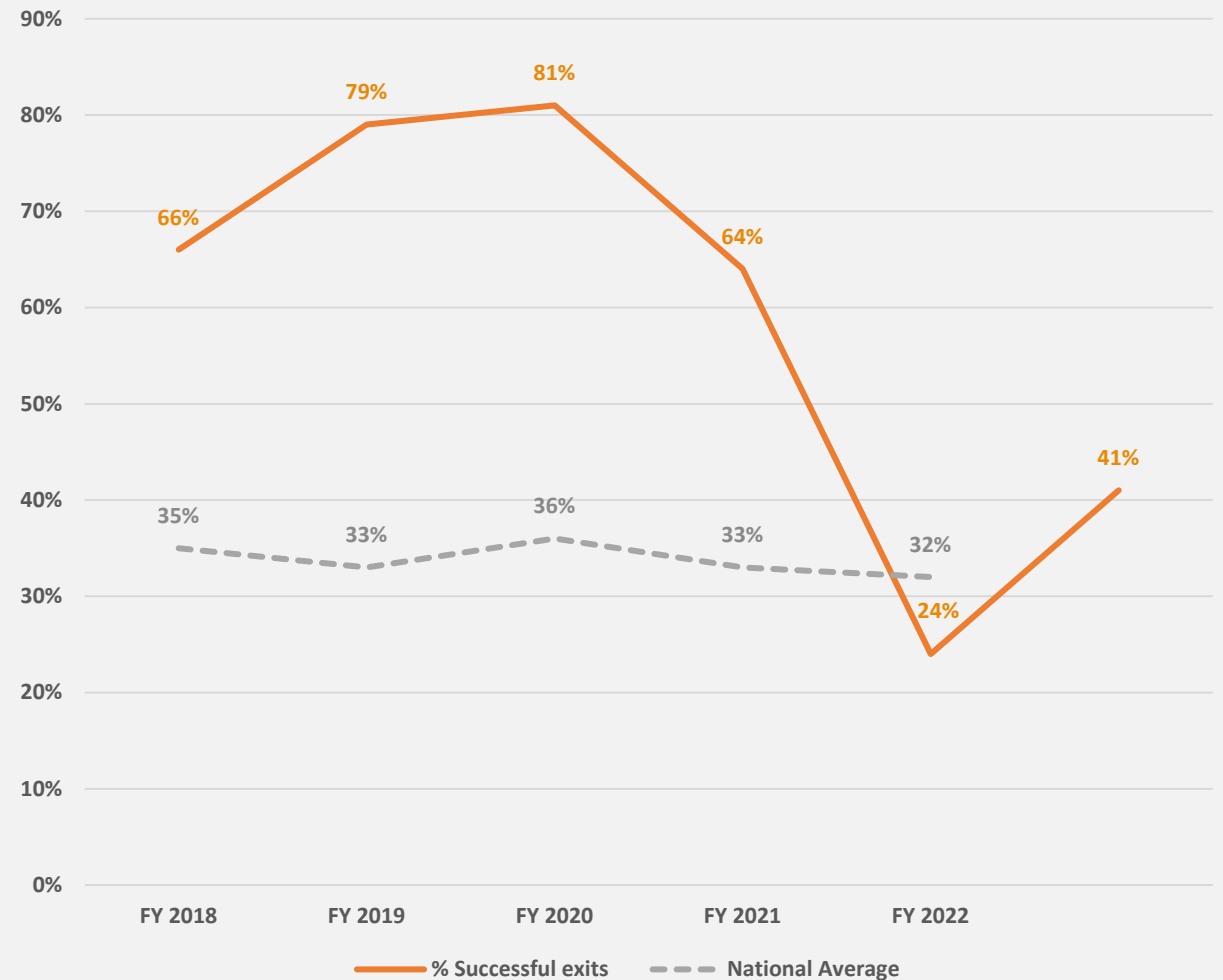
Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

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: Street Outreach (SO)

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



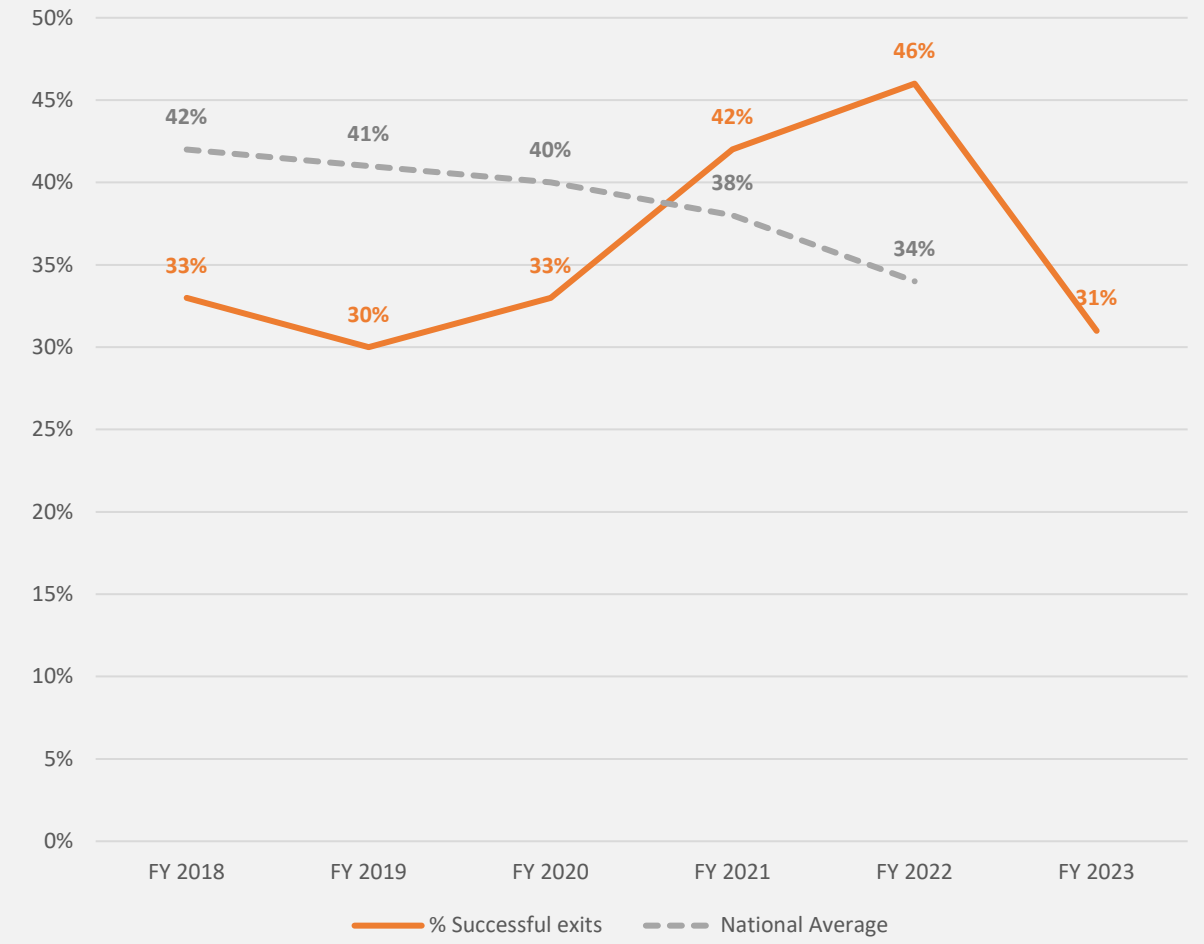
Measurement 7

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



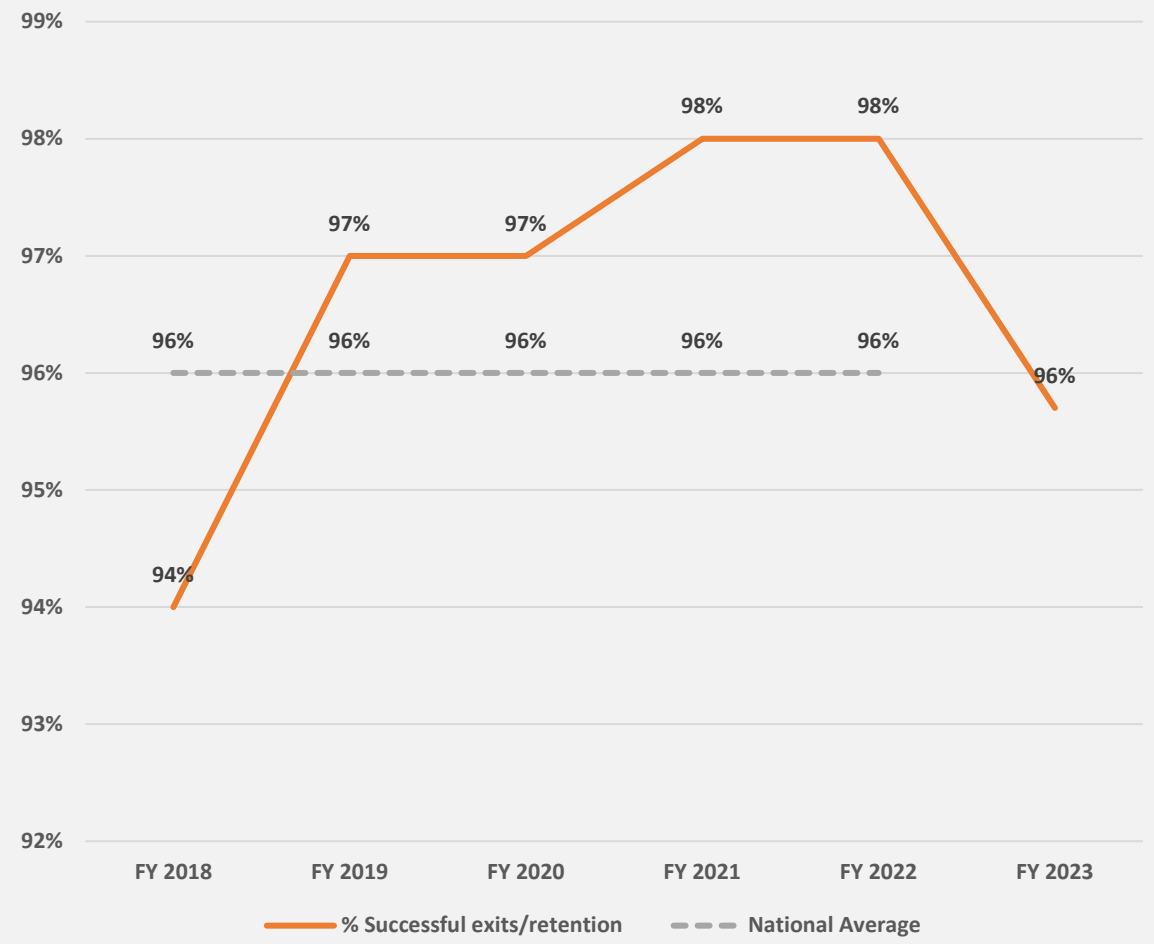
Measurement 7

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

[CoC Hudnum: FL-506] Data Review Complete



automail <automail@mail.hudhdx2.info>
To: Eric Layton; Johnna Coleman

Reply Reply All Forward ...

Mon 1/22/2024 7:29 PM

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)



HUD Annual Performance Report - HMIS

Project: **HMIS Renewal FY2022** Grant: **FL0355L4H062213** Type: **HMIS** Report: **APR** Period: **5/1/2023 - 4/30/2024** Your user level here: **Data Entry and Account Admin**

01. Grant Information - From e-snaps and LOCCS

Grant Number	FL0355L4H062213
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	5/1/2023
Operating Year End Date	4/30/2024
Grant Term in Months	12
Grant Information Was Updated on	3/27/2024

02. Contact Information

Grant Contact Information	
Prefix	Ms
First Name	Johnna
Middle Name	
Last Name	Coleman
Suffix	
Organization	Apalachee Regional Planning Council/Big Bend CoC
Department	
Title	Executive Director
Street Address 1	1820 East Park Ave.
Street Address 2	Suite 203
City	Tallahassee
State / Territory	Florida
ZIP Code	32301
E-mail Address	jcoleman@bigbendcoc.org
Confirm E-mail Address	jcoleman@bigbendcoc.org
Phone Number	(850)792-5015
Extension	1001
Fax Number	
Contact Information for HMIS System Administrator from Lead Agency	
Prefix	Mr
First Name	Eric
Middle Name	
Last Name	Layton
Suffix	
Organization	Apalachee Regional Planning Council/Big Bend CoC
Department	
Title	Data and Training Director
Street Address 1	1820 East Park Ave.
Street Address 2	Suite 203
City	Tallahassee
State / Territory	Florida
ZIP Code	32301
E-mail Address	elayton@bigbendcoc.org
Confirm E-mail Address	elayton@bigbendcoc.org
Phone Number	(850)792-5015
Extension	1007
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, AL-508 Dothan/Coffee, Dale, Geneva, Henry, Houston Counties, 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 (Program Management Information System of the SouthEast) is a collaborative HMIS initiative encompassing 13 CoCs across Alabama and the Florida panhandle. This shared implementation enhances our collective ability to securely share and view client entry, service, and chronicity data within our coverage areas. By leveraging our PromisSE implementation, we can provide more comprehensive and coordinated care for individuals experiencing homelessness, ensuring that no one falls through the cracks as they move between different service areas. The HMIS Lead, housed within the CoC, ensures robust system administration for all participating projects and users. These responsibilities, shared among all participating CoCs within our implementation, include: 1) Providing technical assistance and training on HMIS data collection, entry, and reporting. 2) Establishing and maintaining comprehensive policies and procedures for HMIS use. 3) Overseeing system compliance with HUD regulations. 4) Supplying Universal Data Elements and program-specific data elements tailored to each agency. 5) Delivering standardized quarterly reports and custom reports as needed. 6) Engaging in community relations to onboard new service providers. 7) Setting up all agencies and projects in the system per project type and funding requirements. 8) Hosting quarterly HMIS Oversight Committee meetings to review policies, data quality, and improvement projects. 9) Enforcing data integrity with robust security measures, including password resets, user screenings, and visibility settings. 10) Supporting projects and adhering to federal reporting processes for NOFO, PIT, HIC, AHAR/LSA, System Performance Measures, and various funding sources like VA, RHY, PATH, ESG, DCF, and HUD.
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?	Yes
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?	Monthly
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 - Data Analyst
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 Lead - System Administrator
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?	749
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:	The following trainings are provided throughout the year: New User Training (bi-monthly and on a as-needed basis) Refresher Training (quarterly and on an as-needed basis) Reporting Training (quarterly and on an as-needed basis) Data Security Training (annually) Universal Data Elements/Project Specific Elements Training (annually)
How many new users were trained in the implementation this year?	316

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:	Needs edits
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 - Data Analyst
What year was the HMIS Policy/Procedure Manual last updated?	2022
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:	Needs Edits

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	2537		
Transitional Housing	780		
Permanent Supportive Housing	3332		
Rapid Re-Housing	777		
Safe Haven	10		
If there is not 100% coverage explain why and what efforts, you are taking to increase the coverage rate:			
How many client records are in your HMIS system?	586656		
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?	Osniium		
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 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)	Grantee(s) Have Funding and are Entering Data into HMIS		
VA: Supportive Services for Veteran Families (SSVF)	Grantee(s) Have Funding and are Entering Data into HMIS		
VA: HUD/VASH	Some Grantee(s) are Entering Data into HMIS and Some are Not		
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?	VA unwilling to sign into a direct HMIS MOA with our CoC, which creates a data entry gap for some of the HUD VASH vouchers being used in our local continuum.		

09. Financial Information

ALL FUNDS	
Funding Sources (associated with this dedicated HMIS project during the operating year)	
HUD: CoC Administration/Planning/UFA Funds	0.00
HUD: CoC Grant (Dedicated HMIS Grants Only)	130,292.00
HUD: CoC Project Grants	0
HUD: ESG (Dedicated HMIS Grant)	0
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	81,626.00
State Government	0.00
Private/Foundation/Fundraising	0.00
Participation/User Fees from Projects/Agencies	0
Other	0
Total of All Funding Sources for Operating Year	211,918.00
HUD Funds expended from this Dedicated HMIS Grant	
Equipment (Server, Computers, Printers)	163.95
Software (Software Fees, User Licenses, Software Support)	1,070.00
Services (Training, Hosting, Programming)	14,975.79
Personnel (Costs Associated with Staff)	95,516.05
Space and Operations	18,566.21
Administration	0.00
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%

11. 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:



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

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)

Based on the information on the previous page:

_____ I authorize sharing my dependent's data.

_____ I do not authorize sharing my dependent's 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.

_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB

Legal Guardian's Authorizing Signature

Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.

CLIENT PROFILE (Complete for ALL Household Members)		
First Name:	Middle Name:	Last Name:
Nickname:	Social Security:	Date of Birth:
Relationship to HoH: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Non-relation <input type="checkbox"/> Other	US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?

DEMOGRAPHIC INFORMATION (Complete for ALL Household Members)	
Gender (select all that apply): <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg, Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	Race and Ethnicity (select all that apply): <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
If different identity, please specify:	Additional race and ethnicity detail:

CONTACT INFORMATION (Complete for Head of Household)		
Phone number:	Email address:	
Emergency contact name:	Emergency contact number:	Relationship:

County of Last Permanent Address (Complete for Head of Household)
<input type="checkbox"/> Franklin <input type="checkbox"/> Gadsden <input type="checkbox"/> Jefferson <input type="checkbox"/> Leon <input type="checkbox"/> Liberty <input type="checkbox"/> Madison <input type="checkbox"/> Taylor <input type="checkbox"/> Wakulla Other: _____

LIVING SITUATION (Complete for Head of Household & Adults)	
Where did you stay last night:	How long have you stayed there: ___ Years ___ Months ___ Days
When was the last time you were stably housed, including staying with friends or family, for more than 7 days? Enter approximate date: ___/___/___	

DISABILITIES (Complete for ALL household members, including children)		
<input type="checkbox"/> Physical <input type="checkbox"/> Developmental	<input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Substance Use Disorder

HEALTH INSURANCE (Complete for ALL household members, including children)		
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's (CHIP) <input type="checkbox"/> VA Medical Services (VHA)	<input type="checkbox"/> Employer-Provided Health Ins <input type="checkbox"/> Insurance through COBRA <input type="checkbox"/> Private Pay	<input type="checkbox"/> State Health Ins for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other

INCOME (Complete for Head of Household and any adults)					
Source	Monthly Amt	Source	Monthly Amt	Source	Monthly Amt
Alimony	\$	Pension/retirement	\$	TANF	\$
Child Support	\$	Private disability ins.	\$	Unemployment	\$
Earned Income	\$	Retirement from SS	\$	VA Non-service connected	\$
General Assistance	\$	SSDI	\$	VA service-connected	\$
Other	\$	SSI	\$	Worker's compensation	\$

NON-CASH BENEFITS (Complete for Head of Household and any adults)					
Source	Monthly Amt	Source	Monthly Amt	Source	Monthly Amt
SNAP (Food Stamps)	\$	TANF Child Care	\$	Other TANF Source	\$
WIC	\$	TANF Transportation	\$	Other Source	\$

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”
Fill out separate form for each household member and attach to project entry template.

PROJECT ENTRY DATE (e.g., 10/01/2017) [All clients]

		/			/				
<i>Month</i>			<i>Day</i>			<i>Year</i>			

CLIENT (name or other identifier)

REASON FOR LEAVING (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Criminal Activity/Violence | <input type="checkbox"/> Death |
| <input type="checkbox"/> Disagreement with rules/person | <input type="checkbox"/> Left for housing opportunity before completing the program | |
| <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Reached maximum time allowed | <input type="checkbox"/> Unknown/Disappeared | <input type="checkbox"/> Other: _____ |

DESTINATION [Head of household and adults]

THIS IS A CRUCIAL FIELD. PLEASE DO YOUR BEST TO GET YOUR CLIENT’S EXIT DESTINATION.	___ Rental by client, with RRH or equivalent
___ Deceased	___ Rental by client, with VASH subsidy
___ Emergency shelter, including hotel/motel paid for with emergency shelter voucher	___ Rental by client, with GPD TIP housing subsidy
___ Foster care home or foster care group home	___ Rental by client, with other ongoing housing subsidy
___ Hospital or other residential non-psychiatric medical facility	___ Residential project or halfway house with no homeless criteria
___ Hotel/motel paid for without emergency shelter voucher	___ Safe Haven
___ Jail, prison, or juvenile detention facility	___ Staying or living with family, permanent tenure
___ Long-term care facility or nursing home	___ Staying or living with family, temporary tenure (e.g. room, apartment, or house)
___ Moved from one HOPWA funded project to HOPWA PH	___ Staying or living with friends, permanent tenure
___ Moved from one HOPWA funded project to HOPWA TH	___ Staying or living with friends, temporary tenure
___ Owned by client, no ongoing housing subsidy	___ Substance abuse treatment facility or detox center

___ Owned by client with ongoing housing subsidy	___ Transitional housing for homeless persons (including homeless youth)
___ Permanent housing (other than RRH) for formerly homeless persons	___ Other (please describe destination):
___ Place not meant for habitation	___ No exit interview completed
___ Psychiatric hospital or other psychiatric facility	___ Client doesn't know
___ Rental by client, no ongoing housing subsidy	___ Client refused

Income from any source? Yes No Client doesn't know Client refused

Total Monthly Income: \$ _____

Source of Income	Receiving Income Source?	
	Yes (if yes, indicate exact or approximate amount)	No
Alimony or other spousal support	\$	
Child support	\$	
Earned income (i.e. employment income)	\$	
General Assistance (GA)	\$	
Other source (if yes, specify):	\$	
Pension or retirement income from former job	\$	
Private disability insurance	\$	
Retirement income from Social Security	\$	
Supplemental Security Income (SSI)	\$	
Social Security Disability Income (SSDI)	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Unemployment Insurance	\$	
VA Non-Service-Connected Disability Pension	\$	
VA Service-Connected Disability Compensation	\$	
Worker's Compensation	\$	

Non-cash benefit from any source? Yes No Client doesn't know Client refused

Non-cash Benefit Source	Currently Receiving Benefit?	
	Yes	No
Special Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	Amount: \$	
Special Supplemental Nutrition Assistance Program for WIC		
TANF Child Care Services (or use local name):		
TANF transportation services (or use local name):		
Other TANF-Funded services (or use local name)		
Other Source		

Covered by health insurance?

Yes No

Client doesn't know

Client refused

[Indicate 'yes' or 'no' for each health insurance type with an "x". Answer "no" for sources that are not currently active]

Health Insurance Type	Covered?	
	YES	NO
Medicaid		
Medicare		
State Children's Health Insurance Program		
Veteran's Administration (VA) Medical Services		
Employer-provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (please indicate):		

Does the client have a disabling condition? *[All clients]* Yes No Client doesn't know Client refused

[Mark "x" for all disabilities and respond to last four columns with "yes/no", and a start date]

Disability Type	Disability Determination						
	Yes	No	Client doesn't know	Client refused	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Long term condition?	Approximate Start Date of condition(s)
Alcohol Abuse (only)							
Both Alcohol and Drug abuse							
Chronic Health Condition							
Developmental Condition							
Drug Abuse (only)							
HIV or AIDS							
Mental Health Problem							
Physical Condition							

Assessment Disposition

- Referred to ES/SH Referred to RRH Referred to PSH Referred to HP Referred to Street Outreach
- Referred to other continuum project type
- Referred to a homeless diversion program
- Unable to refer/accept within continuum; ineligible for continuum projects
- Unable to refer/accept within continuum; continuum services unavailable
- Referred to other community project (non-continuum)
- Applicant declined referral/acceptance Applicant terminated assessment prior to completion
- Other Assessment Disposition, specify: _____

Housing Assessment at Exit

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless—moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died
- Client Doesn't Know
- Client Refused

If Able to maintain housing at entry, Subsidy Information

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy
- Data Not Collected

If Moved to new housing unit, Subsidy Information

- With an on-going subsidy
- Without an on-going subsidy
- Data Not Collected

Client Served Report

Report Options

Reporting Group	FL506_ALL_2024		
Provider			
	<input checked="" type="radio"/> <u>This provider AND its subordinates</u> <input type="radio"/> <u>This provider ONLY</u>		
Services	<input checked="" type="checkbox"/> <u>Services Provided (other than shelter or referred services)</u> <input checked="" type="checkbox"/> <u>Shelter Stays</u> <input type="checkbox"/> <u>Referrals Served by the Selected Provider(s)</u>		
Grouping	<input checked="" type="radio"/> <u>Clients Receiving Services as a Family</u> <input type="radio"/> <u>Clients in a Household</u>		
Funding Source			
Service Code	-Select- ▼		
Served Date Range	10/01/2023	to	09/30/2024
Served Before Date Range (Old client count)		to	
Treat Open-Ended Services/Referrals as 1-day Services	<input checked="" type="radio"/> <u>Yes</u> <input type="radio"/> <u>No</u>		
Legal Adult Age	19		

Report Details

CLIENTS SERVED	Old	New	Total
A. Adults	0	3078	3078
Male	0	1909	1909
Female	0	1072	1072
No Single Gender	0	4	4
Questioning	0	1	1
Transgender	0	9	9
Client Doesn't Know/Client Refused	0	2	2
Data Not Collected	0	78	78
B. Children	0	573	573
Male	0	304	304
Female	0	266	266
No Single Gender	0	1	1
Questioning	0	0	0
Transgender	0	2	2
Client Doesn't Know/Client Refused	0	0	0

Data Not Collected	0	0	0
C. Total (A+B)	0	3651	3651
FAMILY MEMBERS SERVED	Old	New	Total
A. Adults	0	341	341
Male	0	69	69
Female	0	224	224
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	48	48
B. Children	0	412	412
Male	0	212	212
Female	0	200	200
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
C. Total (A+B)	0	753	753
D. Total Households Served	0	244	244
E. Average Household Members Served	0	3	3
SINGLES SERVED	Old	New	Total
A. Adults	0	2737	2737
Male	0	1840	1840
Female	0	848	848
No Single Gender	0	4	4
Questioning	0	1	1
Transgender	0	9	9
Client Doesn't Know/Client Refused	0	2	2
Data Not Collected	0	30	30
B. Children	0	161	161
Male	0	92	92

Female	0	66	66
No Single Gender	0	1	1
Questioning	0	0	0
Transgender	0	2	2
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
C. Total (A+B)	0	2898	2898

FAMILY MEMBERS	Children				Adults				No DOB	Total
	0-5	6-12	13-17	18-30	31-50	51-61	62+			
Male	67	75	64	36	28	9	2	0	281	
Female	81	82	32	81	127	21	0	0	424	
No Single Gender	0	0	0	0	0	0	0	0	0	
Questioning	0	0	0	0	0	0	0	0	0	
Transgender	0	0	0	0	0	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	0	0	48	48	
Total	148	157	96	117	155	30	2	48	753	

SINGLES	Children				Adults				No DOB	Total
	0-5	6-12	13-17	18-30	31-50	51-61	62+			
Male	7	17	59	289	743	444	368	5	1932	
Female	6	7	43	160	397	189	109	3	914	
No Single Gender	0	0	1	2	2	0	0	0	5	
Questioning	0	0	0	0	1	0	0	0	1	
Transgender	0	0	1	7	2	0	1	0	11	
Client Doesn't Know/Client Refused	0	0	0	0	1	1	0	0	2	
Data Not Collected	0	0	0	0	3	1	0	26	30	
Total	13	24	104	460	1149	636	478	34	2898	

CLIENTS SERVED BY RACE	Secondary Total	Total
American Indian, Alaska Native, or Indigenous (HUD)		24
Black, African American, or African (HUD)	2	
Not Given	19	
White (HUD)	3	
Asian or Asian American (HUD)		10
Black, African American, or African (HUD)	1	

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Not Given	8	
White (HUD)	1	
Black, African American, or African (HUD)		1674
American Indian, Alaska Native, or Indigenous (HUD)	10	
Asian or Asian American (HUD)	3	
Client doesn't know (HUD)	1	
Client refused (HUD)	4	
Data not collected (HUD)	9	
Native Hawaiian or Pacific Islander (HUD)	1	
Not Given	1623	
White (HUD)	23	
Client doesn't know (HUD)		1
Not Given	1	
Client refused (HUD)		5
Not Given	4	
White (HUD)	1	
Data not collected (HUD)		5
Client doesn't know (HUD)	1	
Not Given	4	
Native Hawaiian or Pacific Islander (HUD)		9
Black, African American, or African (HUD)	2	
Not Given	6	
White (HUD)	1	
White (HUD)		725
American Indian, Alaska Native, or Indigenous (HUD)	8	
Asian or Asian American (HUD)	3	
Black, African American, or African (HUD)	4	
Client doesn't know (HUD)	3	
Client refused (HUD)	1	
Data not collected (HUD)	3	
Native Hawaiian or Pacific Islander (HUD)	4	
Not Given	699	
Not Given		1198
Total		3651
CLIENTS SERVED BY ETHNICITY		Total

Client doesn't know (HUD)	5
Client refused (HUD)	3
Data not collected (HUD)	12
Hispanic/Latin(a)(o)(x) (HUD)	85
Non-Hispanic/Non-Latin(a)(o)(x) (HUD)	2323
Not Given	1223
Total	3651

SERVICE COUNT

Service Type	Funding Source	Total Referral	Total Provided	Total Cost	Avg Cost
Alcohol Use Related Recovery Homes/Halfway Houses (RX-8500.6500-050)	N/A	0	1	\$0.00	\$0.00
At Risk/Homeless Housing Related Assistance Programs (BH-0500)	VA	0	2	\$835.84	\$417.92
Automotive Repair and Maintenance (BM-7000.0500)	VA	0	19	\$13399.55	\$705.24
Basic Needs (B)	N/A	0	653	\$0.00	\$0.00
Benefits and Services Assistance (FT-1000)	N/A	0	545	\$0.00	\$0.00
Bicycles (BM-1000)	VA	0	3	\$659.93	\$219.98
Birth Certificate Fee Payment Assistance (DF-7020.1000)	VA	0	3	\$97.95	\$32.65
Birth Certificates (DF-7000.1200)	VA	0	2	\$124.70	\$62.35
Case/Care Management (PH-1000)	Christmas Connections	0	85	\$0.00	\$0.00
Case/Care Management (PH-1000)	City ESG	0	1	\$0.00	\$0.00
Case/Care Management (PH-1000)	DCF: Challenge Grant	0	294	\$728.00	\$2.48
Case/Care Management (PH-1000)	DCF: ESG	0	390	\$0.00	\$0.00
Case/Care Management (PH-1000)	DCF: TANF	0	366	\$0.00	\$0.00
Case/Care Management (PH-1000)	FL506 - Catholic Charities - Challenge PLUS Initiative 1 - Rapid Re-Housing (RRH)	0	18	\$0.00	\$0.00
Case/Care Management (PH-1000)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Homelessness Prevention (HP)	0	36	\$0.00	\$0.00
Case/Care Management (PH-1000)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	140	\$0.00	\$0.00
Case/Care Management (PH-1000)	N/A	0	7111	\$0.00	\$0.00
Case/Care Management (PH-1000)	VA	0	2	\$348.00	\$174.00
Cell Phones (BM-5050.1500)	VA	0	3	\$146.88	\$48.96
Certificates/Forms Assistance (FT-1020)	N/A	0	159	\$0.00	\$0.00
Child Care Providers (PH-1250)	VA	0	4	\$4135.00	\$1033.75
Clothing (BM-6500.1500)	N/A	0	296	\$0.00	\$0.00
Clothing (BM-6500.1500)	VA	0	4	\$1467.98	\$367.00
Counseling Services (RP-1400)	N/A	0	784	\$0.00	\$0.00
Criminal Background Check Fee Payment Assistance (DF-7020.1500)	VA	0	42	\$2449.31	\$58.32

Dental Care (LV-1600)	N/A	0	4	\$0.00	\$0.00
Disability Benefits (NS-1800)	N/A	0	121	\$0.00	\$0.00
Disability Related Transportation (BT-4500.6500-170)	N/A	0	1	\$0.00	\$0.00
Disaster Food Stamps (TH-2600.6450-170)	N/A	0	1	\$0.00	\$0.00
Driver Licenses (DF-7000.1850)	VA	0	1	\$27.00	\$27.00
Emergency Food (BD-1800)	N/A	0	792	\$0.00	\$0.00
Emergency Food (BD-1800)	VA	0	25	\$5329.80	\$213.19
Emergency Road Service (BT-8750.1800)	VA	0	1	\$85.00	\$85.00
Emergency Shelter (BH-1800)	N/A	0	16788	\$0.00	\$0.00
Emergency Shelter (BH-1800)	VA	0	78	\$26843.92	\$344.15
Employment (ND)	N/A	0	1761	\$0.00	\$0.00
Employment Physical Examinations (LF-7100.1700)	VA	0	1	\$103.00	\$103.00
Eviction Prevention Assistance (FT-4500.1800)	VA	0	1	\$210.00	\$210.00
First Offender DUI Programs (RX-1750.2000)	VA	0	1	\$339.00	\$339.00
First/Last Month Rent Payment Assistance (BH-3800.7250-200)	N/A	0	2	\$0.00	\$0.00
Food (BD)	N/A	0	5	\$0.00	\$0.00
Food Stamps/SNAP (NL-6000.2000)	N/A	0	56	\$0.00	\$0.00
Full Fare Transit Passes (BT-8500.1000-220)	VA	0	1	\$38.00	\$38.00
Furniture (BM-3000.2000)	N/A	0	10	\$0.00	\$0.00
Furniture (BM-3000.2000)	VA	0	1	\$100.00	\$100.00
Furniture/Home Furnishings Donation Programs (TI-1800.3000-200)	VA	0	86	\$9475.00	\$110.17
Gas Money (BT-8300.2500)	VA	0	2	\$82.33	\$41.17
Gas Service Payment Assistance (BV-8900.9300-250)	VA	0	1	\$35.00	\$35.00
Gas Stations (BT-8610.2500)	VA	0	1	\$30.00	\$30.00
Glasses/Contact Lenses (LH-0600.9000-250)	VA	0	1	\$9.97	\$9.97
Hair and Nail Care (BM-6500.6500-300)	N/A	0	323	\$0.00	\$0.00
Health Care (L)	N/A	0	10310	\$0.00	\$0.00
Home Insurance (BH-3300)	VA	0	1	\$170.41	\$170.41
Homeless Motel Vouchers (BH-1800.5000)	DCF: Challenge Grant	0	1	\$631.75	\$631.75
Homeless Permanent Supportive Housing (BH-8400.3000)	N/A	0	1018	\$0.00	\$0.00
Hotels/Motels (PL-4500.3000)	N/A	0	6	\$0.00	\$0.00
Household Goods (BM-3000)	N/A	0	1	\$0.00	\$0.00
Household Goods (BM-3000)	VA	0	227	\$93472.81	\$411.77
Household Goods (BM-3000)	VA (1)	0	3	\$1382.12	\$460.71
Household Goods Storage (BH-5000.3100)	VA	0	22	\$3676.78	\$167.13

Household Tools/Equipment (BM-9500.3000)	VA	0	1	\$327.00	\$327.00
Housing Counseling (BH-3700)	N/A	0	2	\$0.00	\$0.00
Housing Expense Assistance (BH-3800)	N/A	0	2	\$0.00	\$0.00
Housing Expense Assistance (BH-3800)	VA	0	174	\$66649.96	\$383.05
Housing Expense Assistance (BH-3800)	VA (1)	0	1	\$959.82	\$959.82
Housing Search Assistance (BH-3900.3100)	N/A	0	1	\$0.00	\$0.00
Housing/Shelter (BH)	N/A	0	138	\$0.00	\$0.00
Identification Card Fee Payment Assistance (DF-7020.3300)	VA	0	2	\$66.50	\$33.25
Identification Cards (DF-7000.3300)	N/A	0	797	\$0.00	\$0.00
Information and Referral (TJ-3000)	N/A	0	6	\$0.00	\$0.00
Landlord/Tenant Assistance (FT-4500)	N/A	0	1	\$0.00	\$0.00
Landlord/Tenant Assistance (FT-4500)	VA	0	98	\$160018.76	\$1632.84
Laundry Facilities (BM-6500.6500-450)	N/A	0	2	\$0.00	\$0.00
Laundry Facilities (BM-6500.6500-450)	VA	0	2	\$109.35	\$54.68
Legal Services (FT)	N/A	0	763	\$0.00	\$0.00
Legal Services (FT)	VA	0	32	\$20930.00	\$654.06
Legal Services Organizations (FV)	VA	0	1	\$1000.00	\$1000.00
Local Bus Fare (BT-8300.1000-400)	N/A	0	1	\$0.00	\$0.00
Local Bus Fare (BT-8300.1000-400)	VA	0	2	\$76.00	\$38.00
Local Transit Passes (BT-8500.1000)	N/A	0	745	\$0.00	\$0.00
Local Transportation (BT-4500)	N/A	0	2007	\$0.00	\$0.00
Long Distance Bus Fare (BT-8300.1000-450)	N/A	0	2	\$0.00	\$0.00
Material Goods (BM)	N/A	0	4	\$0.00	\$0.00
Mattress Donation Programs (TI-1800.3000-500)	VA	0	2	\$1400.00	\$700.00
Mattresses (BM-3000.5000)	VA	0	124	\$66548.00	\$536.68
Medical Equipment/Assistive Technology Donation Programs (TI-1800.5000)	N/A	0	2	\$0.00	\$0.00
Medicare Part D Low Income Subsidy (Extra Help) Applications (NS-8000.5000-600)	N/A	0	1	\$0.00	\$0.00
Medicare Part D Prescription Drug Plan Enrollment (NS-8000.5000-660)	N/A	0	1	\$0.00	\$0.00
Mental Health and Substance Use Disorder Services (R)	N/A	0	506	\$0.00	\$0.00
Mortgage Payment Assistance (BH-3800.5000)	DCF: TANF	0	4	\$1148.90	\$287.23
Motel Bill Payment Assistance (BH-3800.5100)	DCF: Challenge Grant	0	10	\$3277.00	\$327.70
Motel Bill Payment Assistance (BH-3800.5100)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	4	\$364.00	\$91.00
Motel Bill Payment Assistance (BH-3800.5100)	N/A	0	1	\$0.00	\$0.00
Motor Vehicle Registration (DF-7000.5500)	VA	0	2	\$665.28	\$332.64
Motor Vehicle Registration Fee Payment Assistance (DF-7020.5500)	VA	0	2	\$412.05	\$206.03

Movers (BH-5000.5000)	VA	0	9	\$10998.75	\$1222.08
Moving Expense Assistance (BH-3800.5150)	VA	0	43	\$30322.27	\$705.17
Moving Services (BH-5000)	N/A	0	1	\$0.00	\$0.00
Outreach Programs (TJ-6500.6300)	N/A	0	1	\$0.00	\$0.00
Personal/Grooming Supplies (BM-6500.6500-650)	N/A	0	104	\$0.00	\$0.00
Public Showers/Baths (BM-6500.6500-710)	N/A	0	143	\$0.00	\$0.00
Rent Payment Assistance (BH-3800.7000)	Christmas Connections	0	66	\$12743.91	\$193.09
Rent Payment Assistance (BH-3800.7000)	DCF: Challenge Grant	0	17	\$7732.73	\$454.87
Rent Payment Assistance (BH-3800.7000)	DCF: ESG	0	32	\$19549.82	\$610.93
Rent Payment Assistance (BH-3800.7000)	DCF: TANF	0	25	\$11173.79	\$446.95
Rent Payment Assistance (BH-3800.7000)	FL506 - Catholic Charities - Challenge PLUS Initiative 1 - Rapid Re-Housing (RRH)	0	3	\$1384.62	\$461.54
Rent Payment Assistance (BH-3800.7000)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Homelessness Prevention (HP)	0	15	\$8740.00	\$582.67
Rent Payment Assistance (BH-3800.7000)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	31	\$15176.95	\$489.58
Rent Payment Assistance (BH-3800.7000)	N/A	0	109	\$0.00	\$0.00
Rent Payment Assistance (BH-3800.7000)	VA	0	755	\$572793.90	\$758.67
Rental Application Fee Payment Assistance (BH-3800.7200)	DCF: ESG	0	2	\$125.00	\$62.50
Rental Application Fee Payment Assistance (BH-3800.7200)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	1	\$35.00	\$35.00
Rental Application Fee Payment Assistance (BH-3800.7200)	N/A	0	6	\$0.00	\$0.00
Rental Application Fee Payment Assistance (BH-3800.7200)	VA	0	154	\$10985.16	\$71.33
Rental Deposit Assistance (BH-3800.7250)	Christmas Connections	0	7	\$1714.00	\$244.86
Rental Deposit Assistance (BH-3800.7250)	DCF: Challenge Grant	0	6	\$5040.00	\$840.00
Rental Deposit Assistance (BH-3800.7250)	DCF: ESG	0	20	\$7450.80	\$372.54
Rental Deposit Assistance (BH-3800.7250)	FL506 - Catholic Charities - Challenge PLUS Initiative 1 - Rapid Re-Housing (RRH)	0	3	\$1416.62	\$472.21
Rental Deposit Assistance (BH-3800.7250)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	8	\$2660.97	\$332.62
Rental Deposit Assistance (BH-3800.7250)	N/A	0	1	\$0.00	\$0.00
Rental Deposit Assistance (BH-3800.7250)	VA	0	122	\$158936.00	\$1302.75
Renter's Insurance (BH-3300.7250)	VA	0	2	\$181.41	\$90.71
Security Deposit Payment Assistance (BH-3800.7250-800)	N/A	0	5	\$0.00	\$0.00
Security Deposit Payment Assistance (BH-3800.7250-800)	VA	0	6	\$9952.00	\$1658.67
Supportive Housing Placement/Referral (BH-8500)	N/A	0	1	\$0.00	\$0.00
Transitional Housing/Shelter (BH-8600)	N/A	0	4	\$0.00	\$0.00
Transportation (BT)	N/A	0	60	\$0.00	\$0.00
Transportation (BT)	VA	0	37	\$16840.09	\$455.14
Transportation Expense Assistance (BT-8300)	VA	0	1	\$1186.61	\$1186.61

Transportation Passes (BT-8500)	VA	0	8	\$2000.00	\$250.00
Utility Assistance (BV-8900)	DCF: Challenge Grant	0	14	\$2671.36	\$190.81
Utility Assistance (BV-8900)	DCF: TANF	0	10	\$1966.99	\$196.70
Utility Assistance (BV-8900)	N/A	0	1	\$0.00	\$0.00
Utility Assistance (BV-8900)	VA	0	162	\$48374.77	\$298.61
Utility Assistance (BV-8900)	VA (1)	0	1	\$272.54	\$272.54
Utility Deposit Assistance (BV-8900.9150)	Christmas Connections	0	5	\$1152.38	\$230.48
Utility Deposit Assistance (BV-8900.9150)	N/A	0	1	\$0.00	\$0.00
Utility Deposit Assistance (BV-8900.9150)	VA	0	102	\$22394.21	\$219.55
Utility Service Payment Assistance (BV-8900.9300)	Christmas Connections	0	174	\$22809.80	\$131.09
Utility Service Payment Assistance (BV-8900.9300)	DCF: ESG	0	4	\$1090.20	\$272.55
Utility Service Payment Assistance (BV-8900.9300)	FL506 - Catholic Charities - Challenge PLUS Initiative 1 - Rapid Re-Housing (RRH)	0	3	\$30.00	\$10.00
Utility Service Payment Assistance (BV-8900.9300)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Homelessness Prevention (HP)	0	9	\$931.26	\$103.47
Utility Service Payment Assistance (BV-8900.9300)	FL506 - Catholic Charities - Challenge PLUS Initiative 2 - Rapid Re-Housing (RRH)	0	14	\$1883.49	\$134.54
Utility Service Payment Assistance (BV-8900.9300)	N/A	0	121	\$0.00	\$0.00
Vehicle Parts (BM-7000.0500-900)	VA	0	1	\$23.64	\$23.64
Veteran Benefits Assistance (FT-1000.9000)	N/A	0	8	\$0.00	\$0.00
Veteran Benefits Assistance (FT-1000.9000)	VA	0	2	\$439.32	\$219.66
Wireless Service Providers (BV-9000.9600)	VA	0	2	\$51.20	\$25.60
Work Clothing (BM-6500.1500-950)	VA	0	5	\$743.71	\$148.74
Work Tools/Equipment (BM-9500.9500)	VA	0	1	\$47.86	\$47.86
Total (Service Types: 96, Funding Sources: 10)		0	50508	\$1504410.78	\$29.79

File Query Analyze Display

Prompts 8 Prompts Gender All Values Race All Values Age Groups All Values Quarter All Values

Summary Demographic Detail Income Detail Race Key Raw Calculations

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Data Not Collected	Doesn't know/Refused	Hispanic/Latina/e/o	Middle Eastern or North African	More Than One Race and Ethnicity	Native Hawaiian or Pacific Islander	White	Sum
	0	0	2	0	1	1	0	0	0	0	4
Woman (Girl, if child)	5	2	329	3	0	9	0	32	3	207	590
Transgender	0	0	5	0	0	0	0	0	0	2	7
Non-Binary	0	0	1	0	0	0	0	1	0	2	4
More Than One Gender	0	0	1	0	0	0	0	1	0	0	2
Man (Boy, if child)	13	5	730	4	6	38	1	75	2	434	1,308
Data not collected	0	0	3	16	0	0	0	0	0	0	19
Sum:	18	7	1,071	23	7	48	1	109	5	645	1,934

											Sum
Birth - 5	0	0	1	0	0	0	0	0	0	0	1
13 - 18	0	0	12	0	0	1	0	1	0	3	17
19 - 25	1	1	104	2	0	4	0	16	0	33	161
26 - 39	5	2	325	7	2	16	0	40	1	159	557
40 - 54	7	1	327	6	3	16	0	29	3	222	614
55 & Above	5	2	298	6	2	11	1	24	1	232	582
Missing	0	1	3	1	0	0	0	0	0	0	5
Age Category Totals	18	7	1,070	22	7	48	1	110	5	649	

Total Female-Headed Households Served: 571

Total Households Served: 1,897

Race and Ethnicity 2024 New	AMI Groups (Modified)	Client Count
American Indian, Alaska Native, or Indigenous	Extremely Low (30% and Below AMI)	14
American Indian, Alaska Native, or Indigenous	Other	3
American Indian, Alaska Native, or Indigenous	Very Low (31% - 50% of AMI)	2
Asian or Asian American	Extremely Low (30% and Below AMI)	4
Asian or Asian American	Low (51% - 80% of AMI)	1
Asian or Asian American	Other	2
Black, African American, or African	Extremely Low (30% and Below AMI)	771
Black, African American, or African	Low (51% - 80% of AMI)	42
Black, African American, or African	Other	254
Black, African American, or African	Very Low (31% - 50% of AMI)	87
Data Not Collected	Extremely Low (30% and Below AMI)	7
Data Not Collected	Other	15
Doesn't know/Refused	Extremely Low (30% and Below AMI)	3
Doesn't know/Refused	Other	3
Doesn't know/Refused	Very Low (31% - 50% of AMI)	1
Hispanic/Latina/e/o	Extremely Low (30% and Below AMI)	
Hispanic/Latina/e/o	Other	
Hispanic/Latina/e/o	Very Low (31% - 50% of AMI)	1

Go To 1 of 1

ART Gallery Report 212

Duplicate Clients in ServicePoint

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1. INTRODUCTION:

EXECUTIVE SUMMARY:

This ART report is designed to assist administrators in finding duplicate clients for one or more selected provider(s). The report identifies duplicates by comparing unique client ID numbers and by comparing Social Security numbers. Matches found are listed with relevant information including:

- Client Uid
- Client Id
- Client name
- Client DOB
- Gender
- SSN
- providers with matching clients

AUDIENCE:

This report is intended for use by HMIS administrators or other HMIS users with responsibility for monitoring and/or insuring that duplicate clients do not exist in the database.

FREQUENCY:

It is recommended that this report be run on a monthly basis so that duplicate clients can be identified and if possible merged.

PURPOSE:

The duplicate clients can result in erroneous and/or conflicting data. Duplicate clients should be identified and merged whenever the security permissions allow.

PREREQUISITES AND REQUIREMENTS:

- ServicePoint version 5.11.x
- ART version 3.1x
- Standard Entry/Exit workflow.

2. REPORT INSTRUCTIONS AND PROMPTS:

The easiest way to start using this report is to navigate to the automapper. This is a folder that has the reports automatically mapped to your site, so that you don't have to map them yourself. You can navigate to the automapper as shown in Figure 2.1, below:



Figure 2.1

Requests for additional information concerning the report function/design should be directed to Bowman Systems' Customer Support Specialist (CSS) staff.

How to run: Upon opening the report, the User will be prompted (see Figure 2.2) to specify parameters which control the data returned by the report. Once the User has provided these parameters by responding to the user prompts, a green check-mark will appear next to each field to indicate that a selection has been made. The User should then single-click the "Refresh Data" button to generate the report.



Figure 2.2

The user prompts contained in this report are:

1. **Select Provider(s) for Report:** Click the “refresh list” icon and wait for the left window to refresh. Now select the providers to include by highlighting them in the left window and moving them into the right window using the right selection arrow.
2. **EDA Provider:** Enter EDA provider if desired.
3. **Enter Effective Date:** The user should enter (or select from the calendar) the current date (or a historical date if historical data is desired). The value selected is retained as the default for the next time the report is run.
4. **Enter Start Date:** The user should enter (or select from the calendar) the first day of the desired date range.
5. **Enter End Date PLUS 1 Day:** The user should enter (or select from the calendar) the date immediately following the last day of the reporting date range.**EDA Provider:** The user should select the EDA provider to run the report as, or leave it at the default "-Default Provider-" if EDA mode is not desired.
6. **Include Anonymous Clients/Unnamed Clients:** The user should select Yes to include a comparison of anonymous or unnamed clients
7. **Include Duplicates based on Service Providers:** The user should select Yes to include a comparison of duplicate clients based on the service provider
8. **Include Duplicates based on the ReferTo Provider:** The user should select Yes to include a comparison of duplicates based on the ReferTo provider.

3. DESCRIPTION AND LAYOUT:

3.2 Tab A – Duplicates by Unique Id

This tab shows duplicates identified by comparing the clients Unique Id number. The header will display the options selected in the prompts.

Duplicate Clients in ServicePoint					
Client Unique IDs by Entry Exit / Service / ReferTo Providers					
Report Dates: 1/1/2012 - 1/1/2015			Data Effective: 12/31/2015		
Client Unique ID / Count	Client ID # / Count	First Name	Last Name	Date of Birth	Gender
00431	417901	Anna	Edwards	01/08	Female
	409971	Andrea	Ortiz	04/02	Male
	928810	Alexandra	Schiff	12/04	Female
00443	44204	Anna	Olson	01/05	Female
	402051	Angie	Spencer	01/20	Female
00453	402072	Anna	Smith	02/02	Male
	421180	Andrea	Salvo	12/28/02	Female
00462	207901	Anna	Spencer		Male
	519905	Anna	Do	01/01	Male
00465	274997	Anna Lynn	Emberg	11/23/00	Male
	314216	Anna	Carroll	12/08/00	Male
	280220	Anna	Spencer		Female
00471	500041	Anna	Edwards	02/03	Female

Figure 3.2

Column Explanations:

- **Unique Id:** The Client Unique Id (and count) is provided for each client in the report. It is used throughout for de-duplication.
- **Client Id:** The Client Id (and count) is provided for each client in the report.
- **First Name:** The first name of the client is provided in this column
- **Last Name:** The last name of the client is provided in this column
- **Date of Birth:** The client’s date of birth is provided in this column
- **Gender:** The client’s gender is provided in this column.

3.4 Tab B – Duplicates by SSN

This tab is very similar to Tab A except duplicates are identified by comparing the client’s Social Security Numbers rather than their Unique Id numbers. The header will display the options selected in the prompts.

Duplicate Clients in ServicePoint					
SSN by Entry Exit / Service / ReferTo Providers					
Report Dates: 1/1/2012 - 1/1/2015			Data Effective: 12/31/2015		
Social Security Number / Count	Client ID # / Count	First Name	Last Name	Date of Birth	Gender
XXX-XX-3432	470904	Anna	Smith	03/01	Male
	520900	Anna	Spencer	11/07	Male
XXX-XX-8230	377905	Felix	Burn	202/05	Female
	410001	Rita	Nguyen	02/10/01	Female
XXX-XX-3070	310115	Carrie	Winters	01/13/75	Female
	500211	Matthew	Yoon	10/01	Male
XXX-XX-4007	252770	Mike	Nguyen	01/04	Male
	271400	Karen	Fincham	11/10/73	Female
XXX-XX-3021	130753	John	Furness	02/04	Male
	430500	Anna	Edwards	02/03	Female

Figure 3.4

Column Explanations:

- **Unique Id:** The Client Unique Id (and count) is provided for each client in the report. It is used throughout for de-duplication.
- **Client Id:** The Client Id (and count) is provided for each client in the report.
- **First Name:** The first name of the client is provided in this column
- **Last Name:** The last name of the client is provided in this column
- **Date of Birth:** The client’s date of birth is provided in this column
- **Gender:** The client’s gender is provided in this column.

3.5 Tab C – Additional Information

This tab is provided as a reference to the user running the report and lists the parameters specified in the user prompts.

Duplicate Clients in ServicePoint Additional Information	
Report Dates: 1/1/2012 - 1/1/2015	
Data Effective: 12/31/2015	
User Prompt Field	Value Selected
	Bowman Systems, LLC(0);
	1 Abyssinian PT/ES TA1:YMF(1236);
	1 Akaboo PT/ES(2055);
	1 Alligator PT/ES TA1:SMF+HC(2804);
	1 Angelfish PT/ES TA1:SM(3373);
	1 Antelope PT/ES TA1:HC(3499);
	1 Antelope PT/ES TA1:HC(5090);
	1 Arctic Fox PT/ES TA1:SMF(5134);
	1 Arctic Wolf PT/ES TA1:SM(5938);
	1 Arrowhead PT/ES TA1:SE+HC TA2(100005);

Figure 3.5

4. INPUT CONTROLS

There are no input controls in this report.

5. ALERTERS:

There are no Alerters in this report.

6. TECHNICAL INFORMATION:

6.1. How the data are pulled:

This report utilized three separate queries, one based on the Resource Universe and the other two based on the Client Universe.

The Providers query pulls the list of all for provider prompt.

The BISData query pulls duplicate clients based on Client Unique Id utilizing three combine queries. Each combine query pulls active clients that have multiple numeric IDs with the same Client Unique Id and a transaction that that occurs during the time frame by a provider selected in the prompts. The first combine query pulls based on Entry Exits, the second pulls based on services, and the third by referrals.

The Dup SSN query pulls duplicate clients based on Social Security Number utilizing three combine queries. Each combine query pulls active clients that have multiple numeric IDs with the same social security number and a transaction that that occurs during the time frame by a provider selected in the prompts. The first combine query pulls based on Entry Exits, the second pulls based on services, and the third by referrals.

6.2. Technical notes:

- a) The duplicates in Tab A of this report are identified by comparing the Unique Client ID, which relies on, and assumes an accurate recording of the client's name, date of birth and gender. Duplicate clients with inaccurate or missing information in one or more of these key fields may cause the duplication to be unidentified in this report.
- b) It should be noted that some of the duplicates identifies in this report may not actually be duplicates. Twins with similar first names may appear on the list in cases where they share a common gender, dates, of birth, last name and the first and third letter of their first names are the same such as Doris and Darla or Jane and June.

6.3. Modification options:

- a) Users with ad-hoc ART licenses may wish to modify/customize this report to better suit their needs and purposes. When modifying an Art Gallery report such as this one, the user will need to make a copy of the original report into a different folder. This copy can be created either by using the "save as" feature or by clicking on the "organize" icon in folder view.
- b) Administrators at the Agency or CoC levels may wish to add filters to limit the data to particular sub-set of providers with which they are concerned. This can be easily accomplished by the addition of an "in-list" type query filter or report filter

7. MAPPING OBJECTS:

QUERY NAME	OBJECT TYPE	FIELD NAME	LOCATION
Providers resource_point_u	Result objects	Provider	Provider folder
BISData Client u	Result Objects	Client Uid	Clients folder
		Client Unique Id	Clients / Client Unique Id folder
		Client First Name	Clients / Client Unique Id folder
		Client Last Name	Clients / Client Unique Id folder
		Date of Birth	Clients / Assessments /HUD CoC and ESG Entry folder
		Gender	Clients / Assessments /HUD CoC and ESG Entry folder
		Race	Clients / Assessments /HUD CoC and ESG Entry folder
		Ethnicity	Clients / Assessments /HUD CoC and ESG Entry folder
	Filter Objects	Client Inactive	Clients folder
		Entry Exit Provider Id	Clients / Entry Exit (outer) folder
		Entry Exit Entry Date	Clients / Entry Exit (outer) folder
		Entry Exit Exit Date	Clients / Entry Exit (outer) folder
		Entry Exit Inactive	Clients / Entry Exit (outer) folder
		Service Provide Provider	Clients / Services (outer) folder
		Service Provide Start Date	Clients / Services (outer) folder
		Service Inactive	Clients / Services (outer) folder
		Service Referto Provider	Clients / Services (outer) folder
		Service Refer Date	Clients / Services (outer) folder
Dup SSN Client u	Result Objects:	Client Uid	Clients folder
		Client Unique Id	Clients / Client Unique Id folder
		Client First Name	Clients / Client Unique Id folder
		Client Last Name	Clients / Client Unique Id folder
		Client Soc Sec No Dashed	Clients / Client Unique Id folder
		Client Date Added	Clients folder
		Date of Birth	Clients / Assessments /HUD CoC and ESG Entry folder
		Gender	Clients / Assessments /HUD CoC and ESG Entry folder
		Race	Clients / Assessments /HUD CoC and ESG Entry folder
		Ethnicity	Clients / Assessments /HUD CoC and ESG Entry folder
	Filter Objects:	Client Inactive	Clients folder
		Entry Exit Provider Id	Clients / Entry Exit (outer) folder
		Entry Exit Entry Date	Clients / Entry Exit (outer) folder
		Entry Exit Exit Date	Clients / Entry Exit (outer) folder
		Entry Exit Inactive	Clients / Entry Exit (outer) folder
		Service Provide Provider	Clients / Services (outer) folder
		Service Provide Start Date	Clients / Services (outer) folder
		Service Inactive	Clients / Services (outer) folder
Service Referto Provider	Clients / Services (outer) folder		
Service Refer Date	Clients / Services (outer) folder		

8. REVISION HISTORY:

Version	Description of Changes
V1	Original version –BETA
V2	Revision: Complete rewrite of queries and formatting.

Duplicate Clients in ServicePoint

Client Unique IDs by Entry Exit Providers (Excluding Anonymous/Unnamed)

Client Unique ID 10	Client Uid 21	First Name	Last Name	Date of Birth	Gender
afrb12141985a535f630	281967	[REDACTED]	[REDACTED]		
	589966	[REDACTED]	[REDACTED]		
dhub04271967d130h632	225865	[REDACTED]	[REDACTED]		
	479616	[REDACTED]	[REDACTED]		
gmka10141983g450m220	578350	[REDACTED]	[REDACTED]		
	580928	[REDACTED]	[REDACTED]		
jryb10201969j500r200	360013	[REDACTED]	[REDACTED]		
	590761	[REDACTED]	[REDACTED]		
klub11132000k250l200	588287	[REDACTED]	[REDACTED]		
	588933	[REDACTED]	[REDACTED]		
mbkb06271999m200b260	505444	[REDACTED]	[REDACTED]		
	505854	[REDACTED]	[REDACTED]		
	567668	[REDACTED]	[REDACTED]		
mhlb12041996m240h400	558150	[REDACTED]	[REDACTED]		
	590401	[REDACTED]	[REDACTED]		
osmb09271972o320s552	517205	[REDACTED]	[REDACTED]		
	587330	[REDACTED]	[REDACTED]		
tceb08232006t460c236	505481	[REDACTED]	[REDACTED]		
	589959	[REDACTED]	[REDACTED]		
trcb01061998t600r255	468023	[REDACTED]	[REDACTED]		
	586447	[REDACTED]	[REDACTED]		

Duplicate Clients in ServicePoint

SSN by Entry Exit Providers (Excluding Anonymous/Unnamed)

Social Security Number 24	Client Uid 549	First Name	Last Name	Date of Birth	Gender
XXX-XX-7909	489509	██████	██████		
XXX-XX-0765	411166	██████	██████		
	471931	██████	██████		
XXX-XX-5804	468023	██████	██████		
	586447	██████	██████		
XXX-XX-5583	301180	██████	██████		
	545618	██████	██████		
XXX-XX-3860	432381	██████	██████		
	484506	██████	██████		
XXX-XX-7387	368001	██████	██████		
	503753	██████	██████		
XXX-XX-1912	477710	██████	██████		
	477784	██████	██████		
XXX-XX-4790	479574	██████	██████		
	508572	██████	██████		
XXX-XX-3378	424836	██████	██████		
	589951	██████	██████		

Duplicate Clients in ServicePoint

Additional Information

User Prompt Field	Value Selected
Select Provider(s) for Report:	FL506 - BBCoC: [REDACTED]
EDA Provider:	-Default Provider-
Enter Effective Date:	10/1/2024
Enter Start Date:	8/1/2024
Enter End Date PLUS 1 Day:	10/1/2024
Include Anonymous/Unnamed Clients?	No
Include Duplicates Based on Service Provider?	No
Include Duplicates Based on ReferTo Provider?	No

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PromisSE
 FL506 - BBCoC: Big Bend Continuum of Care
 September 18, 2024

- Shadow Mode
- Back Date Mode
- Connect To BusinessObjects

Admin > Client Merge > Compare Clients

Type here for Global Search



Client Comparison

Selected Clients							
Unique ID	Client ID	Client Name	Social Security Number	Date of Birth	Creating Provider	Profile	
ttsb01011986t236t236	102854	tester, tester		01/01/1986	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT) (863)		
ttsa00000000t230t236	559081	tester, test			FL511 - Catholic Charities - ESG-Annual [Emergency Shelter] (Closed) (9709)		

Showing 1-2 of 2

	First	Middle	Last	Suffix
Desired Name	tester		tester	
Desired Name Data Quality	<input checked="" type="radio"/> -Select- <input type="radio"/> Full Name Reported			
Desired Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>			
Desired Date of Birth	01/01/1986			
Desired U.S. Military Veteran?	<input checked="" type="radio"/> No (HUD) <input type="radio"/> No (HUD)			
Desired Alternate Client ID				
Desired Photo				



Entry/Exits

Program	Type	Entry Date	Exit Date
ZZZ><AL501-(PHC) Project Homeless Connect 2015 - GOLDEN TICKET	HUD	01/28/2015	01/28/2016
AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)	Basic	04/06/2012	04/06/2012
AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)	Basic	04/05/2012	04/06/2012

Showing 1-3 of 3

Services

Start Date	End Date	Provider
04/06/2012	04/06/2012	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)
04/06/2012	04/06/2012	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)
04/06/2012	04/06/2012	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)
04/06/2012	04/06/2012	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)
04/06/2012	04/06/2012	AL500 - Firehouse - Emergency Shelter (ES) (ESG) (RPT)

Showing 1-5 of 6 [First](#) [Previous](#) [Next](#) [Last](#)

Case Managers

Name	Provider
No matches.	

(102854) tester, tester

Merge Action

Source

Destination

NOT Included

Mark as Distinct

Entry/Exits

Program	Type	Entry Date	Exit Date
No matches.			

Services

Start Date	End Date	Provider
04/01/2024	04/01/2024	FL511 - City of Pensacola Community Response [Supportive Services Only]
04/01/2024	04/01/2024	FL511 - City of Pensacola Community Response [Supportive Services Only]
03/27/2024	03/27/2024	FL511 - City of Pensacola Community Response [Supportive Services Only]

Showing 1-3 of 3

Case Managers

Name	Provider
No matches.	

(559081) tester, test

Merge Action

Source

Destination

NOT Included

Mark as Distinct

YouthEducationStatus.csv

YouthEducationStatus.csv contains data exclusively for element C3, Youth Education Status

DE#	Name	Type	List	Null	Notes
	YouthEducationStatusID	S32			Unique identifier
	EnrollmentID	S32			
	PersonallID	S32			
C3.1	InformationDate	D			
C3.2	CurrentSchoolAttend	I	C3.2	Y	
C3.A	MostRecentEdStatus	I	C3.A	Y	Null unless C3.2 = 0
C3.B	CurrentEdStatus	I	C3.B	Y	Null unless C3.2 = 1 or C3.2 = 2
	DataCollectionStage	I	5.03.1		
	DateCreated	T			
	DateUpdated	T			
	UserID	S32			
	DateDeleted	T		Y	
	ExportID	S32			Must match <i>ExportID</i> in Export.csv

Appendix A — List of Data Elements and Associated CSV Files

#	Data Element Name	File Location
2.01	Organization Information	Organization.csv
2.02	Project Information	Project.csv , Affiliation.csv ,
2.03	Continuum of Care Information	ProjectCoC.csv
2.06	Funding Sources	Funder.csv
2.07	Bed and Unit Inventory Information	Inventory.csv
2.08	HMIS Participation	HMISParticipation.csv
2.09	CE Participation	CEParticipation.csv
3.01	Name	Client.csv
3.02	Social Security Number	Client.csv
3.03	Date of Birth	Client.csv
3.04	Race and Ethnicity	Client.csv
3.06	Gender	Client.csv
3.07	Veteran Status	Client.csv
3.08	Disabling Condition	Enrollment.csv
3.10	Project Start Date	Enrollment.csv
3.11	Project Exit Date	Exit.csv
3.12	Destination	Exit.csv
3.15	Relationship to Head of Household	Enrollment.csv
3.16	Enrollment CoC	Enrollment.csv
3.20	Housing Move-In Date	Enrollment.csv
3.917	Prior Living Situation	Enrollment.csv
4.02	Income and Sources	IncomeBenefits.csv

4.03	Non-Cash Benefits	IncomeBenefits.csv
4.04	Health Insurance	IncomeBenefits.csv
4.05	Physical Disability	Disabilities.csv
4.06	Developmental Disability	Disabilities.csv
4.07	Chronic Health Condition	Disabilities.csv
4.08	HIV/AIDS	Disabilities.csv
4.09	Mental Health Problem	Disabilities.csv
4.10	Substance Use Disorder	Disabilities.csv
4.11	Domestic Violence	HealthAndDV.csv
4.12	Current Living Situation	CurrentLivingSituation.csv
4.13	Date of Engagement	Enrollment.csv
4.14	Bed Night Date	Services.csv
4.19	Coordinated Entry Assessment	Assessment.csv AssessmentQuestions.csv AssessmentResults.csv
4.20	Coordinated Entry Event	Event.csv
C2	Moving On Assistance Provided	Services.csv
C3	Youth Education Status	YouthEducationStatus.csv
C4	Translation Assistance Needed	Enrollment.csv
P1	Services Provided – PATH Funded	Services.csv
P2	Referrals Provided – PATH	Services.csv
P3	PATH Status	Enrollment.csv
P4	Connection with SOAR	IncomeBenefits.csv
R1	Referral Source	Enrollment.csv
R10	Pregnancy Status	HealthAndDV.csv
R11	Formerly a Ward of Child Welfare/Foster Care Agency	Enrollment.csv
R12	Formerly a Ward of Juvenile Justice System	Enrollment.csv
R13	Family Critical Issues	Enrollment.csv
R14	RHY Service Connections	Services.csv
R15	Commercial Sexual Exploitation/Sex Trafficking	Exit.csv
R16	Labor Exploitation/Trafficking	Exit.csv
R17	Project Completion Status	Exit.csv
R18	Counseling	Exit.csv
R19	Safe and Appropriate Exit	Exit.csv
R2	RHY-BCP Status	Enrollment.csv
R20	Aftercare Plans	Exit.csv
R3	Sexual Orientation	Enrollment.csv
R4	Last Grade Completed	EmploymentEducation.csv
R5	School Status	EmploymentEducation.csv
R6	Employment Status	EmploymentEducation.csv
R7	General Health Status	HealthAndDV.csv
R8	Dental Health Status	HealthAndDV.csv
R9	Mental Health Status	HealthAndDV.csv
V1	Veteran's Information	Client.csv

V2	Services Provided – SSVF	Services.csv
V3	Referrals Provided – SSVF	Services.csv
V4	Percent of AMI	Enrollment.csv
V6	VAMC Station Code	Enrollment.csv
V7	SSVF HP Targeting Criteria	Enrollment.csv
V8	HUD-VASH Voucher Tracking	Services.csv
V9	HUD-VASH Exit Information	Exit.csv
W1	Services Provided – HOPWA	Services.csv
W2	Financial Assistance – HOPWA	Services.csv
W3	Medical Assistance	IncomeBenefits.csv
W4	T-Cell (CD4) and Viral Load	Disabilities.csv
W5	Housing Assessment at Exit	Exit.csv
W6	Prescribed Anti-Retroviral	Disabilities.csv

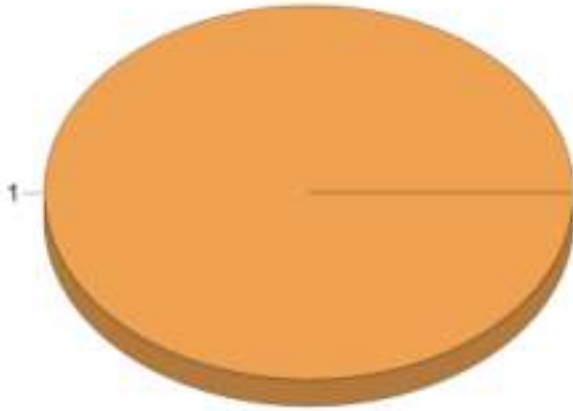
Data Completeness Report Card (EE)

Summary

Date Range: 10/1/2023- 9/30/2024

Grading Scale: A - 95 - 100 + / B - 90 - 94.99 / C - 80 - 89.99 + / F - 0 - 79.99

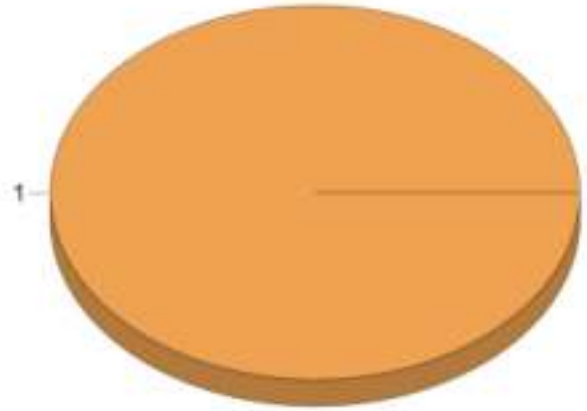
Overall Grade



Provider Grade (Overall)

■ B

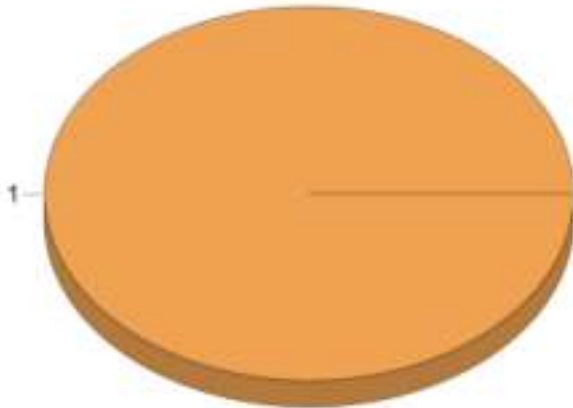
UDE ONLY Grade



Provider Grade (UDE)

■ A

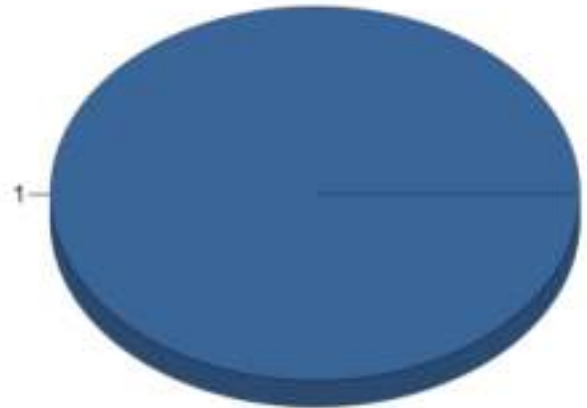
Additional ONLY Grade



Provider Grade (Addtl)

■ A

HUD Verification ONLY Grade



Provider Grade (Ver)

■ F

Data Completeness Report Card (EE)

Summary

Date Range: 10/1/2023- 9/30/2024

Grading Scale: A - 95 - 100 + / B - 90 - 94.99 / C - 80 - 89.99 + / F - 0 - 79.99

Report Card Summary Table

(Grouped by OVERALL Grade / Ordered by OVERALL Percentage)

Provider	UDE ONLY		Additional ONLY		Verification ONLY		OVERALL	
	%	Grade	%	Grade	%	Grade	%	Grade
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(65	95.39%	A	98.81%	A	74.86%	F	91.77%	B

Data Completeness Report Card (EE)

Overall Summary

Date Range: 10/1/2023- 9/30/2024

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	A	F	B
	95.39%	98.81%	74.86%	91.77%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
*HUD Universal Data Elements:				
Name	All	15,110	15,110	100.00%
Social Security Number	All	15,110	15,104	99.96%
Date of Birth	All	15,110	15,105	99.97%
Race	All	15,110	10,996	72.77%
Ethnicity	All	15,110	10,882	72.02%
Gender	All	15,110	15,108	99.99%
Veteran Status	Adults	15,107	15,098	99.94%
Disabling Condition (Y/N)	All	15,110	14,966	99.05%
Prior Living Situation	Adults/HoH	15,108	15,010	99.35%
Length of Stay in Previous Place	Adults/HoH	15,108	14,807	98.01%
Destination (Exit)	Adults/HoH at Exit	14,816	14,816	100.00%
Relationship to Head of Household	All	15,110	15,081	99.81%
Client Location	HoH ONLY	14,984	14,891	99.38%

Additional Data Elements:				
Domestic Violence	Adults/HoH	15,108	14,992	99.23%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	15,108	14,930	98.82%
Non-Cash Benefit Received (Y/N)	Adults/HoH	15,108	14,887	98.54%
Covered by Health Insurance (Y/N)	All	15,110	14,906	98.65%

HUD Verification: (Elements measure completeness at entry ONLY)				
Disability Type	All	15,110	14,626	96.80%
Income Source	Adults/HoH	15,108	14,590	96.57%
Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	6,666	6,415	96.23%
Non-Cash Source	Adults/HoH	15,108	14,604	96.66%
Health Insurance Type	All	15,110	0	0.00%

* Refer to 0260 for Chronic Homelessness data quality fields.

Data Completeness Report Card (EE)

Provider Report Card

Date Range: 10/1/2023- 9/30/2024

FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	A	F	B
	95.39%	98.81%	74.86%	91.77%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
HUD Universal Data Elements:				
Name	All	15,110	15,110	100.00%
Social Security Number	All	15,110	15,104	99.96%
Date of Birth	All	15,110	15,105	99.97%
Race	All	15,110	10,996	72.77%
Ethnicity	All	15,110	10,882	72.02%
Gender	All	15,110	15,108	99.99%
Veteran Status	Adults	15,107	15,098	99.94%
Disabling Condition (Y/N)	All	15,110	14,966	99.05%
Prior Living Situation	Adults/HoH	15,108	15,010	99.35%
Length of Stay in Previous Place	Adults/HoH	15,108	14,807	98.01%
Destination (Exit)	Adults/HoH at Exit	14,816	14,816	100.00%
Relationship to Head of Household	All	15,110	15,081	99.81%
Client Location	HoH ONLY	14,984	14,891	99.38%

Additional Data Elements:				
Domestic Violence	Adults/HoH	15,108	14,992	99.23%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	15,108	14,930	98.82%
Non-Cash Benefit Received (Y/N)	Adults/HoH	15,108	14,887	98.54%
Covered by Health Insurance (Y/N)	All	15,110	14,906	98.65%

HUD Verification: (Elements measure completeness at entry ONLY)				
Disability Type	All	15,110	14,626	96.80%
Income Source	Adults/HoH	15,108	14,590	96.57%
Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	6,666	6,415	96.23%
Non-Cash Source	Adults/HoH	15,108	14,604	96.66%
Health Insurance Type	All	15,110	0	0.00%

* Refer to 0260 for Chronic Homelessness data quality fields.

Data Completeness Report Card (EE)

Client Detail by Provider

Date Range: 10/1/2023- 9/30/2024

FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)

Entry Exit Information			HUD Universal Data Elements													Additional Data Elements					HUD Verification				
Client ID	Entry Date	Exit Date	Name	SSN	DOB	Race	Eth	Gen	Vet	YN Disab	PLS	LOS Prior	Dest Exit	HoH	Loc	DV	SVS	YN Inc	YN NC	YN Ins	Disab Ok=8	Inc Ok=15	Inc Amt	NC Ok=6	Ins Ok=10
72	12/12/2023	12/13/2023	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Null	Null	Null	Ok	Null	-	Null	N/A	Null	Null	Null	Null	Null	-	Null	Null
8579	10/19/2023	10/30/2023	Ok	Ok	Ok	Null	Ok	Ok	Ok	Null	Null	Null	Ok	Ok	Ok	Null	N/A	Null	Null	Null	Null	Null	-	Null	Null
26723	12/14/2023	12/15/2023	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
32039	8/20/2024	8/21/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Null	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
32039	8/21/2024	8/22/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Null	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
32039	8/24/2024	8/30/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
33359	5/14/2024	5/15/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/15/2024	5/16/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/16/2024	5/17/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/17/2024	5/18/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/18/2024	5/19/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/19/2024	5/20/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/20/2024	5/21/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/21/2024	5/22/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/22/2024	5/23/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	5/23/2024	6/5/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
33359	6/9/2024	6/10/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
34930	5/31/2024	6/1/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
34930	6/1/2024	6/2/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
34930	6/14/2024	6/15/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
36939	4/1/2021	2/15/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
36939	2/16/2024	2/26/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
41976	6/18/2024	6/19/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	7/12/2024	7/13/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	7/15/2024	7/16/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	7/25/2024	7/26/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	7/26/2024	7/27/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	7/27/2024	7/28/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	8/31/2024	9/1/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
41976	9/10/2024		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
65732	2/19/2024	2/20/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
68821	4/9/2024	4/10/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	9
84797	2/2/2024	2/5/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9
91125	5/7/2024	5/8/2024	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	-	Ok	9

Data Completeness Report Card (EE)

Additional Information

Date Range: 10/1/2023- 9/30/2024

User Prompt Field	Value(s) Selected
EDA Provider:	-Default Provider-
Enter Start Date:	10/1/23
Enter End Date PLUS 1 Day:	10/1/24
Select Provider(s):	FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES) (6536)
Include Services in Report Card?	No

Providers Reporting Information	Entry Exit Count
FL506 - BBCoC: CESC - Emergency Shelter (singles) (ES)(6536)	15,110

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HMIS Annual Data Reporting Timeline

1st Quarter [01/01 – 03/31]

- **Point in Time Count**
 - Requires coordination, planning, and training prior to January
- **Housing Inventory Count**
 - Requires coordination, and survey completion in January
- **ESG CAPER**
 - Due to DCF, Office on Homelessness by April 15th
- **HUD 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.

2nd Quarter [04/01 – 06/30]

- **Point in Time Count**
 - Requires coordination, planning, and training prior to January
 - Requires Board/Exec Comm prior to release
 - Submission to HUD around end of April
- **Housing Inventory Count**
 - Requires coordination, and survey completion in January
 - Requires Board/Exec Comm prior to release
 - Submission to HUD around end of April

- **ESG CAPER**
 - Due to DCF, Office on Homelessness by July 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.

3rd 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.

4th Quarter [10/01 – 12/31]

- **ESG CAPER**
 - Due to DCF, Office on Homelessness by January 15th
- **Longitudinal Systems Analysis (LSA)**
 - Due by January 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)
- **Data Quality Reports** (used for data quality checks and troubleshooting)

PromisSE and CoC Participation Agreement

CoC Name: _____

This agreement is entered into on _____(mm/dd/yy) between One Roof, designated as PromisSE's HMIS Vendor Contract-Holding Agency, and the above-stated Continuum designated Lead HMIS Agency hereafter known as "HMIS Lead," regarding access and use of the Program Management Information System, hereafter known as "PromisSE."

I. Introduction

The purpose of HMIS is to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care in addition to the implementation; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care.

PromisSE's goals are to:

- Improve coordinated care for and services to homeless and at-risk persons in the PromisSE 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 at risk of experiencing 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/consumer confidentiality and data security, the PromisSE is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk of being homeless.

II. One Roof Responsibilities

- A. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will establish and manage the single shared Implementation contract with Wellsky, the HMIS software provider.
- B. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will offer initial training for the HMIS Coordinator of each local Continuum-designated HMIS Lead Agency, regarding the use of the HMIS compliant software used by PromisSE, so that the HMIS Coordinator will take responsibility for training end users within their Continuum. One Roof will provide notification of any Regional and other periodic training offered to Continuum-designated HMIS Lead Agencies electronically at least two weeks in advance, barring extenuating circumstances.
- C. One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, will provide PromisSE software support and technical assistance (i.e., general troubleshooting and assistance with standard report generation) to the HMIS Coordinator of each local Continuum-designated HMIS Lead Agency. Access to this basic technical assistance will be available during normal business hours Monday through Friday (with the exclusion of holidays) and limited availability outside of normal business hours.

- D. One Roof will establish a fee structure for financing the software utilized by PromisSE, including an administrative fee. The current fee structure is as follows:
 - a) The cost of all WellSky Community Services modules will be divided evenly among all Continuum-designated HMIS Lead Agencies.
 - b) The cost of software licenses, reporting licenses, and associated fees allocated to each Continuum-designated HMIS Lead Agency will be the responsibility of that agency, and will be added to the cost of the WellSky Community Services modules.
 - c) One Roof will charge a 3% fee for all HMIS software related billing to each Continuum-designated HMIS Lead Agency.
- E. One Roof will invoice participants in a timely manner.
- F. One Roof will order user licenses at the request of the HMIS Coordinator of each Continuum-designated HMIS Lead Agency.

III. Continuum-designated HMIS Lead Agency's Responsibilities

- A. The Continuum-designated HMIS Lead Agency agrees to maintain documentation of their annual designation as HMIS Lead Agency by their local Continuum of Care as established by HUD and notify One Roof, as PromisSE's HMIS Vendor Contract-holding Agency, within 48 hours of any changes in this designation.
- B. The Continuum-designated HMIS Lead Agency agrees to participate as a member of the Program Management Information System of the Southeast's Steering Committee, the governing entity of PromisSE.
- C. The Continuum-designated HMIS Lead Agency agrees to designate system-level access based on job requirements for their CoC's users and provide appropriate training for each access level.
 - a. All users assigned "System Operator", "System Admin I", or "System Admin II" access are required to:
 - i. Complete, at a minimum, basic PromisSE system training and system administrator training.
 - ii. Have job duties that require a majority of the following permissions within the PromisSE system:
 1. View Inactive Clients, Call Records, and Providers
 2. Delete any Client Record, Call Record, Household, or Provider
 3. Create, Delete, and Manage ALL users in the PromisSE system
 4. Create, Delete, and Manage ALL providers in the PromisSE system
 5. Add, Edit, and Delete EDA groups (system access for other users)
 6. View and Modify PromisSE System Preferences and Settings
 7. Bypass Security and ROIs to Access System Information
 8. Purchase, Allocate, and Assign Licenses
 9. Add, Edit, and Delete Resource, Reporting, EDA, and Visibility Groups
 10. Generate Audit, XML, and System-Wide Reports
 11. Delete Subordinate and Parent Provider Reportwriter Reports
 12. Access and Change Settings to Create, Read, Update, and Delete Assessment Information System-Wide
 13. View and Modify Picklists
 - iii. Have PromisSE system access limited only to necessary providers (in users' EDA Group Settings)
- D. The Continuum-designated HMIS Lead Agency agrees to support the HMIS Coordinator to ensure the Continuum Agencies who participate in PromisSE follow the basic standards as described in the PromisSE Policies and Procedures Manual and any Federal standards that supersede the Policies and Procedures.
- E. The Continuum-designated HMIS Lead Agency agrees to pay One Roof in full and on time for use of the PromisSE software and services associated with the HMIS software.
- F. The Continuum-designated HMIS Lead Agency agrees to make end user license and reporting license requests through One Roof.
- G. The Continuum-designated HMIS Lead Agency agrees to make WellSky requests through One Roof.



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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)

Based on the information on the previous page:

_____ I authorize sharing my dependent's data.

_____ I do not authorize sharing my dependent's 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.

_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB

Legal Guardian's Authorizing Signature

Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.

Data Security Standards

1. 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.
2. 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".
3. All computers have virus protection with automatic updates.
4. 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.
5. 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.
6. 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

1. 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.
2. PKI Encryption - An additional layer of encryption in the PromisSE (HMIS) system is provided by the use of a Public Key Infrastructure (PKI) Client Certificate, which requires a matching server certificate/client certificate pair, in order to decrypt the data that is sent from the End User's PromisSE (HMIS) system site to their web browser. Without the appropriate PKI Client Certificate installed on the End User's computer, their web browser is not able to decrypt the data, therefore prohibiting access the PromisSE (HMIS)

system. The PKI Client Certificate is installed on an End User's computer before the End User can access the PromisSE (HMIS) system, which allows agencies to regulate exactly which devices can and cannot access the PromisSE (HMIS) system.

3. Two Factor Authentication - The requirement of a username and password to access the PromisSE (HMIS) system along with the use of the PKI, is known as Two Factor Authentication, which makes it harder for potential hackers to gain access to and steal client information.
4. The PromisSE (HMIS) system database lives on a server protected by a firewall, which is a device meant to keep hackers and viruses away from the server. Firewalls are in place on all servers hosted by WellSky Housing & Community Services.
5. Only authorized personnel at WellSky have access to the equipment used to host the customer's data.

Disaster Recovery Plan

1. WellSky Housing & Community Services is responsible for providing a disaster recovery plan, in cases of system outages. As outlined by WellSky, the basic Disaster Recovery Plan is included in our PromisSE (HMIS) system contract and "includes the following:
 - a. Nightly database backups.
 - b. Offsite storage of backups.
 - c. 7-day backup history stored locally on instantly accessible RAID storage.
 - d. 1-month backup history stored off-site
 - e. 24 x 7 access to WellSky emergency line to provide assistance related to "outages" or "downtime".
 - f. 24 hours backed up locally on instantly-accessible disk storage
2. Standard Recovery: All customer site databases are stored online, and are readily accessible for approximately 24 hours; backups are kept for approximately one (1) month. Upon recognition of a system failure, a site can be copied to a standby server, and a database can be restored, and site recreated within three (3) to four (4) hours if online backups are accessible. As a rule, a site restoration can be made within six (6) to eight (8) hours. On-site backups are made once daily and a restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.
3. All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup unites that in turn are all connected to electrical circuits that are connected to a building generator.
4. All client data is backed-up online and stored on a central file server repository for 24 hours. Each night an encrypted backup is made of these client databases and secured in an offsite datacenter.
5. Historical data can be restored from backups as long as the data requested is 30 days or newer. As a rule, the data can be restored to a standby server within 6-8 hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.
6. For power outage, our systems are backed up via APC battery back-up units, which are also in turn connected via generator-backed up electrical circuits. For a system crash, Non-Premium Disaster Recovery Customers can expect six (6) to eight (8) hours before a system restore with potential for some small data loss (data that was entered between the last backup and the failure occurred) if a restore is necessary. If the failure is not hard drive related these times will possibly be much less since the drives themselves can be repopulated into a standby server.

7. All major outages are immediately brought to the attention of executive management. WellSky supports staff helps manage communication or messaging to customers as progress is made to address the service outage. WellSky takes major outages seriously, understands, and appreciates that the customer becomes a tool and utility for daily activity and client service workflow.”
8. Communication between PromisSE's HMIS Vendor Contract-holding Agency, the Continuum Designated HMIS Lead Agency, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.

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.

1. Provider Pages are appropriately named per the PromisSE naming standards: <CoC #/Name> - <Agency name> - <Program Name><Program Type>. Example: “AL501- Housing First – Victory (TH)”.
2. Inactive Provider Pages are properly identified with “ZZZ”><Provider Page Name.
3. 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)”.
4. 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

BBCoC Data Quality 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.

Why Do We Need a Data Quality Plan?

Data quality is critical to the work of ending Homelessness. Along with the mandate that federally funded projects must enter data into HMIS, the database allows for much more than just meeting a requirement. Good data quality helps agencies and the CoC report on performance outcomes, allows for case managers to have all of the information necessary to help their clients, and provides a way to view system performance overall. When data quality is not where it should be, it affects the entire system. It can impact clients who may have to spend time correcting erroneous information with a case manager. It can negatively impact overall data quality scores for the CoC which could affect competitiveness in the HUD NOFA competitions. It could also impact an agency's ability to continue receiving funds from federal sources if consistently poor data goes to HUD in required reports. Data is a driving force in ending homelessness.

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 1/10/2019, they should be exited from the project on 1/10/2019, 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 HMIS staff will monitor data on a monthly basis, and will notify agency leadership (and/or their designated data lead(s)) 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, • no HMI date with long/open enrollment in PH, and • dates greater than the current date. 	Agency and user notified and asked to correct within two business days. Re-training may be recommended.
Income Data Quality	Examines income for: <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	Looks at length of stay and checks for: <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.



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HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

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+ WHAT IS AN HMIS

- NEW USER? START HERE

To request HMIS user access, please follow these steps:

1. Download and complete the [Affidavit of Good Moral Character and Background Check Consent form](#).
2. Have the User Agreement & Affidavit form notarized prior to submission.
3. Email our HMIS Data Analyst, [Broderick Seabrooks](#) (**must be from your work email address**), and attach the affidavit and consent form, along with a legible color copy of a photo ID / Drivers License.
4. The CoC will process these forms, and run a background check. **NOTE:** If your agency has already run a background check, or a DCF background screening, please send us a copy. We will skip the background check, however we still require the background check consent form.
5. While these forms are being processed, please visit our [PromisSE HMIS Training Portal](#) and complete all of the training courses.
6. Once all forms and background checks have been processed, and you have successfully completed the online web course, the BBCoC HMIS Administrator will reach out to the new employee and their supervisor to schedule the employee for new user training.
7. New user login credentials will be provided only after users have completed the new user training session. New user trainings are conducted twice a month, via Microsoft Teams virtual meetings, which allow a live instructor to screen share and walk users through the system following their agency's workflows.



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For any HMIS-related inquiries, please [email our HMIS Helpdesk](#). Please be sure to include your name, agency, and a thorough description of your issue or question. Also, it is preferred that requests be sent from your agency's email (e.g. no Gmail, Yahoo, AOL, etc.).

When submitting a support request, please include the following information:

- **Your Name:** Full name of the individual requesting support.
- **Agency:** The name of your agency or organization.
- **Contact Information:** Email address and phone number where we can reach you.
- **Detailed Description:** A thorough explanation of your issue or question. Include any relevant screenshots, error messages, or steps to reproduce the problem.

Important: Do Not Include Client PII

To protect the privacy and security of clients, please **do not include any Personally Identifiable Information (PII)** about clients in your support requests. Examples of client PII include, but are not limited to:

- **Full Name**
- **Social Security Number**
- **Date of Birth**

Support Hours

Our support team is available to assist you Monday through Friday, from **8:00 AM to 5:00 PM Eastern Time**. Support requests submitted outside of these hours, including weekends and nationally observed holidays, will be addressed as soon as possible on the next business day.

Response Time

We are committed to responding to all support inquiries within one business day. For urgent matters, please indicate the priority level in your request.

Confidentiality

All support interactions are handled with strict confidentiality. We are dedicated to protecting clients personal and agency information in accordance with our Privacy Policy.

Feedback and Escalation

Your feedback is valuable to us. If you have any suggestions or need to escalate an issue, please let us know, and we will ensure it receives the appropriate attention.

+ HOW TO REQUEST A NEW HMIS PROJECT



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Re: HMIS User License Documentation

 Sarah Grindle-Rollins
To:  Eric Layton

↶ Reply ↶ Reply All → Forward ⋮

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\$15.58
- Annual Administration Fee to One Rood
\$4.28

Kind Regards,
Sarah Grindle-Rollins
 Comptroller
 Big Bend Continuum of Care
 1820 East Park Avenue, Suite 203
 Tallahassee, FL 32301
 (850)792-5015 Office
www.bigbendcoc.org





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- HOW TO REQUEST A NEW HMIS PROJECT

Agency Executive Directors may complete our [Provider Descriptive Data Elements \(PDDE\)](#) form, in it's entirety, and email it to our [HMIS Support Helpdesk](#).

Please be sure to include the project name along with the application, along with a copy of the associated contract, if applicable/available.

Our HMIS administrators will reply within 2 business days if there are any questions about the form, or with confirmation of the project's completion in the system.

Provider Descriptive Elements 2024-2025

1. Which of the following BEST describes your project (please select ONE)?

**If you have multiple projects, please complete a separate form for each one.*

- Coordinated Entry
- Day Shelter
- Emergency Shelter
- Homelessness Prevention
- PH (Permanent Housing) – Housing only
- PH (Permanent Housing) – Housing w/ services (no disability required for entry)
- PH (Permanent Housing) – Permanent **Supportive** Housing (disability required for entry)
- PH (Permanent Housing) – Rapid Re-housing
- Safe Haven
- Services Only
- Street Outreach
- Transitional Housing
- Other (please describe): _____

2. Project Operating Dates: **These are the dates the project starts (or has started) and the date the project is due to end. A program may be ongoing and have no end date—in such a case, leave the end date blank.*

a. Operating Start Date: _____/_____/_____

b. Operating End Date: _____/_____/_____

3. Does this project (or program being set up in HMIS) receive any of the following grant types?

**Check all that apply, or N/A if none apply*

- HOPWA HUD-CoC PATH RHY SSVF Not Applicable

4. Please select all applicable services that your project or program provides.

**If there are services your project or program provides that are not listed here, please list them in the blank cells at the bottom of the chart.*

BASIC NEEDS-Food and Material Goods	BASIC NEEDS: Housing and Shelter	Other Services <i>(most commonly accessed)</i>
<input type="checkbox"/> Emergency Food	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Case Management
<input type="checkbox"/> Food vouchers	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Employment Preparation
<input type="checkbox"/> Food pantry	<input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> Housing Search Assistance
<input type="checkbox"/> Formula/Baby Food	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Moving Assistance
<input type="checkbox"/> Diapers	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Housing Counseling
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Material Goods	<input type="checkbox"/> Homelessness Diversion	<input type="checkbox"/> Substance Use Counseling
<input type="checkbox"/> Furniture	<input type="checkbox"/> Day Shelter	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> Baby Furniture	<input type="checkbox"/> Homeless Motel Vouchers	<input type="checkbox"/> Benefits Assistance
<input type="checkbox"/> Personal/Grooming Supplies	<input type="checkbox"/> Rent Payment Assistance	<input type="checkbox"/> Utility Deposit Assistance
<input type="checkbox"/> Clothing vouchers	<input type="checkbox"/> Rental Deposit Assistance	<input type="checkbox"/> Utility Payment Assistance
<input type="checkbox"/> Mobile Device Assistance	<input type="checkbox"/> Rental Application Fee Assistance	<input type="checkbox"/> Transportation/Bus Passes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bus Fare (local/long dis.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you have a **Federal Funding Partner**, please check all that are applicable for this project/program below:

**Select applicable options below that meet both the funding partner and program type criteria*

<input type="checkbox"/> HUD: CoC – Homelessness Prevention	<input type="checkbox"/> HUD: HOPWA – Short-term Rent, Mortgage, Utility assistance
<input type="checkbox"/> HUD: CoC – Permanent Supportive Housing	<input type="checkbox"/> HUD: HOPWA – Short term Supportive Facility
<input type="checkbox"/> HUD: CoC – Rapid Re-Housing	<input type="checkbox"/> HUD: HOPWA – Transitional Housing (facility-based or TBRA)
<input type="checkbox"/> HUD: CoC – Supportive Services Only (SSO)	<input type="checkbox"/> HUD: HOPWA - CV
<input type="checkbox"/> HUD: CoC – Transitional Housing	<input type="checkbox"/> HUD: Public and Indian Housing (PIH) Programs
<input type="checkbox"/> HUD: CoC – Safe Haven	<input type="checkbox"/> HUD: HUD/VASH
<input type="checkbox"/> HUD: CoC – Single Room Occupancy (SRO)	<input type="checkbox"/> HUD: PIH (Emergency Housing Voucher)
<input type="checkbox"/> HUD: CoC – Youth Homeless Demonstration Program (YHDP)	<input type="checkbox"/> HUD: HOME
<input type="checkbox"/> HUD: CoC – Joint Component RRH/PSH	<input type="checkbox"/> HUD: HOME (ARP)
<input type="checkbox"/> HUD: CoC – Joint Component TH/RRH	<input type="checkbox"/> HHS: PATH – Street Outreach and Supportive Services Only
<input type="checkbox"/> HUD: ESG – Emergency Shelter	<input type="checkbox"/> HHS: RHY – Basic Center Program (prevention and shelter)
<input type="checkbox"/> HUD: ESG – Homelessness Prevention	<input type="checkbox"/> HHS: RHY – Maternity Group Home for Pregnant and Parenting Youth
<input type="checkbox"/> HUD: ESG – Rapid Re-housing	<input type="checkbox"/> HHS: RHY – Transitional Living Program
<input type="checkbox"/> HUD: ESG – Street Outreach	<input type="checkbox"/> HHS: RHY – Street Outreach Project
<input type="checkbox"/> HUD: ESG – CV	<input type="checkbox"/> HHS: RHY – Demonstration Project
<input type="checkbox"/> HUD: Pay for Success	<input type="checkbox"/> VA: CRS Contract Residential Services
<input type="checkbox"/> HUD: Rural Housing Stability Assistance Program	<input type="checkbox"/> VA: Community Contract Safe Haven Program
<input type="checkbox"/> HUD: HOPWA – Hotel/Motel vouchers	<input type="checkbox"/> VA: Community Contract Safe Haven Program
<input type="checkbox"/> HUD: HOPWA – Housing Information	<input type="checkbox"/> VA: Grant and Per Diem Program
<input type="checkbox"/> HUD: HOPWA – Permanent Housing (facility - based or TBRA)	<input type="checkbox"/> VA: Supportive Services for Veteran Families
<input type="checkbox"/> HUD: HOPWA – Permanent Housing Placement	<input type="checkbox"/> N/A (Not Applicable)

6. What are the Start and End Dates for each Federal Funding Source you selected above, if any applied?

**If not applicable, or if there is no end date, leave blank.*

a. Federal Funding Source 1: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

b. Federal Funding Source 2: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

c. Federal Funding Source 3: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

7. Is this project a Victim Services Providers?

YES NO

8. If applicable, what is the grant identifier for the above selected grant(s)?

**This is usually a number, or letter/number combination*

a. Grant Identifier 1: # _____

b. Grant Identifier 2: # _____

c. Grant Identifier 3: # _____

9. If the program in HMIS does not have a Federal Funding Source, what is the name of the funding source(s) as well as the start and end dates for each source? **If not applicable, or there is no end date, leave blank.*

a. Non-Federal Funding Source 1: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

b. Non-Federal Funding Source 2: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

c. Non-Federal Funding Source 3: _____

i. Start Date: _____/_____/_____ End Date: _____/_____/_____

10. **FOR ALL BED PROJECTS**, please fill in the following items (fill separately for multiple bed projects):

a. **What household type do you serve?**

- Households without children
- Households with at least one child and one adult
- Household with only children (under 18)

b. **Describe your bed inventory for just the program identified in this form:**

TOTAL BED INVENTORY: _____	
Of the total bed inventory, what number of beds are dedicated to:	
Chronic Homeless Bed Inventory (PSH Only)?	=
Veteran Bed Inventory?	=
Youth Beds Inventory?	=
Of the youth beds, what number are restricted to:	
Only under age 18?	=
Only ages 18-24?	=
Only under age 24 (both of the above)?	=

c. **How many 'units' house your beds?** **This is the number of rooms that the beds are distributed among* # of Units: _____

d. **Do you get McKinney Vento funding?** YES NO



HMIS Courses

Each course has one or more lessons, [click on a course to get started.](#)

0



GETTING READY FOR TRAINING

This optional course will help prepare you for training by covering some basic computer information and skills.

OPEN COURSE

1



INTRODUCTION TO HMIS

This course will lay the groundwork for working with a Homeless Management Information System (HMIS).

OPEN COURSE

2



INTRO TO WELLSKY COMMUNITY SERVICES (PREVIOUSLY SERVICEPOINT)

This course will lay the groundwork for working with WellSky's Community Services (previously ServicePoint).


3



CLIENT INTAKE

This course will walk through the steps used to enter client data into Community Services (ServicePoint).

03 – Client Intake

 This course will cover the basics of how to intake a client into Community Services (Formerly ServicePoint) HMIS. Intake is the process of collecting a client's information and then entering into the Homeless Management Information System (HMIS) database. Intake provides the ability to keep track of client progress and to be able to serve them better throughout their journey.

Course Content

03.00 – Course Overview & Objectives

03.01 – Enter Data As (EDA)

03.02 – Back Date

03.03 – Client Search

03.04 – Creating a Client

03.05 – Creating a Household

03.06 – Creating an ROI

03.07 – Program Entry

03.08 – Program Exit

03.09 – Quiz



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., “Service Provider Personnel” and “Peer Specialists” screened pursuant to s. 397.407, F.S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

Relating to:

Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____