

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/11/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lee County Board of County Commissioners

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000702

	c. Organizational DUNS:	013461611	PLUS 4:	
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d. Address

Street 1: 2440 Thompson Street

Street 2:

City: Fort Myers

County: Lee

State: Florida

Country: United States

Zip / Postal Code: 33901

e. Organizational Unit (optional)

Department Name: Human and Veteran Services

Division Name:

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

Prefix: Mrs.

First Name: Jeannie

Middle Name:

Last Name: Sutton

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Lee County Board of County Commissioners

Telephone Number: (239) 533-7958

Extension:
Fax Number: (239) 533-7960
Email: jsutton@leegov.com

1C. SF-424 Application Details

9. Type of Applicant: B. County 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-6200-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: LCHDC DV Rapid Re-Housing

16. Congressional District(s):

a. Applicant: FL-019

b. Project: FL-019

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: Commissioner

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

Telephone Number: (239) 533-2227
(Format: 123-456-7890)

Fax Number: (239) 485-2021
(Format: 123-456-7890)

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lee County Board of County Commissioners

Prefix:

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

Organizational Affiliation: Lee County Board of County Commissioners

Telephone Number: (239) 533-2227

Extension:

Email: dist2@leegov.com

City: Fort Myers

County: Lee

State: Florida

Country: United States

Zip/Postal Code: 33901

2. Employer ID Number (EIN): 59-6000702

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$53,790.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See Attached	See Attached	\$0.00	See Attached

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
See Attached	See Attached	See Attached	\$0.00	0%

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Cecil Pendergrass, Chair, Board of County Commissioners

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

Date Signed: 05/02/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lee County Board of County Commissioners

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 Federalagency 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;	

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

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)

Authorized Representative

Prefix: Commissioner

First Name: Cecil

Middle Name

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

Telephone Number: (239) 533-2227
(Format: 123-456-7890)

Fax Number: (239) 485-2021
(Format: 123-456-7890)

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

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:

X

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: Lee County Board of County Commissioners

Name / Title of Authorized Official: Cecil Pendergrass, Chair, Board of County Commissioners

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

Date Signed: 08/11/2018

1J. SF-LLL

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

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Yes

- 1. Type of Federal Action:** Grant
- 2. Status of Federal Action:** Application
- 3. Report Type:** Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: FL-019

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-5900-N-18B

9. Award Amount: \$53,790.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Bill Ferguson
The Ferguson Group LLC
1130 Connecticut Ave NW, Suite 300
Washington, DC 20036

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Ferguson, Bill

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: Commissioner

First Name: Cecil

Middle Name:

Last Name: Pendergrass

Suffix:

Title: Chair, Board of County Commissioners

Telephone Number: (239) 533-2227
(Format: 123-456-7890)

Fax Number: (239) 485-2021
(Format: 123-456-7890)

Email: dist2@leegov.com

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

Date Signed: 08/11/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$53,790

Organization	Type	Sub-Award Amount
Lee County Housing Development Corporation	M. Nonprofit with 501C3 IRS Status	\$53,790

2A. Project Subrecipients Detail

a. Organization Name: Lee County Housing Development Corporation

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 65-0295038

	* d. Organizational DUNS:	848867933	PLUS 4:	
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e. Physical Address

Street 1: 3677 Central Ave

Street 2: Suite F

City: Fort Myers

State: Florida

Zip Code: 33901

f. Congressional District(s): FL-019
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$53,790

j. Contact Person

Prefix: Ms.

First Name: Erika

Middle Name:

Last Name: Cooks
Suffix:
Title: Executive Director
E-mail Address: ecookslchdc@yahoo.com
Confirm E-mail Address: ecookslchdc@yahoo.com
Phone Number: 239-275-5105
Extension:
Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Lee County Housing Development Corporation (LCHDC) is a local non-profit organization with experience in providing housing counseling, homeownership and rental assistance, educational services, and case management in Lee County, FL. LCHDC is also a HUD approved housing counseling agency. Through its Housing Stabilization Program, LCHDC case managers assessed over 200 households for support from July 2017 through June 2018. Of those, 70 households were provided assistance with past due rent or utilities to ensure they remained stably housed. This program is funded through the State Challenge Grant, and targets families or individuals who are homeless or at risk of homelessness. In addition, LCDHC received \$25,000 in local Partnering for Results (PFR) funds which are used to provide a financial literacy program for school aged children. Finally, LCHDC is also a recipient of HOME CHDO funds and qualifies annually for CHDO funded projects. LCHDC recently sold four single-family homes in Lehigh Acres, a rehab project that was funded with HOME funds. Other recent HOME projects included two rental housing projects that are being rented to lower income tenants at affordable rents. LCHDC has historically utilized SHIP, local HOME dollars, HOP, CDBG, and AHP funding in the development of our housing programs. LCHDC is working in conjunction with the City of Fort Myers, as a sub-recipient for the Neighborhood Stabilization Program Scattered Site Rental Strategy project, LCHDC purchased two duplexes and a single family home to be rehabbed and rented to lower income persons/families. LCHDC also has ownership of 64 units located in Cape Coral, FL. designated for senior housing.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

LCHDC is a certified Community Development Organization (CHDO) and has extensive experience completing complex projects funded with federal funds such as HOME, CDBG, SHIP, and private financing. LCHDC has developed over 350 units of affordable housing assisting low to moderate income families attain the dream of homeownership throughout the City of Fort Myers and Lee County. LCHDC has assisted over 400 families with the purchase of their first home and has provided formal homeowner training and other educational services to over 1800 families. LCHDC acted as sole developer on 92 sites and as co-developer with National Development of America on 136 sites. Over eighty (80) families purchased existing renovated homes through a partnership between LCHDC, Lee County Community Development, and Lee County Human and Veteran Services. For these projects, LCHDC acquired and renovated properties and conveyed the units to income eligible families. Additionally, 19 families purchased new condo units through "Homes for

Teachers/Hero's Program", which was developed through a partnership between LCHDC and private donors.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

LCHDC will manage the overall planning, coordination, and control of the project to insure that all deadlines are met in a timely manner. The executive director will oversee site inspections and payment requests for rental assistance, and will also be responsible for interim and final reporting on all funding. Housing Counselors will work with families/individuals to obtain and verify necessary documentation, assist with the completion of rental applications, and guide clients through the housing process and case plans. LCHDC's accounting system is kept on a modified accrual basis. The system consist of a cash disbursements journal, cash receipts journal, general journal, accounts receivable, accounts payable, and general ledger for each separate fund. The general ledger is numbered in accordance with the chart of accounts that is consistent with Quickbooks Pro. All expenditures, revenues, assets, and liabilities are posted to the proper line item account for each fund. All invoices are coded according to fund number and approved by the executive director prior to being processed for payment. All checks require two signatures. All checks are kept in a locked combination safe that only the executive director or her designee and one board member has the code. Financial records for each project are also maintained in Quickbooks Pro.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: FL-603 - Ft Myers, Cape Coral/Lee County CoC

1b. CoC Collaborative Applicant Name: Lee County Board of County Commissioners

2. Project Name: LCHDC DV Rapid Re-Housing

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

The project is structured as a collaboration with other agencies, including the ACT Shelter, Workforce Development Board, CareerSource Southwest Florida, and other service providers within the CoC, to draw on specific expertise, skills and resources necessary to assist clients in obtaining and maintaining permanent housing. Partner agencies will provide assistance with intake after hours and on weekends, and complete assessments for households that are being referred to LCHDC's rapid rehousing program. As assessments are completed, referrals will be made to LCHDC for rapid rehousing assistance. LCHDC will receive referrals through the Coordinated Entry System, and will require documentation from local homeless shelters (e.g. Salvation Army or local church), the abuse shelter (e.g. ACT shelter), outreach workers, or from the client to ensure that the client meets eligibility requirements for the program. Once clients are determined eligible, rapid rehousing program funds will be used to provide short-term rental, and/or security deposit assistance and accompanying, limited supportive services, as needed, to help an individual or family move quickly into permanent housing and achieve stability. The maximum amount of rental assistance provided will be \$3,000.00 per household, based upon funding available. Clients receiving rental assistance will meet with a case manager to develop a case plan. The caseworker will regularly evaluate progress with the client, and ensure that appropriate referrals are being made to ensure self-sufficiency and housing stability. LCHDC will refer all program participants to CareerSource to assist with increasing their income and education. Employment services can help build the skills necessary to increase their income, attain financial independence, and maintain housing. Such services have also been shown to increase confidence and positive mental health outcomes, even for populations traditionally believed to be unsuitable for regular employment.

To ensure client safety and confidentiality, LCHDC will maintain client files and confidential information using a secure file management system. All client records are stored in a locked cabinet to protect client confidentiality. All LCHDC staff is required to complete confidentiality and HIPPA training annually. LCHDC realizes that some persons in need of domestic violence services are initially engaged by outreach programs in place at the local abuse shelter, and the abuse hotline. To ensure the continued safety and privacy of victims of domestic violence, this program will continue to rely on partnerships with DCF and the shelter's domestic violence services as the central point of contact for victims of domestic violence. To ensure file quality, intakes are reviewed periodically by the Executive Director, and case management files are reviewed and audited on a monthly basis.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus. (Select ALL that apply)**

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

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

There are no proposed development activities associated with this project.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

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

Rapid rehousing program funds will be used to provide short-term rental, and/or security deposit assistance and accompanying, limited supportive services, as needed, to help an individual or family move quickly into permanent housing and achieve stability. Caseworkers will assist clients in locating housing units throughout the community. Client choice will be considered, as much as possible, in selecting the location and type of housing unit. Once safe and appropriate housing has been selected, the caseworker will assist clients with the execution of the lease. Clients receiving rental assistance will meet with a case manager to develop a case plan. The caseworker will regularly evaluate progress with the client, and ensure that appropriate referrals are being made to ensure self-sufficiency and housing stability. Additionally, case management services will be made available to the client for up to 6 months after the completion of the rental assistance.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Employment services can help people build the skills necessary to increase their income, attain financial independence, and maintain housing. Such services have also been shown to increase confidence and positive mental health outcomes, even for populations traditionally believed to be unsuitable for regular employment. LCHDC will refer all program participants to CareerSource Southwest FL to assist with increasing their income and education. Employment services can help build the skills necessary to increase their income, attain

financial independence, and maintain housing. Such services have also been shown to increase confidence and positive mental health outcomes, even for populations traditionally believed to be unsuitable for regular employment.

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

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

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



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

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

6a. Has the staff person providing the technical assistance completed SOAR Yes

training in the past 24 months.

4B. Housing Type and Location

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

Total Units: 8

Total Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	13

4B. Housing Type and Location Detail

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

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

a. Units: 8

b. Beds: 13

3. Address

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

Street 1: PO Box 2854

Street 2:

City: Fort Myers

State: Florida

ZIP Code: 33902

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

129071 Lee County, 120402 Cape Coral, 120966
Ft Myers

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	3		8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	2		7
Adults ages 18-24		1		1
Accompanied Children under age 18	5			5
Unaccompanied Children under age 18				0
Total Persons	10	3	0	13

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							5			
Adults ages 18-24										
Children under age 18							5			
Total Persons	0	0	0	0	0	0	10	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							2			
Adults ages 18-24							1			
Total Persons	0	0	0	0	0	0	3	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
10%	Directly from emergency shelters.
30%	Directly from safe havens.
60%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

LCHDC is pro-active in marketing programs to individuals and families in need. Outreach activities for this project will include a marketing and client outreach component, that will focus on informing potential clients about availability rapid rehousing assistance. Specific activities will include distribution of fliers, bulletins, mailers and posters throughout the CoC. LCHDC also realizes that some persons in need of domestic violence services are initially engaged by outreach programs in place at the local abuse shelter and abuse hotline. To ensure the continued safety and privacy of victims of domestic violence, this program will continue to rely on partnerships with DCF and the shelter's domestic violence services as the central point of contact for victims of domestic violence.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$33,120
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Cape Coral-Fort Myers, FL MSA (1...	3	\$33,120

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - Cape Coral-Fort Myers, FL MSA (1207199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months				Total Request (Applicant)
SRO		x	\$515	x	12		=		\$0
0 Bedroom		x	\$687	x	12		=		\$0
1 Bedroom		x	\$741	x	12		=		\$0

2 Bedrooms	3	x	\$920	x	12	=	\$33,120
3 Bedrooms		x	\$1,194	x	12	=	\$0
4 Bedrooms		x	\$1,331	x	12	=	\$0
5 Bedrooms		x	\$1,531	x	12	=	\$0
6 Bedrooms		x	\$1,730	x	12	=	\$0
7 Bedrooms		x	\$1,930	x	12	=	\$0
8 Bedrooms		x	\$2,130	x	12	=	\$0
9 Bedrooms		x	\$2,329	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$33,120
Grant Term							1 Year
Total Request for Grant Term							\$33,120

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.5 FTE Case Manager Salary and Benefits	\$15,791
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$15,791
Grant Term		1 Year
Total Request for Grant Term		\$15,791

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$15,780
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$15,780

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	LCHDC Operational...	07/25/2018	\$15,780

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** LCHDC Operational Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/25/2018
- 6. Value of Written Commitment:** \$15,780

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$33,120	1 Year	\$33,120
4. Supportive Services	\$15,791	1 Year	\$15,791
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$48,911
8. Admin (Up to 10%)			\$4,879
9. Total Assistance Plus Admin Requested			\$53,790
10. Cash Match			\$15,780
11. In-Kind Match			\$0
12. Total Match			\$15,780
13. Total Budget			\$69,570

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	LCHDC 501c3	08/11/2018
2) Other Attachment(s)	No	LCHDC Match Letter	08/11/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: LCHDC 501c3

Attachment Details

Document Description: LCHDC Match Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

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

Name of Authorized Certifying Official: Cecil Pendergrass

Date: 08/11/2018

Title: Chair, Board of County Commissioners

Applicant Organization: Lee County Board of County Commissioners

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 50
	09/12/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/11/2018
1E. SF-424 Compliance	08/03/2018
1F. SF-424 Declaration	08/03/2018
1G. HUD 2880	08/03/2018
1H. HUD 50070	08/03/2018
1I. Cert. Lobbying	08/03/2018
1J. SF-LLL	08/03/2018
2A. Subrecipients	08/10/2018
2B. Experience	08/11/2018
3A. Project Detail	08/06/2018
3B. Description	08/11/2018
3C. Expansion	08/06/2018
4A. Services	08/11/2018
4B. Housing Type	08/11/2018
5A. Households	08/11/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/11/2018
6A. Funding Request	08/06/2018
6E. Rental Assistance	08/11/2018
6F. Supp Srvcs Budget	08/11/2018
6I. Match	08/11/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/11/2018
7D. Certification	08/11/2018

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST, NW
ATLANTA, GA 30365-0000

DEPARTMENT OF THE TREASURY

Date: MAR 18 1992

LEE COUNTY HOUSING DEVELOPMENT
CORPORATION
C/O TREVA GILLIGAN
PO BOX 2854
FORT MYERS, FL 33902

Employer Identification Numbers:
65-0295038
Case Numbers:
586064033
Contact Person:
EP/EQ CUSTOMER SERVICE UNIT
Contact Telephone Numbers:
(410) 962-6058

Our Letter Dated:
April 30, 1992
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.


Signature of Paul A. Huntington

District Director

Lee County Housing Development Corporation



PO Box 2854, Fort Myers, FL. 33902-2854

Phone: 239-275-5105 * Fax: 239-275-5920

Executive Director: Erika Cooks



A private non-profit organization dedicated to housing families and transforming lives. Funded in part by the Lee County Board of County Commissioners.

July 25, 2018

Re: FY 2018/2019 CoC DV Rapid Rehousing Project

Lee County Housing Development Corporation (LCHDC) is applying for the FY 2018 2019 CoC Domestic Violence Rapid Re-housing grant. As part of this grant, the LCHDC attests it will provide a total of \$15,780 in matching funds during the twelve-month term of the grant. Funds will be used from LCHDC operational funds.

1. Renters/Mortgage Assistance Outreach Activities - \$15,780

Lee County Housing Development Corporation is pro-active in marketing housing counseling and homeownership education to individuals and families in need in an effort to attract them into the program and keep them informed and educated on topics such as: renters/mortgage assistance, preventing homelessness, budgeting, money management, credit, and homeownership education. LCHDC will advertise and market seminars and workshops under the auspices of the U.S. Department of Housing and Urban Development (HUD) approved certified housing counseling program on site at the LCHDC administrative office.

Outreach activities will include a marketing and client outreach component that will focus on informing potential clients about availability of renters and mortgage assistance, housing counseling, and homeownership education. Specific activities will include distribution of fliers, bulletins, mailers and posters to be distributed throughout the Lee County metropolitan statistical area. Media press releases will be used as well. LCHDC anticipates marketing and outreach initiatives will impact an estimated twenty (20) households during the term of the program. It is estimated the cost of outreach and marketing services will be \$15,780 during the grant period.

Sincerely,

Erika Cooks
Executive Director