

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/08/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

b. Employer/Taxpayer Identification Number (EIN/TIN): 65-0869993

	c. Organizational DUNS:	940621519	PLUS 4:	
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d. Address

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Phillip

Middle Name:

Last Name: Brooks

Suffix:

Title: COO

Organizational Affiliation: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Applicant: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

940621519

Project: FY21 Polk County PSH Bonus Application

188053

Telephone Number: (941) 232-2572

Extension:

Fax Number: (941) 366-0033

Email: pj.brooks@caslinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-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: FY21 Polk County PSH Bonus Application

16. Congressional District(s):

16a. Applicant: FL-019, FL-016, FL-017, FL-010, FL-009

16b. Project: FL-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2022

b. End Date: 04/30/2023

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

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

Date Signed: 10/08/2021

1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)**

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Organizational Affiliation: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Telephone Number: (941) 225-2373

Extension:

Email: scott.eller@caslinc.org

City: Sarasota

County:

State: Florida

Country: United States

Zip/Postal Code: 34237

2. Employer ID Number (EIN): 65-0869993

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$178,764.00

(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
Suncoast Partnership to End Homelessness	PSH	\$100,314.00	Rental Assistance/Support Services
Lee County CoC	PSH	\$272,303.00	Rental Assistance/Support Services
Collier County CoC	PSH	\$69,300.00	Rental Assistance/Supportive Services

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 (%)
Eller, J. Scott		Program Director/CEO	\$0.00	0%
NA				
NA				
NA				
NA				

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

I AGREE:

Name / Title of Authorized Official: Julian Eller, CEO

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

Date Signed: 10/08/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

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

Date Signed: 10/08/2021

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: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Name / Title of Authorized Official: Julian Eller, CEO

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

Date Signed: 10/08/2021

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

Legal Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Street 1: 2911 Fruitville Road

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34237

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.org

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

Date Signed: 10/08/2021

IK. SF-424B

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

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

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

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

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

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

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

Authorized Representative for: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Prefix: Mr.

First Name: Julian

Middle Name: Scott

Last Name: Eller

Suffix:

Title: CEO

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

Date Signed: 10/08/2021

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Community Assisted and Supported Living, Inc. (CASL) is a 501c3 corporation formed in 1998 for the purpose of developing permanent supportive housing and operating various programs to provide wrap around case management, permanent supportive housing, and combat chronic homelessness. Over the past 23 years, CASL has served over 2,500 individuals with a Disabling Condition and/or suffering from Chronic Homelessness. To date, our housing inventory includes 48 single family homes, 217 multifamily units, four group homes, and a 50-bed assisted living facility.

Traditionally, CASL has operated scattered site permanent housing with wrap around services, however in recent years development has trended towards larger mixed-use developments. CASL, in partnership with State, local, and private entities completed its first large scale multi-family affordable housing, Arbor Village, in Sarasota, FL consisting of 85 units utilizing Low-Income Housing Tax Credits (LIHTC) and National Housing Trust Funds (NHTF) from Florida Housing Finance Corporation (FHFC). Currently, CASL has another 3 developments under various stages of development leveraging CDBG and LIHTC funds, with a fourth that will be completed this year in Lee County consisting of 95 units within its Cypress Village development.

In October of 2021, CASL and its development partner, will be opening Cypress Village, a 95-unit garden style apartment that will allocate at least 50% of the units to serve individuals who are homeless. In Summer of 2022, again, CASL and its development partner will be opening, Swan Lake Village, an 84 unit development with set asides for households below 40% and 60%. Additionally, Swan Lake Village will designate 50%, 42 units, for households with disabling conditions, and a minimum of 13 units will be set aside for persons who are chronically homeless.

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

In 2020, CASL served more than 670 individuals with a disabling condition, with more than half coming from homelessness. CASL’s annual budget is approximately \$6 million, which is funded through Federal (HOME, CDBG, HUD-Rental Assistance and CoC programs), State (Central Florida Behavioral Health Network, Medicaid HMO), local government contract dollars, donors, and resident rents. Of the total \$6 million budget, approximately \$4 million is reserved for services that are provided to CASL’s residents. As part of that total \$6 million budget, CASL receives \$2,693,677 in contracted funding from

CFBHN. CASL coordinates and administers rental assistance contracts and multiple state and federal contracts and acts as Medicaid Managed Care organization and functions as a representative payee organization for a portion of its residents.

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

CASL has maintained its gross revenue of approximately \$6 million over the past two years. Much of this is off-set however, due to associated operating expenses necessary to fund case management, administration, and general upkeep and maintenance. CASL currently operates with net income of approximately \$200k, however when compared to the organization’s annual budget, this represents a small fraction. The amount left over is customarily held in reserve to navigate potential budget shortfalls across the region it serves. This unfortunately, leaves little room for organic capital development expansion. Therefore, CASL diligently pursues competitive grant and tax credit opportunities in order to facilitate growth and assist the community in meeting its specific housing needs. CASL has contracted with Central Florida Behavioral Health Network (CFBHN) for \$2,693,677 in service funding.

CASL’s strategy of diversifying its funding agencies and sources, in addition to its programs provides the best insurance policy that CASL will be able to continue to operate in the event of a loss of funding from any one source. Over the past twenty-three years CASL has maintained its capacity even with losses to funding. CASL has accomplished this by developing relationships and collaborating with over thirty separate providers across seven counties to assure we maintain access to services on behalf of our clients. We will be our clients primary champion to address and break barriers that exist to Florida’s most vulnerable residents, the homeless, chronically homeless, mentally ill, and substance abusers. CASL has consistently maintained a recidivism rate of less than 5% over the past 23 years due to its continued efforts. CASL through its strong and strategic partnerships, has supported the community over the years to achieve these results.

Recently CASL has moved its accounting activities directly to Kerkering Barberio. Nicole Peterson, from Kerkering Barberio serves as the organization's CFO. In her short time with CASL, she has overhauled the organizations accounting and reporting functions to better deliver accurate and comprehensive reporting.

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

3A. Project Detail

1. CoC Number and Name: FL-503 - Lakeland, Winterhaven/Polk County CoC

2. CoC Collaborative Applicant Name: Homeless Coalition of Polk County, Inc.

3. Project Name: FY21 Polk County PSH Bonus Application

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

Community Assisted and Supported Living, Inc. (CASL) is currently finalizing the development of Swan Lake Village, a supportive housing community development which will consist of eighty-four (84) units. Approximately 50% of assisted households will be comprised of households or persons who have a disabling condition. Additionally, a minimum of 13 units will be set aside for persons who are homeless or chronically homeless in accordance with Florida Statute 420 and HUD’s Continuum of Care definition found at 24 CFR 578. CASL is requesting funding to fully support a minimum of 11 permanent supportive housing units out of the eighty-four total units for individuals who are homeless or chronically homeless. CASL will provide operational support and case management services to fully support the individuals assisted by the funding requested in this application.

A majority of these individuals will also have been diagnosed with a disabling condition. In the case of Swan Lake Village, the disabling condition will be a diagnosed severe and persistent mental illness (SPMI) or a substance abuse disorder which does not impair the person’s ability to live independently with appropriate supports. The mental illness may be schizophrenia paranoid type, schizo-affective affected disorder, bipolar disorder, or other mental illness as diagnosed by a licensed doctor or psychiatrist.

CASL’s approach to serving persons who suffer from homelessness is to ensure that there is a comprehensive infrastructure of wrap around supports and services present to address a person’s specific needs. CASL’s model has generated a reduction in recidivism in excess of 80% and a reduction of re-admission to acute care systems exceeding 90%.

Residents for Swan Lake Village will come through Coordinated Entry from (1) a state of homelessness; (2) an institution or a group home; or (3) an inpatient psychiatric or forensic hospital or (4) jail. Characteristics traditionally are that persons (1) exhibit a lack of education (2) lack access to community-based services and (3) lack employment and employable skills; all of which are often a shared experience among persons that CASL serves. These individuals require financial assistance and support to meet their most basic needs.

In CASL’s experience with this population demographic, greater than 99% of persons served by CASL attain either employment or social security benefits. Of that number, on average 20% attain either a full- or part-time job. The income of residents who are coming from homelessness into CASL’s residences will attain on average upwards of \$12,000 per year. To date, 98% of the persons that have been assisted by our SOAR trained case management staff to apply for their SSI/SSDI benefits have been awarded in six months or less.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	15			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	15			
Leased or rental assistance units or structure, and supportive services near 100% capacity	60			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

This project is not requesting capital costs.

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

(Select ALL that apply)

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

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

5. Housing First

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

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

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

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

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

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

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

6a. Explain how and why the project will implement this requirement.

This application is requesting project based permanent supportive housing rental assistance at the Swan Lake Village multi-family development.

7. Will more than 16 persons live in a single structure? Yes

7a. Describe the local market conditions that necessitate a project of this size.

The Swan Lake Village Development addresses the current needs in Polk County to provide PSH for its most vulnerable population who are now living in unstable or restrictive settings. Individuals will be coming from 1) A literal state of homelessness; 2) institution or group home; 23) inpatient psychiatric or forensic hospital; or 4) jail. The Polk County Continuum of Care point in time survey indicates upwards of 500 individuals who are homeless in Polk County, with more than 100 with a mental disorder, and more than 50 with a substance abuse disorder.

7b. Describe how the project will be integrated into the neighborhood.

The project has passed review by Florida Housing Finance Corporation, the administrator of the LIHTC program for the state of Florida. CASL provides community transportation for individuals so they are able to access community based resources such as medical services, food and groceries, clothing and supplies, and public transportation. The development is centrally located within Polk county with access to general services and amenities within walking/biking distance. Additionally, the development is closely located to education facilities for families, and employment training opportunities are offered on-site to equip individuals with skills necessary to obtain gainful employment.

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project

will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

CASL’s model transitions people directly from homelessness into permanent supportive housing. The keys to this are wrap-around supports and the collaboration between partnering agencies. CASL’s case managers assess each resident to determine their specific areas of need. CASL’s SOAR-trained case managers conduct initial screening and intake to determine an applicant’s eligibility, readiness for our program, and any pre-entry needs. From the initial screening process, case managers gather information on six domains. CASL provides an initial layer of case management to its clients which is used as a base in which to further link clients with a variety of supportive services. The services are reviewed and monitored to determine the substantial progress towards goals are being met. If progress is not being attained, a new plan is developed, modified, or enhanced in order to ensure success.

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

CASL will provide individual case management services to residents at Swan Lake. Onsite residential services will include nutrition and wellness coaching, job skills training, financial management, smoking cessation classes, holiday parties, and potentially AA and NA meetings. Often, CASL clients require services beyond the case management offered by CASL. In these situations, CASL leverages its collaborative partnerships with local service agencies to provide the specialized care or service needed. In many cases, these specialized services are provided by other participating CoC agencies. CASL has entered into an MOU with Tri-County Human Services a local mental health provider, to encourage cooperation recognizing that individuals with disabling conditions are diverse in terms of their strengths, motivations, goals, backgrounds, and needs. Additionally, CASL is contracted by Central Florida Behavioral Health Network (CFBHN) the regional Managing Entity responsible DCF funds for behavioral health services. As part of its goal to support client engagement in services and supports, CASL will be adding a Recovery Peer Specialist to its team. A Recovery Peer Specialist is a person with lived experience who is in recovery from substance use or co-occurring mental health disorders. Their life experiences and recovery allow them to provide recovery support in such way that others can benefit from their experiences.

3. For all supportive services available to program participants, indicate

**who will provide them and how often they will be provided.
Click 'Save' to update.**

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

Identify whether the project will include the following activities:



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

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

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: 15

Total Beds: 28

Total Dedicated CH Beds: 28

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Clustered apartments	---	15	28	28

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

2a. Units: 15

2b. Beds: 28

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 28

This includes both the “dedicated” and “prioritized” beds.

4. 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: 2076 Griffin Rd

Street 2:

City: Lakeland

State: Florida

ZIP Code: 33810

***5. 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)**

129105 Polk County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	15	0	15
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	11		11
Persons ages 18-24	0	7		7
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	18	0	18

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11			4		7		0		
Persons ages 18-24	7			2		5				
Total Persons	18	0	0	6	0	12	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

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

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$178,764
Total Units:			15
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	FL - Lakeland-Winter Haven, FL MSA (1...	15	\$178,764

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: PRA



Metropolitan or non-metropolitan fair market rent area: FL - Lakeland-Winter Haven, FL MSA (1210599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$596	x	12	=	\$0
0 Bedroom		x	\$794	x	12	=	\$0

1 Bedroom	2	x	\$799	x	12	=	\$19,176
2 Bedrooms	13	x	\$1,023	x	12	=	\$159,588
3 Bedrooms		x	\$1,375	x	12	=	\$0
4 Bedrooms		x	\$1,764	x	12	=	\$0
5 Bedrooms		x	\$2,029	x	12	=	\$0
6 Bedrooms		x	\$2,293	x	12	=	\$0
7 Bedrooms		x	\$2,558	x	12	=	\$0
8 Bedrooms		x	\$2,822	x	12	=	\$0
9 Bedrooms		x	\$3,087	x	12	=	\$0
Total Units and Annual Assistance Requested	15						\$178,764
Grant Term							1 Year
Total Request for Grant Term							\$178,764

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$90,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$90,000

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Central Florida B...	\$90,000

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Central Florida Behavioral Health Network
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$90,000

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	\$178,764	1 Year	\$178,764
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$178,764
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$178,764
10. Cash Match			\$90,000
11. In-Kind Match			\$0
12. Total Match			\$90,000
13. Total Budget			\$268,764

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	10/01/2021
3) Other Attachment(s)	No	CASL Polk County ...	10/01/2021
2) Other Attachment(s)	No	MOU Tri County	10/01/2021

Attachment Details

Document Description: 501c3

Attachment Details

Document Description: CASL Polk County Match

Attachment Details

Document Description: MOU Tri County

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: Julian Eller

Date: 10/08/2021

Title: CEO

Applicant Organization: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. 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).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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 FY2021	Page 50 10/08/2021

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/30/2021
1E. SF-424 Compliance	09/30/2021
1F. SF-424 Declaration	09/30/2021
1G. HUD 2880	09/30/2021
1H. HUD 50070	09/30/2021
1I. Cert. Lobbying	09/30/2021
1J. SF-LLL	09/30/2021
IK. SF-424B	09/30/2021
1L. SF-424D	09/30/2021
2A. Subrecipients	No Input Required
2B. Experience	09/30/2021
3A. Project Detail	09/30/2021
3B. Description	09/30/2021
3C. Expansion	09/30/2021
4A. Services	10/01/2021
4B. Housing Type	10/08/2021
5A. Households	10/07/2021
5B. Subpopulations	No Input Required
6A. Funding Request	09/30/2021
6E. Rental Assistance	10/07/2021
6I. Match	10/01/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/01/2021
7D. Certification	10/01/2021



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012579193C-4	05/31/2019	05/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



10/1/2021

Homeless Coalition of Polk County, Inc

Re: 2021 Match

To Whom It May Concern,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse, often many of whom are homeless or chronically homeless.

Our list of leveraged and match funding is as follows:

CoC Rental Match	Match	Type
CASL Case Management	\$90,000	Agency Funded/CFBHN
TOTAL	\$90,000	

CASL will be using our agency's funds to provide the match for the requested rental assistance funding through the CoC. We will fund the case management costs for 2 FTE Case Managers. Additionally, CASL is bringing on board a Peer Specialist with lived experience, to support our chronically homeless clients within Collier County.

By using these funds as match we will be able to provide additional access to client services, case management, and life skills.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Scott Eller', is written over a light blue horizontal line.

J. Scott Eller
CEO
Community Assisted & Supported Living, Inc.

**Memorandum of Understanding
Between Tri-County Human Services, Inc.
and
Community Assisted and Supported Living, Inc.**

This **Memorandum of Understanding (MOU)** is to establish a collaborative partnership of support between Tri-County Human Services, Inc. (TCHS) and Community Assisted and Supported Living, Inc. (CASL), further, to be known as the Key Partners.

WHEREAS, the sole purpose of this **Memorandum of Understanding** is to encourage cooperation between the Key Partners,

WHEREAS, TCHS wishes to partner with CASL as a permanent supportive housing provider with respect to the housing and support needs of individuals with disabling conditions to include mental illness or co-occurring disorders and those experiencing homelessness, and

WHEREAS, TCHS desires to collaborate with CASL because of their commitment to the behavioral health needs for individuals with disabling conditions to include mental illness or co-occurring disorders and those experiencing homelessness in Polk County, and

WHEREAS, The Key Partners recognize the extraordinary community value of linking behavioral health services and clean, safe, affordable housing to low-income individuals with disabilities, and

WHEREAS, the Key Partners understand that this collaboration which is unique and specialized; is critical to helping individuals with disabling conditions to include mental illness or co-occurring disorders and those experiencing homelessness receive community-based behavioral health and permanent supportive housing services information from Polk County Continuum of Care and

THEREFORE, the Key Partners agree that it is in the best interests of all concerned to enter this **Memorandum of Understanding**.

II. GUIDING PRINCIPLES

Key Partners to this **Memorandum of Understanding** jointly recognize that individuals with disabling conditions to include mental illness or co-occurring disorders and those experiencing homelessness are diverse in terms of their strengths, motivation, goals, backgrounds, and needs;

- Those individuals are members of the community with all the rights, privileges, opportunities accorded to the greater community;
- Those individuals have a right to privacy, and the right to determine for themselves matters affecting their lives;
- In designing and implementing services, the input of the individuals shall be sought.

TERM

This MOU Agreement will begin effective the date of September 20, 2021 and will continue through September 30, 2025. This Agreement may be terminated in accordance with the section on Termination below.

- IV. TERMINATION** Key Partners may terminate their participation with this Agreement for any reason by giving the other parties ninety (90) days prior written notice.

- V. **NONDISCRIMINATION.** There shall be no discrimination of any individual on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry or national origin in the administration of this program.
- VI. **AMENDMENTS.** This MOU may be amended only with the mutual consent of the Key Partners.
- VII. **CERTIFICATION OF AUTHORITY TO SIGN MOU.** The persons signing this MOU on behalf of the Key Partners hereto certify by said signatures that they are duly authorized to sign this document.

Signed:  Date: 9/28/2021
Robert Rihn
CEO, Tri-County Human Services, Inc.

Signed:  Date: 9/28/2021
Scott Eller,
CEO, Community Assisted and Supported Living, Inc.