

Section 1: Project Summary Information

Part A: General Project Information

| | | | |
|---|--|--|------------------------|
| 1. Project Priority Number (From Project Priority Chart in Exhibit1): 7 | 2. <input checked="" type="checkbox"/> New Project | 3. If renewal, list previous grant number & project identifier number (PIN): | Previous Grant Number: |
| <input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project | <input type="checkbox"/> Renewal Project | | PIN Number: N/A |
| 4. HUD-Defined CoC Name: Orlando/Orange, Osceola, Seminole Counties | | 5. CoC Number:N/A FL 507 | |
| 6. Applicant's Organization Name (Legal Name from SF-424) Homeless Services Network of Central Florida, Inc. | | 8. Applicant's DUNS Number (From SF-424): | |
| 7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency | | 15-941-9535 | |
| 9. Project Applicant's Address (From SF-424) Street: 1510 E. Colonial Drive, Suite 201W City: Orlando State: FL Zip: 32801 | | 10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-3213827 | |
| 11. Contact person of Project Applicant: (From SF-424) Name: Catherine Jackson Phone number: (407) 893-0133 x101 Title: Executive Director Fax number: (407) 893-5299 Email Address: cjackson@homelessnetworkcfl.org | | 12. <input type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor | |
| 13. Project Name: SafePathways to Independent Living | | 14. Project's location 6-digit Geographic Code: 129117 | |
| 15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: P.O. Box 2921 City: Sanford State: FL Zip:32771 | | 18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project | |
| 16. <input type="checkbox"/> Check box if project is located in a Rural Area | | 19. Project Congressional District(s): | |
| 17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned? | | 3 7 24 | |
| 20. Project Sponsor's Organization Name (If different from Applicant) Safe House of Seminole County | | 22. Sponsor's DUNS Number: 139399187 | |
| 21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency | | | |
| 23. Project Sponsor's Address (if different from Applicant) Street: P.O. Box 2921 City: Sanford State: FL Zip:32771 | | 24. Sponsor's Employer Identification Number (EIN): 59-2934243 | |
| 25. Contact person of Project Sponsor (if different from Applicant) Name: Jeanne Gold Phone number: (407) 302-5520 x225 Title: Executive Director Fax number: (407) 302-5218 Email Address: jgold@safefhouseofseminole.org | | | |

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

| | | | | |
|--|-------------------------------|--|--|---------|
| a. X SHP Program | | c. Grant Term* (Check only one box) | | |
| b. Component Types (Check only one box) <input checked="" type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH | | X | | |
| | | 1 Year | 2 Years | 3 Years |
| d. Proposed SHP Activities | e. SHP Dollars Request | f. Cash Match | g. Totals (Col. e + Col. f) | |
| 1. Acquisition | | | | |
| 2. Rehabilitation | 65,000 | 65,000 | 130,000 | |
| 3. New Construction | | | | |
| 4. Subtotal (Lines 1 through 3) | 65,000 | 65,000 | 130,000 | |
| 5. Real Property Leasing From Leasing Budget Chart | | | | |
| 6. Supportive Services From Supportive Services Budget Chart | 32,000 | 8,000 | 40,000 | |
| 7. Operations From Operating Budget Chart | 129,063 | \$43,021 | \$172,084 | |
| 8. HMIS From HMIS Budget Chart | | | | |
| 9. SHP Request (Subtotal lines 4 through 8) | 226,063 | Total Cash Match | Total Budget (Total SHP Request + Total Cash Match) | |
| 11. Administrative Costs (Up to 5% of line 9) | 11,303 | | | |
| 12. Total SHP Request (Total lines 9 and 10) | 237,366 | 116,021 | \$353,387 | |

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

| | | | |
|---|--|--|--|
| a. <input type="checkbox"/> S+C Program | c. Grant Term (Renewals are 1 year only) (Check only one box) | | |
| b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO | <input type="checkbox"/> Renewal 1 Year <input type="checkbox"/> New 5 Years <input type="checkbox"/> New 10 Years (PRAR, S+C/SRO) | | |
| 1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart | \$ | | |

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

| | |
|--|-----------------------------------|
| a. <input type="checkbox"/> SRO Program | c. Grant Term |
| b. Component Type <input type="checkbox"/> (SRO) | <input type="checkbox"/> 10 Years |
| 1. Total SRO Rental Assistance Amount from SRO Budget Chart | \$ |

Part C: Point in Time Housing and Participants Chart

(All Projects)

| | | | |
|---|--|--|--|
| 1. Housing Type* (Check all that apply) | 1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input checked="" type="checkbox"/> Congregate Facility | 1b. Scattered Site <input type="checkbox"/> Project Based | |
| 2. Units, Bedrooms, Beds | a. Current Level (Point-in-Time) | b. New Effort or Change in Effort (If Applicable) | c. Projected Level (column a + col. b) |
| Number of Units | 1 | 1 | 2 |
| Number of Bedrooms | 12 | 9 | 21 |
| Number of Beds | 48 | 22 | 70 |
| 3. Participants | 10 | 5 | 15 |
| a. Number of Households with Dependent Children | | | |
| i. Number of adults | 10 | 5 | 15 |
| ii. Number of children | 28 | 13 | 42 |
| iii. Number of disabled persons | | | |
| b. Number of Households without Dependent Children | 10 | 4 | 14 |
| i. Number of disabled persons | | | |
| ii. Of all disabled persons, number of chronically homeless | | | |
| *Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living). | | | |

Part D: Targeted Subpopulations

(All Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. ***If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.***

| 1. Homeless Subpopulations | 2. Approximate Percentages (%) |
|--|--------------------------------|
| Chronically Homeless (as defined by HUD) | |
| Severely Mentally Ill | |
| Chronic Substance Abusers | |
| Veterans | |
| Persons with HIV/AIDS | |
| Victims of Domestic Violence | 100 |
| Unaccompanied Youth (Under 18 years of age) | |

Part E: Discharge Policy (Only State & Local Government Applicants)

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction? |
|--|--|

Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

| Type of Contribution | Source of Contribution | Identify Source as: (G) Government* or (P) Private | Date of Written Commitment | Value of Written Commitment |
|---|------------------------|--|----------------------------|-----------------------------|
| <i>Example: Child Care</i> | CDBG | G | 2/15/06 | \$10,000 |
| Parenting Counseling | SafeHouse | P | 5-1-07 | \$30,000 |
| Security | SafeHouse via ADT | P | 5-1-07 | \$2,800 |
| Bus Tickets/transportation | SafeHosue | P | 5-1-07 | \$4,000 |
| Accounting services | Jan Richmer, CPA | P | 7-1-06 | \$4,000 |
| Administrative Services | SafeHouse | P | 5-1-07 | \$30,000 |
| Food from second harvest | SafeHouse | P | 5-1-07 | \$3,240 |
| Volunteer Intern | SafeHouse | P | 5-1-07 | \$2,800 |
| Building | Seminole County | G | 7-1-07 | \$120,000 |
| *Government sources are appropriated dollars. | | | TOTAL: | \$196,840 |

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)
(All Projects Except Dedicated HMIS Projects)

| |
|--|
| <p>1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|

a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain.

2/2008 (mm/yyyy)
SafeHouse domestic violence center uses a proprietary system to maintain the confidentiality of the client as per Florida statutes, and reports annually to the Homeless Services Network.

b. If yes, is the client level data collected on all persons served by the project provided to the HMIS?

Yes No

Part H: Renewal Performance NOT APPLICABLE

| | |
|---|---|
| <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If “Yes,” briefly describe.</p> <hr/> |
| <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <hr/> |

H: Renewal Performance NOT APPLICABLE

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing).
Complete the following chart using data based on the **most recently submitted** APR Questions 12(a) and 12(b):

| | |
|---|---|
| a. Number of participants who exited PH project(s)—APR Question 12(a) | |
| b. Number of participants who did not leave the project(s)—APR Question 12 (b) | |
| c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a) | |
| d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b) | |
| e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5% | % |

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).
Complete the following chart using data based on the **most recently submitted** APR Question 14:

| | |
|---|---|
| a. Number of participants who exited TH project(s)—including unknown destination | |
| b. Number of participants who moved to PH —from any destination identified as permanent housing | |
| c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%. | % |

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart
(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

| 1 Number of Adults Who Left (Use the same number in each row) | 2 Income Source | 3 Number of Exiting Adults with Each Source of Income | 4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100) |
|--|--|--|---|
| Example: 105 | a. Social Security Insurance (SSI) | 40 | 38.1% |
| 105 | b. Social Security Disability Insurance (SSDI) | 35 | 33.3% |
| 105 | c. Social Security | 25 | 23.8% |
| | a. SSI | | |
| | b. SSDI | | |
| | c. Social Security | | |
| | d. General Public Assistance | | |
| | e. TANF | | |
| | f. SCHIP | | |
| | g. Veterans Benefits | | |
| | h. Employment Income | | |
| | i. Unemployment Benefits | | |
| | j. Veterans Health Care | | |
| | k. Medicaid | | |
| | l. Food Stamps | | |
| | m. Other (please specify) | | |
| | n. No Financial Resources | | |

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

II. SHP Leasing Budget (All SHP Projects with Leasing)

| | | | | |
|--|---------------------------------------|---------------------------|----------------------------|------------------|
| Leased Unit(s) for Housing and/or Services | | | | |
| a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: | | | | |
| b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g. | | | | |
| <input type="checkbox"/> 1% to 99% of FMR | | | | |
| <input type="checkbox"/> 100% of FMR | | | | |
| <input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached). | | | | |
| <input type="checkbox"/> Greater than 110% (HUD approval letter must be attached). | | | | |
| c. Size of Units | d. Number of Units | e. HUD Paid Amount | f. Number of Months | g. Totals |
| SRO | x | x | = | \$ |
| 0 Bedroom | x | x | = | \$ |
| 1 Bedroom | x | x | = | \$ |
| 2 Bedrooms | x | x | = | \$ |
| 3 Bedrooms | x | x | = | \$ |
| 4 Bedrooms | x | x | = | \$ |
| 5 Bedrooms | x | x | = | \$ |
| 6 Bedrooms | x | x | = | \$ |
| Other: | x | x | = | \$ |
| h. Totals: | x | x | = | \$ |
| Leased Structure(s) for Housing and/or Services - No Applicable FMR | | | | |
| Structure 1 | | x | = | \$ |
| Address: | Street: _____ State: _____ Zip: _____ | | | |
| City: | | x | = | \$ |
| Structure 2 | | x | = | \$ |
| Address: | Street: _____ State: _____ Zip: _____ | | | |
| City: | | x | = | \$ |

12. SHP Supportive Services Budget (All SHP Projects as Applicable)

| Supportive Services Costs | SHP Dollars Requested | | | |
|---|-----------------------|-------------|--------|-------------|
| | Year 1 | Year 2 | Year 3 | Total |
| 1. Outreach Quantity: | | | | |
| 2. Case Management Quantity: Case manager .5 FTE @ \$32,000 per year including benefits at 25% | 16,000 | 16,000 | | \$32,000.00 |
| 3. Life Skills (outside of case management) Quantity: | | | | |
| 4. Alcohol and Drug Abuse Services Quantity: | | | | |
| 5. Mental Health and Counseling Services Quantity: | | | | |
| 6. HIV/AIDS Services Quantity: | | | | |
| 7. Health Related & Home Health Services Quantity: | | | | |
| 8. Education and Instruction Quantity: | | | | |
| 9. Employment Services Quantity: | | | | |
| 10. Child Care Quantity: | | | | |
| 11. Transportation Quantity: | | | | |
| 2. Transitional Living Services Quantity: | | | | |
| 13. Other (must specify *) Quantity: | | | | |
| 14. Total SHP dollars requested:** (lines 1 to 13) | \$16,000.00 | 16,000.00 | | \$32,000.00 |
| <i>*If not specified, the costs will be removed from the budget.</i> | | | | |
| <i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i> | | | | |
| 15. Total cash match to be spent on SHP eligible supportive service activities: | \$4,000.00 | \$4,000.00 | | \$8,000.00 |
| 16. Total supportive services costs: *** | \$20,000.00 | \$20,000.00 | | \$40,000.00 |
| <i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i> | | | | |

13. SHP Operating Budget (All SHP Projects with Operating Costs)

| Operating Costs | SHP Dollars Requested | | | |
|---|-----------------------|----------|--------|-----------|
| | Year 1 | Year 2 | Year 3 | Total |
| 1. Maintenance/Repair YEAR ONE: Plumbing, Air conditioning, fire inspection repairs at \$5490; Mold removal for 9 rooms at \$2,750; Painting of interior at \$3760. YEAR TWO: Plumbing repairs, air conditioning repairs at \$1000 | 12,000 | \$1000 | | \$13,000 |
| 2. Staff (position, salary, % time, fringe benefits) | | | | |
| 3. Utilities Monthly bill of \$1500 (Electricity/\$700; Water/\$500; Gas \$300) x 12 months | 18,000 | 18,000 | | 36,000 |
| 4. Equipment (lease/buy) Quantity: | | | | |
| 5. Supplies Quantity: | | | | |
| 6. Insurance Quantity: Premises liability insurance annual premium at \$2000 | \$1000 | \$1000 | | \$2000 |
| 7. Furnishings Communal Living Room (\$4,313); Communal Dining Rom (\$3,000); 5 bedroom sets [bunk beds, trundle, wardrobe, night table and lamp] (\$6,750) | \$14,063 | | | \$14,063 |
| 8. Relocation Quantity: (number of persons) | | | | |
| 9. Food Quantity: | | | | |
| 10. Other Operating Activity: * Quantity: Security 1 F.T.E. at \$25,000 plus benefits = \$28,000; P/t security at \$4000 annually (\$10 per hour at 400 hours) | \$32,000 | \$32,000 | | \$64,000 |
| 11. Total SHP Operating Dollars Requested (lines 1 to 10): ** | \$77,063 | \$52,000 | | \$129,063 |
| <i>*If not specified, the costs will be removed from the budget.</i> | | | | |
| <i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i> | | | | |
| 12. Total cash match to be spent on SHP eligible operations activities: | \$25,688 | \$17,333 | | \$43,021 |
| 13. Total Operating Costs: *** | \$102,751 | \$69,333 | | \$172,084 |
| *** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget. | | | | |

14. SHP New Project Multiple Structures Budget (All New SHP Projects as

Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure.

| Structure A Address: City, State, Zip: | Structure B Address: City, State, Zip: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|--------------|----------------|--|--|-------------------|--|--|---------------------|--|--|--------------------------|--|--|------------------------|--|--|---------------|--|--|---------|--|--|----------|--|--|---|--|-------------|--------------|----------------|--|--|-------------------|--|--|---------------------|--|--|--------------------------|--|--|------------------------|--|--|---------------|--|--|---------|--|--|----------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">SHP Request</th> <th style="width: 15%;">Total Budget</th> </tr> </thead> <tbody> <tr><td>1. Acquisition</td><td></td><td></td></tr> <tr><td>2. Rehabilitation</td><td></td><td></td></tr> <tr><td>3. New Construction</td><td></td><td></td></tr> <tr><td>4. Real Property Leasing</td><td></td><td></td></tr> <tr><td>5. Supportive Services</td><td></td><td></td></tr> <tr><td>6. Operations</td><td></td><td></td></tr> <tr><td>7. HMIS</td><td></td><td></td></tr> <tr><td>8. Total</td><td></td><td></td></tr> </tbody> </table> | | SHP Request | Total Budget | 1. Acquisition | | | 2. Rehabilitation | | | 3. New Construction | | | 4. Real Property Leasing | | | 5. Supportive Services | | | 6. Operations | | | 7. HMIS | | | 8. Total | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">SHP Request</th> <th style="width: 15%;">Total Budget</th> </tr> </thead> <tbody> <tr><td>1. Acquisition</td><td></td><td></td></tr> <tr><td>2. Rehabilitation</td><td></td><td></td></tr> <tr><td>3. New Construction</td><td></td><td></td></tr> <tr><td>4. Real Property Leasing</td><td></td><td></td></tr> <tr><td>5. Supportive Services</td><td></td><td></td></tr> <tr><td>6. Operations</td><td></td><td></td></tr> <tr><td>7. HMIS</td><td></td><td></td></tr> <tr><td>8. Total</td><td></td><td></td></tr> </tbody> </table> | | SHP Request | Total Budget | 1. Acquisition | | | 2. Rehabilitation | | | 3. New Construction | | | 4. Real Property Leasing | | | 5. Supportive Services | | | 6. Operations | | | 7. HMIS | | | 8. Total | | |
| | SHP Request | Total Budget | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Acquisition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Rehabilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. New Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Real Property Leasing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Supportive Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. HMIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SHP Request | Total Budget | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Acquisition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Rehabilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. New Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Real Property Leasing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Supportive Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. HMIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

15. SHP HMIS Budget NOT APPLICABLE

| HMIS Costs | SHP Dollars Requested | | | |
|--|-----------------------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Total |
| Equipment | | | | |
| 1. Central Server(s) | | | | |
| 2. Personal Computers and Printers | | | | |
| 3. Networking | | | | |
| 4. Security | | | | |
| Subtotal: | | | | |
| Software | | | | |
| 5. Software/User Licensing | | | | |
| 6. Software Installation | | | | |
| 7. Support and Maintenance | | | | |
| 8. Supporting Software Tools | | | | |
| Subtotal: | | | | |
| Services | | | | |
| 9. Training by Third Parties | | | | |
| 10. Hosting/Technical Services | | | | |
| 11. Programming: Customization | | | | |
| 12. Programming: System Interface | | | | |
| 13. Programming: Data Conversion | | | | |
| 14. Security Assessment and Setup | | | | |
| 15. On-line Connectivity (Internet Access) | | | | |
| 16. Facilitation | | | | |
| 17. Disaster and Recovery | | | | |
| Subtotal: | | | | |
| Personnel | | | | |
| 18. Project Management/Coordination | | | | |
| 19. Data Analysis | | | | |
| 20. Programming | | | | |
| 21. Technical Assistance and Training | | | | |
| 22. Administrative Support Staff | | | | |
| Subtotal: | | | | |
| HMIS Space and Operations | | | | |

| | | | | |
|--|--|--|--|--|
| 23. Space Costs | | | | |
| 24. Operational Costs | | | | |
| Subtotal: | | | | |
| 25. Total SHP HMIS dollars requested: * | | | | |
| <i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i> | | | | |
| 26. Total cash match to be spent on SHP eligible HMIS activities: | | | | |
| 27. Total HMIS Costs** | | | | |
| <i>**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.</i> | | | | |

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget

| | | | | |
|--|---------------------------|--------------------------------|----------------------------|-----------------|
| a. Check the box to indicate the type of program: <input type="checkbox"/> S+C <input type="checkbox"/> Section 8 SRO | | | | |
| b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: | | | | |
| c. Check the appropriate box that relates your rent to the published FMR*: | | | | |
| <input type="checkbox"/> 1% to 99% of FMR | | | | |
| <input type="checkbox"/> 100% of FMR | | | | |
| <input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached). | | | | |
| <input type="checkbox"/> Greater than 110% (HUD approval letter must be attached). | | | | |
| d. Size of Units | e. Number Of Units | f. FMR or Actual Rent** | g. Number of Months | h. Total |
| SRO | x | x | = | \$ |
| 0 Bedroom | x | x | = | \$ |
| 1 Bedroom | x | x | = | \$ |
| 2 Bedrooms | x | x | = | \$ |
| 3 Bedrooms | x | x | = | \$ |
| 4 Bedrooms | x | x | = | \$ |
| 5 Bedrooms | x | x | = | \$ |
| 6 Bedrooms | x | x | = | \$ |
| Other: | x | x | = | \$ |
| i. Totals: | x | x | = | \$ |

**Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.*

***If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.*

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget

| | |
|---|---------------|
| a. List below an estimate of the total costs of developing the S+C/SRO project: | |
| Type | Amount |
| Total Rehabilitation Costs (Eligible and Ineligible): | |
| Acquisition: | |
| Other Costs (Eligible & Ineligible, e.g., furniture): | |
| Total: | \$ |
| b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project: | |
| Source | Amount |
| | |
| | |
| | |
| | |
| Total: | \$ |

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

Provide a general description of the new project. (use less than one-half page). **SafeHouse** provides emergency shelter beds for victims of domestic violence and their children. This past fiscal year, SafeHouse sheltered 367 women and children. All of those in the shelter are homeless and when the initial crisis has been addressed, they need to transition into independent and safe living. Emergency shelter beds provide critical, life saving services to domestic violence victims in immediate danger, yet those beds require restrictive time-limits. To ensure attainment of independence, SafeHouse has developed a comprehensive plan to identify and select eligible participants, through a series of questions, goals, track record while in emergency shelter, and staffing by a diverse team. Because victims often face substantial barriers that inhibit their ability to gain independence from the abusive partner, SafeHouse on-site transitional housing units work toward to provide long-term solutions that allow victims to break the cycle of abuse and homelessness by gaining independence utilizing a stepping stone approach. While at SafeHouse, the program offers supportive services to facilitate residents' transition to independent living including job training, child care assistance, computer training, counseling and support groups during their stay. Residents will be afforded an opportunity to engage in cultural events, academic programs, other learning activities and on-site training in areas of interest, as possible. Additionally, SafeHouse conducts outreach into the community, collaborating with Seminole Community College and the University of Central Florida where personal, vocation and academic counseling services can assist participants in making competent and knowledgeable decisions. Additionally, the 1-800 emergency hotline is staffed with trained advocates 24-7.

1. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):

 10% Persons who came from the street or other locations not meant for human habitation.*

 90% Persons who came from Emergency Shelters.*

 % Persons in TH who came directly from the street or Emergency Shelters.*

 100% Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).

*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

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

This new project will assist homeless domestic violence victims and their children, who have resided in the emergency shelter for up to 90 days and have demonstrated a desire and drive to become self sufficient, but need an additional stepping stone. This stepping stone, on-site group home transitional housing in the building that previously served as the emergency shelter, allows victims of domestic violence and their children additional time to save money, to learn life skills and receive computer training, in addition to free on-site child care, during this new project of an on-site transitional housing program that is available for up to two years. This new program will provide food, toiletries, suitable clothing for job interviews, ongoing counseling and "family"-type support at no charge to the residents. As a result of staying on site, the capacity to save money is increased, making it possible for the program residents to then make the transition out of this dormitory-style transitional housing and into scattered site transitional housing; ultimately creating

the ability to secure permanent housing... successful lives. SafeHouse has memorandum of understanding agreements with the Seminole County Sheriff's Office (SCSO,) with the Department of Children and Family Services (DCF), with Community Based Care (CBC), and with the Seminole County Health Department. The on-site transitional housing, for which funding is requested, will provide a stepping stone into traditional scattered site transitional housing and then proceed to permanent housing.

2. Will basic **community amenities** (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?

Yes, very accessible Somewhat accessible Not accessible

3. **For transitional housing component only:**

List the program's maximum allowable length of stay: 24 months

4. **For permanent housing for persons with disabilities component** where **more** than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood. n/a

5. **For Shelter Plus Care TRA projects only:** Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? Yes No

Explain how and why the project will implement this requirement (use less than one-half page).
n/a

6. **For Section 8 SRO projects only:**

- a. Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
- b. Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
- c. For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? Yes No

If Yes, check one or more of the activities below that describe your proposed project.
Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

Increase the number of homeless persons served.

Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.

Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain. Facility was previously used for the emergency shelter and has recently been vacated. Several bathrooms had been closed in anticipation of moving and need to be made useable. Further, the areas will be divided up differently to accommodate residents for two years transitional housing rather than 90 days emergency shelter.

Replace the loss of nonrenewable funding from private, Federal, or other sources (except

from the state or local government), which will cease on or before the end of **2008**.
By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- a. T
the source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. W
why it is nonrenewable.
- c. W
when it will cease.
- d. D
document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Part L: Supportive Services the Participants Will Receive

(All New Projects)

| 1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services): | | | | | |
|--|-------|--------|------------|---------|---------------|
| Supportive Service | Daily | Weekly | Bi-monthly | Monthly | Other |
| X Outreach | | X | | | |
| X Case management | | X | | | |
| X Life skills (outside of case management) | | X | | | |
| X Job training | | X | | | Per case plan |
| X Alcohol and Drug Abuse Services | | | | | As needed |
| X Mental Health and Counseling Services | | | | | As needed |
| X HIV/AIDS Services | | | | | As needed |
| <input type="checkbox"/> Health Related & Home Health Services | | | | | |
| X Education and Instruction | | | X | | Per case plan |
| X Employment Services | | | X | | Per case plan |
| X Child Care | X | | | | |
| X Transportation | X | | | | |
| <input type="checkbox"/> Transitional Living Services | | | | | |
| X Other – specify: ____ Security _____ | X | | | | |

Part M: Accessing Permanent Housing

(All New Projects)

Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing**.

One of the goals of the transitional housing program is to assist participants to obtain permanent housing and to remain in permanent housing once secured. During case management, an individual case plan will be established by the SafeHouse case manager with each client, focusing on life skills, budgeting, counseling and work toward a goal of saving at least \$2,000. This plan will help the client build the skills for independence and long term self-sufficiency. Within the first 30 days of program entrance, participants:

- must show proof of checking or savings account.
- are referred to credit consumer counseling, if necessary, and to attend budget classes.

- notified of the local Habitat for Humanity program.
- referred to the Center for Affordable Housing.
- Referred to Seminole Supportive Housing Programs as appropriate
- Guided through the process to apply for applicable mainstream benefits.

Participants will be working or obtaining an education to find work without paying for housing for up to 24 months. Participants will be able to save more money for deposits, secure employment and/or finish schooling, without struggling.

Discharge plan: 60 days prior to discharge, a meeting with the case manager is required to go over a plan specifically to target aftercare needs and goals to remain stable including continuing to attend support through support groups, counseling, and remain in contact with SafeHouse 24 hours a day, 7 days a week, for as long as they require or want.

Advocates will then assist participants into permanent housing units in the community, assuming availability, through all programs available, including SafeHouse and the various Homeless Services Network’s umbrella of Supportive Housing Program providers. The success of participants then progressing into permanent housing is far greater when there is a strong base of life and job skills to build upon, including savings through this approach. Participants are more likely to remain in permanent housing if they feel safe and have a secure job and money in the bank. The timing of the transfer will be individualized, depending upon the self-sufficiency and readiness of the participants and the increase in skills and/or income.

Part N: Participant Self-Sufficiency

(All New Projects)

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

*Employment: Increase employability by offering no-rent housing for up to 24 months to provide opportunities for educational advancement in order to increase marketability skills in this competitive job market.. For participants interested in education, referrals are made to the Seminole Community College, which provides education for displaced homemakers in their “New Directions” program. On site, the GED program is available, special interest lectures are given weekly by area professionals who donate their time to speak about topics such as dressing for success on a budget, resume building, job interview skills, keeping a checkbook, emergency preparedness, self defense, first aid, etc.

*Income: Increase income through the aforementioned educational opportunities, for those already working, encourage them to examine promotion opportunities within their employment; participants must have a savings plan and encourage savings of at least \$75.00 to \$100.00 per month to achieve the savings goal of \$2,000; Referrals to certified credit counseling services for credit repair and budget advice, essential to victims of domestic violence who may have experienced economic abuse or identity theft by their batterer; advocate will make referrals to all mainstream benefits, including 4-C, food stamps, TANF, Medicaid, etc.,

*Independent living: Participate in goal setting process, attend life skills workshops, refer to mental health services as needed, participate in personal wellness checkup within the first 30 days; assistance with “dress for success” program.

The group home will house two computer rooms, each equipped with internet access, printer and necessary supplies. Life skills, computer training programs, career assessment, job development and job placement are the primary goals for those participants who are ready to gain independence

and support themselves and their families. SafeHouse provides a stable, sustainable home base for participants and their children.

Part O: Experience Narrative (All New Projects)

List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

Dedicated to seeing an end to the cycle of violence, SafeHouse of Seminole reaches out to educate the community and provide a coordinated response to prevent the epidemic of domestic violence. This response includes the provision of an emergency shelter, transitional housing case management, counseling services, 24-hour crisis hotline, court advocacy, outreach, early intervention and prevention programs, community education and training, case management services, child assessments, support groups, information and referrals and safety planning. Since 1995, the Seminole County Victims' Rights Coalition named its shelter SafeHouse of Seminole, and has provided homeless victims of domestic violence and their children free emergency services, including food, clothing, crisis counseling and safe shelter. Every year since then, SafeHouse has been certified by the Department of Children and Family Services (DCF), received federal funding (Victims of Crimes Act VOCA \$130,00-160,000 each year), state funding (governor legislative mandates: \$801,000 for land purchase and construction, DCF \$306,000 each year), local funding (Board of County Commissioners \$90,000 for counseling and nights of shelter; \$32,200 for shelter operations, and local United Way \$104,000.). SafeHouse is audited yearly by the CPA firm of Holland and Reilly. SafeHouse uses a computerized accounting system and a CPA, well versed in non-profit accounting, who reviews SafeHouse finances every two weeks. SafeHouse is the only certified domestic violence center in Seminole County, and is certified to assist victims with address confidentiality and relocation funding through the attorney general's office.

Many participants who leave their abusers lack adequate resources and, with a shortage of transitional housing options, had previously been forced to choose between abuse at home or life on the streets. Fifty percent of women who receive TANF cite domestic violence as a factor in the need for assistance. Therefore, SafeHouse advocates saw the need for safe, stable housing as a key factor in gaining self sufficiency, independence and permanent housing. Over the past few years, SafeHouse case managers have developed relationships with various low-income housing providers, in addition to local apartment complex managers, and have placed numerous participants in permanent housing throughout the county. SafeHouse has implemented the scattered house leasing project and look forward to offering an additional 25 women and children in our new on-site transitional housing program, funded by HUD, as part of the continuum of care.

1.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a state/local agency? Yes No

If Yes,

- a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact HSN for assistance. Add rows as needed.

| Year Awarded | Grant Number | Grant Amount | Amount Spent to Date |
|----------------------|--------------|--------------|----------------------|
| Example: 2002 | CA16B200062 | \$500,000 | \$375,412 |
| 2004 | FL29B30-7004 | \$340,020 | \$125,187 |
| 2006 | FL29B50-7012 | \$221,616 | \$2,774.25 |
| | | | |
| | | | |

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Part P: HMIS Narrative NOT APPLICABLE

- Describe how the CoC's homeless needs will be assessed, resources allocated, and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
- Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2007" categories in the Fundamental Components in the CoC System – Housing Inventory Chart will be included in the CoC-wide HMIS.
- Name the lead agency designated to oversee the HMIS project.
- Provide the timetable for implementing the new or expanded HMIS.
- Demonstrate that no state or local government funds would be replaced with the funding being requested of HUD for this project.