

RESOLUTION NO. 10-086

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, ACCEPTING THE ATTACHED 2009 EMERGENCY SHELTER GRANT AGREEMENT #KFZ33 FROM THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES IN THE AMOUNT OF \$77,568.00; AUTHORIZING A BUDGET INCREASE IN A LIKE AMOUNT FOR THE GENERAL FUND; PROVIDING FOR AN EFFECTIVE DATE

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That grant agreement #KFZ33 from the State of Florida Department of Children and Families is hereby approved.

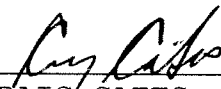
Section 2: That the City Manager is authorized to effectuate a change in the FY 09-10 general fund to reflect receipt of the \$77,568.00 grant funding.

Section 3: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the presiding officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held this 2nd day of March, 2010.

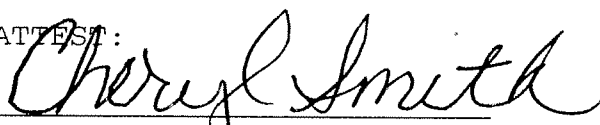
Authenticated by the presiding officer and Clerk of the Commission on March 3, 2010.

Filed with the Clerk March 3, 2010.



CRAIG CATES, MAYOR

ATTEST:




CHERYL SMITH, CITY CLERK



CITY MANAGER'S OFFICE MEMORANDUM

TO: Jim Scholl, City Manager

FROM: Mark Z. Finigan, Assistant City Manager 

DATE: February 9, 2010

SUBJECT: 2009 Emergency Shelter Grant (ESG) Agreement

ACTION STATEMENT:

Request City Commission accepts the 2009 Emergency Shelter Grant Agreement between the City of Key West (Grantee) and the State of Florida, Department of Children and Families in an amount of \$77,568.00.

BACKGROUND:

The City of Key West operates, under the management of the Florida Keys Outreach Coalition, a temporary homeless center, (referred to as KOTS – Keys Overnight Temporary Shelter) located on Stock Island. Through the City's Grant Writer, Shelia Griffin, the City applied for operating assistance through the 2009 Emergency Shelter Grant with the Department of Children and Families. Subsequently, the City was notified of an award in the amount of \$77,568.00.

FINANCIAL IMPACT:

Favorable impact to the City's General Fund. The annual cost of operating the KOTS activity exceeds \$450,000, well in excess of the match requirements for this grant. In short, this grant has a direct favorable impact to the bottom line of the General Fund.

RECOMMENDATION:

Request City Commission accepts the 2009 Emergency Shelter Grant Agreement between the City of Key West (Grantee) and the State of Florida, Department of Children and Families in an amount of \$77,568.00.



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

February 5, 2010

Mark Finigan
City of Key West
525 Angela Street
Key West, FL 33040

Dear Mark:

Enclosed please find Department of Children and Families Emergency Shelter Grant Grant Agreement #KFZ33 for City of Key West review and signature. I would appreciate your having Mayor Cates sign both agreement signature pages and the two certification forms also included.

I understand that this will need to go before the City Commission and that you were hoping for a March 1 effective date. If the contract is not approved until after March 1, the effective date will be the date the document is signed by the Department.

Please call me with any questions and thanks for your help with this.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa Phelan', written in a cursive style.

Theresa Phelan
Contract Manager

Circuit 16
1111 12th Street, Suite 310, Key West, Florida 33040

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency


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 an 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 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 Form to Report Lobbying," 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.



Signature

3/2/10

Date

Craig Cates

Name of Authorized Individual

KFZ33

Application or Contract Number

City of Key West

Name of Organization

525 Angela Street, Key West, Florida 33040

Address of Organization

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

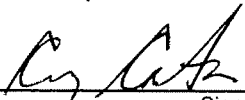
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

 _____ Signature	<u>3/2/10</u> _____ Date
<u>Craig Cates</u> _____ Name (type or print)	<u>Mayor</u> _____ Title

2009 EMERGENCY SHELTER GRANT GRANT AGREEMENT

**City of Key West
(Grantee)
and
State of Florida
Department of Children and Families**

WHEREAS, Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act, 42 *USC* 11301 (1988), as amended (The “Act”), authorized the Emergency Shelter Grant (ESG) Program [CFDA 14-231], and

WHEREAS, the U.S. Department of Housing and Urban Development (HUD) has awarded the State of Florida a grant in the amount of \$2,957,444, and

WHEREAS, the Department of Children and Families (the Department), through the Office on Homelessness, has been designated to administer this federal grant for the State, and

WHEREAS, the Department has filed with the U.S. Department of Housing and Urban Development the appropriate grant application documents in the form of the State’s 2009 Consolidated Annual Action Plan, and

WHEREAS, the Department has received from HUD and executed the 2009 Emergency Shelter Grant Program grant agreement dated July 24, 2009, and

WHEREAS, the Florida Legislature, in line item 353 of Senate Bill 2600, has authorized the Department, via proviso language in the 2009 General Appropriations Act, to accept this grant, and to administer these federal funds as a grant in aid program in conformance with all federal regulations, and

WHEREAS the Department finds that there is a need to provide the services described in the grantee’s application for the Emergency Shelter Grant,

NOW, THEREFORE, the Department hereby awards the sum of Seventy-Seven Thousand, Five Hundred Sixty Eight Dollars (\$77,568.00) to Grantee under the following terms and conditions:

1. The objectives of the Emergency Shelter Grants program are to increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to aid this population in transition to permanent homes, and to operate these facilities and provide essential social services. There is a statutory requirement that ESG funds must benefit homeless persons and that costs be provided at a reasonable price and be directly related to an ESG eligible expenditure category. Grantee agrees that it will use due diligence to assure that funds are expended for the purposes intended and that a full accounting for these grant funds is made.
2. The Grantee agrees to comply with all requirements of 24 *Code of Federal Regulation (CFR)* Part 576.
3. The ESG application filed with the Department by the Grantee and attached to this agreement as **Attachment A** is hereby incorporated within this agreement as if fully set out at length here. The Application Instructions document upon which that application is based is also hereby incorporated within this agreement as **Attachment B**.
4. Grantee hereby agrees to perform the tasks and to provide the services described in their ESG application with the following exceptions: NONE INCLUDED.

5. This 2009 Emergency Shelter Grant Grant Agreement is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the applicable State of Florida and Federal laws. Each party shall perform its obligations herein in accordance with the terms and conditions of this grant agreement. It is hereby agreed by the parties that in the event that litigation by either party to this grant agreement becomes necessary that venue shall be proper in Leon County, Florida.

6. Where there is a conflict between the ESG application incorporated herein and this Grant Agreement, this 2009 Emergency Shelter Grant Grant Agreement shall prevail.

7. The grantee agrees to provide a dollar for dollar match from other funding sources as set out in the ESG Application. Failure to provide adequate match will result in withdrawal of the grant award by the Department, including recapture of grant funds.

8. The method of payment will be cost reimbursement. Subject to the availability of funds, the Department agrees to reimburse the Grantee a total dollar amount not to exceed **\$77,568.00**, for expenditures made in accordance with the deliverables indicated in the Grantee's ESG Application, Attachment A. The Department shall reimburse the Grantee on the basis of monthly requests for payment submitted to the contract manager, using **Attachment C, Request for Reimbursement**. The date for submission of the monthly request for payment will be no later than the 15th working day of the month following the month of the expenditure. Receipts are required for all expenses incurred, (e.g., office supplies, printing, long distance telephone calls, etc.) and must be submitted with the reimbursement request.

The Department will have up to five (5) working days from receipt of the invoice to approve or disallow deliverables. Disallowance of deliverables will result in rejection of the invoice. The Department will specify, in writing, the reason(s) for rejection of deliverables and corrective actions that must be taken by the provider in order to process the invoice for payment. The provider will have fifteen (15) days from the date of rejection of the initial invoice to correct and resubmit the deliverables.

9. Grantees receiving ESG awards from the Department for the 2009 ESG shall expend the grant funds awarded on eligible program costs by June 30, 2011.

10. The release of funds shall be in accordance with availability of and release of funds by the Department. In the event funds for payment pursuant to this 2009 Emergency Shelter Grant Grant Agreement become unavailable, the Department may terminate this 2009 Emergency Shelter Grant Agreement upon no less than twenty-four (24) hours notice in writing to the Grantee. Said notice shall be delivered by hand delivery, U.S. Postal Service, or any expedited delivery service that provides verification of delivery. The Department shall be the final authority as to the availability and adequacy of state funds. In the event of termination of this 2009 Emergency Shelter Grant Grant Agreement, the Grantee will be compensated for any work satisfactorily completed.

11. Grantee agrees to return to the Department any overpayments or funds disallowed pursuant to the terms and conditions of this 2009 Emergency Shelter Grant Grant Agreement that were disbursed to the Grantee by the Department. In the event that the Grantee or its independent auditor discovers that an overpayment has been made, the Grantee shall repay said overpayment immediately without prior notification from the Department. In the event that the Department first discovers an overpayment has been made, the grant manager, on behalf of the Department, will notify the Grantee by letter of such findings. Should repayment not be made immediately, the Grantee will be charged at the lawful rate of interest on the outstanding balance after Department notification or Grantee discovery.

12. In accordance with sections 11.062 and 216.347, Florida Statutes, no funds provided by this grant may be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.
13. Grantee agrees to provide a financial and compliance audit to the Department as specified in this 2009 Emergency Shelter Grant Grant Agreement and in **Attachment D** and to ensure that all related party transactions are disclosed to the auditor. This grant is subject to the Florida and the Federal Single Audit Act requirements beginning in the year ending June 30, 2010 and thereafter.
14. Grantee agrees to retain all financial records, supporting documents, statistical records and any other documents, whether kept by electronic storage media or otherwise, pertinent to this 2009 Emergency Shelter Grant Grant Agreement for a period of not less than six (6) years after the starting date of this 2009 Emergency Shelter Grant Grant Agreement, or if audit findings have not been resolved at the end of the six (6) year period, the records shall be retained until resolution of the audit findings. State auditors and any persons duly authorized by the Department shall have full access to, and shall have the right to examine any of the said materials at any time during regular business hours. In addition, the Grantee shall permit access to all duly authorized representatives of the U.S. Department and Housing Urban Development.
15. Local government Grantees agree to comply with 24 CFR 85.36(b)(3), and non-profit Grantees agree to comply with 24 CFR 84.42 with respect to the procurement of services, equipment, supplies or other property. With respect to all other decisions involving the use of the ESG funds, the following restriction shall apply: No person who is an employee, agent, consultant, officer, or elected or appointed official of the Grantee, and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.
16. Grantee agrees to be liable for all claims, suits, judgments, or damages, including court costs and attorney's fees, arising out of the negligent or intentional acts or omissions of the Grantee, and its agents, sub-grantees and employees, during performance pursuant to this 2009 Emergency Shelter Grant Grant Agreement. Further, the Grantee agrees to indemnify the Department against all claims, suits, judgments, or damages, including court costs and attorney's fees, arising out of the negligent or intentional acts or omissions of the Grantee, and its agents, sub-grantees, and employees, during performance pursuant to this 2009 Emergency Shelter Grant Grant Agreement. (NOTE: This paragraph is applicable between state agencies or subdivisions, as defined in, and only to the extent permitted by, section 768.28, Florida Statutes)
17. As required by section 286.25, Florida Statutes, if the Grantee is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this grant agreement, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by Florida Keys Outreach Coalition, Inc. and the State of Florida, Department of Children and Families." If the sponsorship reference is in written material, the words "State of Florida, Department of Children and Families" shall appear in the same size letters or type as the name of the organization.
18. Grantee shall not use or disclose any information concerning a recipient of services under this 2009 Emergency Shelter Grant Grant Agreement for any purpose prohibited by state or federal law (except with the written consent of a person legally authorized to give that consent or when authorized by law).
19. The Grantee shall permit Department personnel or representatives to monitor the services which are the subject of this 2009 Emergency Shelter Grant Grant Agreement. In addition, the Grantee shall permit access to all duly authorized representatives of the U.S. Department and Housing Urban Development, the Government Accounting Office, the Florida Auditor General and other agencies charged to ensure full accounting of the grant funds to all records and files related to the ESG grant program.

20. Grantee agrees to allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, Florida Statutes, and made or received by the Grantee in conjunction with this 2009 Emergency Shelter Grant Grant Agreement.

21. Any notice, that is required under this 2009 Emergency Shelter Grant Grant Agreement shall be in writing, and sent by hand delivery, U.S. Postal Service Certified mail, return receipt requested, or any expedited delivery service that provides verification of delivery. Said notice shall be sent to the representative of the Grantee responsible for administration at the designated address contained in this 2009 Emergency Shelter Grant Grant Agreement.

22. The Grantee shall report client-level data, such as the number of persons served and their demographic characteristics, in the Homeless Management Information System within their respective continuum of care planning area, as required by the Department of Housing and Urban Development. Exceptions, if any, are noted in the grant application instructions.

23. Further, the Grantee shall submit quarterly reports to the Department, using the form attached in **Attachment E**. The quarterly reports shall be received by the Department within fifteen calendar days following the end of each grant quarter.

24. In addition, a final report will be due within fifteen calendar days following the end of the grant (by July 15, 2011, if not completed before). The final report will contain data covering the entire two year grant period. Refer to **Attachment F**.

25. Official Name of Payee and Representatives:

A. The official Grantee name, as shown on page one (1) of this 2009 Emergency Shelter Grant Grant Agreement and as listed in MyFlorida Market Place, and mailing address as listed in MyFlorida Market Place, to whom the Department shall issue payment is:

City of Key West
PO Box 1409
Key West, Florida 33041

B. The name, address, telephone number, and email address of the grant manager for the Grantee under this 2009 Emergency Shelter Grant Grant Agreement is:

Mark Finigan, Assistant City Manager
City of Key West
525 Angela Street
Key West, Florida 33040
305-809-3877
mfinigan@keywestcity.com

C. The name, address, telephone number, and email address of the grant manager for the Department under this 2009 Emergency Shelter Grant Grant Agreement is:

Theresa Phelan
Department of Children and Families
1111 12th Street, Key West, Florida 33040
305-292-6810
trixie_phelan@dcf.state.fl.us

26. This 2009 Emergency Shelter Grant Grant Agreement and its attachments and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this 2009 Emergency Shelter Grant Grant Agreement shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this 2009 Emergency Shelter Grant Grant Agreement is legally determined unlawful or unenforceable, the remainder of the 2009 Emergency Shelter Grant Grant Agreement shall remain in full force and effect and such term or provision shall be stricken.
27. Continuous adequate insurance coverage shall be maintained by the Grantee during the existence of this agreement and any renewal(s) and extension(s) of it. By execution of this Grant Agreement, the Grantee accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the Grantee and the participants to be served under this Grant Agreement. The limits of coverage under each policy maintained by the Grantee do not limit the Grantee's liability and obligations under this Grant Agreement. Upon execution of this agreement, the Grantee shall furnish the Department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The Department reserves the right to require additional insurance as specified in the Grant Agreement.
28. The Grantee shall, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d.) as well as all regulations promulgated there under (45 CFR Parts 160, 162 and 164).
29. Modifications of any kind, to any provisions of this Agreement, other than modifications to paragraph 25, must be mutually agreed upon by all parties, and requires a written amendment to this Agreement signed by the parties.
30. Support to the Deaf or Hard-of-Hearing
- A. The provider and its partners, subcontractors, and agents shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA).
- B. The provider shall, if the provider or any of its partners, subcontractors, or agents employs 15 or more employees, designate a Single-Point-of-Contact (one per firm) to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA. The name and contact information for the provider's Single-Point-of-Contact shall be furnished to the department's Contract Manager within 14 calendar days of the effective date of this requirement.
- C. The provider shall, within 30 days of the effective date of this requirement, contractually require that its partners, subcontractors and agents comply with section 504 and the ADA. A Single-Point-of-Contact shall be required for each partner, subcontractor or agent that employs 15 or more employees. This Single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the provider's Single-Point-of-Contact.
- D. The Single-Point-of-Contact shall ensure that employees are aware of the requirements, roles & responsibilities, and contact points associated compliance with Section 504 and the ADA. Further, employees of providers, its partners, subcontractors, and agents with 15 or more employees shall attest in writing that they are familiar with the requirements of Section 504 and the ADA. This attestation shall be maintained in the employee's personnel file.

E. The provider's Single-Point-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or companions are posted near where people enter or are admitted within the agent locations. Such Notices must be posted immediately, but not later than March 12, 2010, with respect to current providers (partners, subcontractors, and agents). The approved Notice can be downloaded through the Internet at:

<http://www.dcf.state.fl.us/admin/ig/civilrights.shtml>.

F. The provider and its partners, subcontractors, and agents shall document the customer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the customer's record. Documentation, with supporting justification, must also be made if any request was not honored. The provider shall submit Compliance Reports monthly, not later than the 15th day of each month, to the department's Contract Manager. The provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.

G. If customers or companions are referred to other agencies, the provider must ensure that the receiving agency is notified of the customer's or companion's preferred method of communication and any auxiliary aids/service needs.

30. This 2009 Emergency Shelter Grant Grant Agreement shall be effective on March 1, 2010 or on the date on which the 2009 Emergency Shelter Grant Grant Agreement has been signed by both parties, whichever is later.

THIS SPACE LEFT BLANK INTENTIONALLY

September 24, 2009

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE ON HOMELESSNESS

IN WITNESS THEREOF, the parties hereto have executed this 84 page 2009 Emergency Shelter Grant Agreement by their undersigned officials as duly authorized.

GRANTEE: City of Key West

Signed By: 

Name: Craig Cates

Title: Mayor

Date: March 2, 2010

Grantee Federal EID #: 59-6000346

Grantee Fiscal Year Ending Date: 09/30

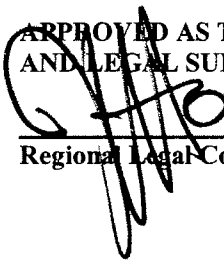
STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES

Signed By: _____

Name: Gilda P. Ferradaz

Title: Circuit Administrator

Date: _____

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
 2-2-10
Regional Legal Counsel Date

Attachments to Grant Agreement

- A. Grantee's ESG Application, as filed with the Department
- B. 2009 Emergency Shelter Grants Application Instructions
- C. Request for Reimbursement
- D. Financial and compliance audit requirements
- E. Quarterly Status Report form
- F. Final Performance Report form

REVISION DATE: September 24, 2009
Office on Homelessness



2009 Emergency Shelter Grant Application

*Florida Department of Children and Families
Office on Homelessness*



*Submitted by
City of Key West, Florida*

- A. **2009 Emergency Shelter Grant Program
Title Page**
- B. City of Key West, FL Tax ID #59-6000346
- C. Public Agency – City Government
- D. The Keys Overnight Temporary Shelter is located on the grounds of the Monroe County Detention Center on Stock Island located in Key West. This emergency facility serves the entire adult homeless population of Monroe County.
- E. Mark Finigan
Assistant City Manager, Administration
305. 809.3877
mfinigan@keywestcity.com
P.O Box 1409
Key West, Florida 33040
- Sheila Griffin
Grant Writer
850-294-6313
- F. Keys Overnight Temporary Shelter
5537 College Road
Key West, Florida 33040
- G. The Keys Overnight Temporary Shelter serves the general population.
- H. The number of people served annually at the Keys Overnight Temporary Shelter is 54,750. This emergency shelter houses 104 beds for men and 24 for women. An additional 22 beds can be added to the common area providing sleeping accommodations for a total of 150 clients. The Keys Overnight Temporary Shelter is open 365 days a year. The 2009 ESG funds will assist in covering operating costs for the shelter.
- I. No new beds will be added with the 2009 ESG funds.
- J. The 2009 ESG funds will support the maintenance and operational costs necessary to support the existing 128 – 150 beds.
- K. The City of Key West is requesting a grant for Operational Costs through the 2009 ESG program.

Section 1 – Required Certifications

- A. Certification of HMIS Compliance (**Form #4**): See Attached
- B. Certification of Local Government Approval (**Form #5**): See Attached
- C. Copy of 501(c)(3): N/A – applicant is a local government
- D. Evidence of Ability to do Business with the State – Certificate of Status from Fla. Dept. of State:

The Department of State provides Certificate of Status for corporations doing business in the State of Florida. The applicant is a local government and therefore this certificate is not applicable.

Attached please find Article I of the Articles of Incorporation creating the City of Key West. Please note the City of Key West is registered with Myflorida Marketplace and able to do business with the State.

CERTIFICATION OF HMIS COMPLIANCE

Participation in the homeless management information system (HMIS) is a requirement for receipt of ESG funds. HMIS requirements are outlined in the U.S. Department of Housing and Urban Development rule notice filed July 30, 2004, as amended. Accordingly, only applicants who commit to participate in the HMIS will be considered for ESG funding in 2009. Section 605 of the Violence Against Women Act of 2005 amended the McKinney-Vento Homeless Assistance Act prohibits victim services providers from entering personally-identifying information into an HMIS database. This law applies to providers receiving Violence Against Women Act and/or Family Violence Prevention and Services Act funding. Domestic violence services providers are not required to participate in HMIS, but shall provide aggregate service data on persons served and outcomes achieved.

I have read the above statement regarding HMIS and agree on behalf of the applicant applying for these ESG funds, that the applicant will fully participate in HMIS and that receipt of ESG funds is contingent on HMIS participation.


J. K. Scholl
(signature of authorized representative for the applicant)

11 SEPT 2009
(date)

J. K. SCHOLL
(printed name of the above signatory)

CERTIFICATION OF LOCAL GOVERNMENT APPROVAL
FOR NONPROFIT ORGANIZATIONS

I, Jim Scholl, City Manager, duly authorized to act on behalf of the City of Key West, Florida, hereby approve the following project(s): City of Key West – Applicant for a Florida Department of Children and Families 2009 grant under the Federal Emergency Shelter Grants Program which is (are) located in Key West, Florida.



11 SEPT 2009

Jim Scholl
City Manager
City of Key West

ARTICLE I. GENERAL

1.01 City created.

The City of Key West is hereby created which shall be the successor to the City of Key West organized and existing under the provisions of Chapter 23374, Laws of Florida (1945), as amended. The city shall have all governmental, corporate and proprietary powers to enable it to conduct municipal government, perform municipal functions and render municipal services, and may exercise any power for municipal purposes except as otherwise provided by law.

1.02 Police powers and jurisdiction.

The City of Key West is hereby authorized to exercise its police powers and jurisdiction extending six hundred (600) feet into the tidal waters adjacent to its corporate limits as herein established; provided, however, that the exercise of such police powers and jurisdiction beyond the corporate limits of the city shall extend only to the abatement of nuisances, the enforcement of sanitary laws and regulations, the regulation of zoning, and the suppression of crime.

1.03 Authority of city commission in development of free port.

The city commission is hereby authorized for the purpose of developing, restoring and extending the shipping and transportation facilities of the city, to construct, purchase, lease or otherwise acquire and to equip, own and maintain yards, terminals, warehouses docking facilities and all buildings and appurtenances deemed necessary and appropriate in connection therewith for the receipt, housing, storage, transfer, transshipment, transportation and delivery of freight, cargoes, mail and express from, into and within the free port zone lying within or outside of the city and not distant more than ten (10) miles from the city limits as now or hereafter constituted; also to extend or connect with the free port zone any lines or transportation facilities that may be necessary to connect with lines of any common carrier; the municipal lines of railways or other transportation facilities provided by the city may be upon lands or easements now owned or here-

after acquired, located in any part of the city or in the area designated for the free port; also to acquire by donation, purchase, condemnation or otherwise all land, easements, rights or property deemed necessary for such time and upon such terms and conditions as may be determined by the city commission by ordinance, duly approved by the qualified electors of the city at a referendum.

1.04 Equality of rights.

The equality of rights under the laws of the City of Key West shall not be denied or abridged because of sex, sexual orientation, age, disability, race, creed, color, or national origin.

(Ord. No. 98-21, § 2(Exh. A), 8-4-1998)

State law reference—Discrimination in employment, F.S. §§ 112.042—112.044.

1.05 Height restriction.

(a) Building height restrictions in the city's land development regulations and building code in effect as of the adoption of this charter section are subject to change only upon approval of a majority of the qualified electors casting ballots at a general municipal election.

(b) If the board of adjustment approves a height variance for habitable building space, this approval shall be submitted to the voters for ratification in the next regularly scheduled election. Board of adjustment approval shall not become effective until voter ratification. Board of adjustment height variances for nonhabitable purposes, including, but not limited to, radio towers, antennae and spires, shall be final and not be subject to referendum. Board of adjustment height variances for a build back of involuntarily destroyed structures which are nonconforming in their height shall also be final and not be subject to referendum.

(Ord. No. 98-21, § 2(Exh. A), 8-4-1998)

1.06 Historic architectural review commission.

(a) There shall be an Historic Architectural Review Commission whose duties shall be prescribed by ordinance.

Section II – Statement of Need

- A. The Keys Overnight Temporary Shelter has been in operation since 2004 providing emergency shelter beds for the adult homeless population of Monroe County. The establishment of the facility resulted from a series of focus group meetings of various community stakeholders in an effort to address the homeless issue in Key West and Monroe County.

In 2004 the Southernmost Homeless Assistance League (SHAL) organized community leaders from state and local government, local and county law enforcement, social service agencies, health care agencies and the business community to develop a comprehensive plan to address the homeless issue in Monroe County. This action was triggered by the staggering number of homeless in Monroe County in 2002 which exceed two-thousand. The City of Key West played an integral role in the focus groups and the development of the comprehensive plan. As a result of these focus group meetings the Continuum of Care (CoC) for the homeless in Monroe County was amended to reflect the comprehensive plan which included an emergency homeless shelter.

Since 2004, the implementation of the CoC has provided a variety of programs to offer long term housing for people with special needs thereby decreasing the number of homeless in Monroe County. As part of a 2009 national initiative to assess the number of homeless people across the country, SHAL conducted a Point-in-Time study in January which registered the number of homeless in Monroe County at 1000. This dramatic decrease in the homeless population is a direct result of the commitment and compassion of local community stakeholders to execute the CoC plan for the homeless in Monroe County.

Currently, in Monroe County, there are now a number of services which assist transitioning a homeless person or family to a level of self-sufficiency and stability. A fundamental service for the homeless population is provided by the Keys Overnight Temporary Shelter which is occupied to full capacity each night. The facility consists of air conditioned Quonset huts and trailers and includes showers and laundry facilities.

A number of social service agencies and area churches frequent the shelter to provide support and referral services to all clients. Examples include:

- AA and Narcotics Anonymous
- Language assistance/ Spanish
- Smoking cessation program
- AIDSHELP testing
- Legal Aide

- VA
- Spiritual guidance
- Lower Keys Medical Clinic
- Monroe County Sheriff's Office
- American Red Cross
- Monroe County Health Department
- Southern Homeless Assistance League
- Vista Volunteers

The Keys Overnight Temporary Shelter was established as a collaborative effort by the City of Key West, Monroe County, and the Monroe County Sheriff's Office in order to provide homeless adults with a basic temporary overnight shelter where homeless persons could perform life sustaining functions without breaking the law. It is the only adult homeless emergency shelter in Monroe County.

- B. The Keys Overnight Temporary Shelter serves the homeless population of Monroe County which is 120 miles long and contains three population centers, each about 50 miles apart. According to the 2000 U.S. Census, the population of Monroe County is 79,589. Key West, the largest population center has 25,458 residents; Marathon has 10,255 residents; and Key Largo/Tavernier has 11,886 residents.
- C. The Keys Overnight Temporary Shelter is a general population adult emergency shelter. According to data from the HMIS data system the majority of clients served are male aged 31-50.
- D. The Keys Overnight Temporary Shelter was established as a collaborative effort by the City of Key West, Monroe County, and the Monroe County Sheriff's Office. Various social service agencies, churches and volunteer organizations provide an array of services to clients of the shelter. The emergency shelter has an established network in the community including the following service providers, government agencies and local businesses:
- AA and Narcotics Anonymous
 - language assistance/ Spanish
 - Smoking cessation program
 - AIDSHELP testing
 - Legal Aide
 - VA
 - Spiritual guidance
 - Lower Keys Medical Clinic
 - Monroe County Sheriff's Office
 - American Red Cross
 - Monroe County Health Department

- Southern Homeless Assistance League
- Vista Volunteers

- E. The Keys Overnight Temporary Shelter is managed by the Florida Keys Outreach Coalition for the Homeless, Inc. (FKOC), which provides a professional staff of six and one volunteer who cover a two-shift work cycle each night. The in-take staff registers each client and review the rules and requirements of the shelter as needed. The professional staff is fully briefed on the services that are available to clients and refer clients on an as-needed basis. In many instances staff will follow up with various service agencies. Information about community based programs is provided at the shelter and available to all clients. The network of social service providers for the homeless in Key West and Monroe County is a caring and cohesive group. This environment fosters frequent and open communication amongst all providers offering clients of the Keys Overnight Temporary Shelter a high quality of care.
- F. The 2009 ESG grant award would assure the continuation of the current level of service provided at the Keys Overnight Temporary Shelter. The City of Key West has proposed funding for the Keys Overnight Temporary Shelter for FY2009-2010 in the amount of \$422,610. However, due to the impact and symptoms of the continuing recession, the City of Key West is pursuing funding and grant opportunities to supplement the proposed budget should the economic downturn continue longer than projected.

Just last month, the General Revenue Estimating Conference reduced its estimate of General Revenue collections for Fiscal Year 2009-10 by \$147.1 million or less than 1% below the estimate from March 2009. For Fiscal Year 2010-11, expected revenues were reduced by \$44.2 million from the earlier forecast. The Conference found that estimated revenue collections for Fiscal Year 2009-10 are still less than Fiscal Year 2008-09 receipts by \$332.4 million or 1.6%

The primary reasons attributed to the slow economic turnaround for Florida are the deterioration of wealth from accelerating job losses (Florida's unemployment rate was 10.7% for August and projected to reach 11%), the continued depreciation of home values, and the decline in asset values have resulted in continued decrease in discretionary spending. This forecast is especially troubling to the City of Key West and Monroe County given the tourism-based economy. According to sales tax data from the Florida Department of Revenue, Monroe County Tourism and Economic Indicators reflect a -9% in Tourism and Recreation revenue.

Section III – Description of Shelter Program and Proposed Tasks

- A. The Keys Overnight Temporary Shelter is a general population adult emergency shelter. According to data from the HMIS data system the majority of clients served are male aged 31-50. The shelter is open to all homeless adults - women and veteran's are included in the client population. Based on HMIS data, 1336 unduplicated clients were served from July 1, 2008 though June 30, 2009. The total amount of clients served in this time period was 54,750.
- B. The substance abuse programs currently provided on-site at the Keys Overnight Temporary Shelter include AA and Narcotics Anonymous. As a result of these meetings, people have been encouraged to enter the FKOC Transitional Housing Program which is a recovery program. The HMIS data system documents that 27% of clients served by the FKOC recovery program are from the Keys Overnight Temporary Shelter. Dedicated community volunteers coordinate the AA and Narcotics Anonymous meetings which are held at least twice a week, sometimes more frequently.
- C. The Keys Overnight Temporary Shelter serves the adult homeless population of Monroe County and consists of air conditioned Quonset huts and trailers and includes showers and laundry facilities. The men's dorms are in the Quonset huts and the women occupy the trailer dorms. A common area for all clients and the FKOC on-site office is housed in a trailer. The shelter is not equipped to handle a family. However, if a family did arrive at the shelter, one of several local churches would be contacted to put the family up in a motel for a night or two until other arrangements could be made.
- D. Because the Keys Overnight Temporary Shelter is an emergency shelter the HMIS data system does not track a client's transition into permanent housing. However, 27% of FKOC recovery programs including the Transitional Housing Program come through the Keys Overnight Temporary Shelter.
- E. The Match Report **Form #1** is attached including a letter from Jim Scholl, City Manager, City of Key West, verifying the 100% match commitment.
- F. Attached (CoC Certification) is a letter from the Southernmost Homeless Assistance League (SHAL), the Continuum of Care Lead Agency for Monroe County certifying this application is consistent with the implementation of the 2008 Continuum of Care Plan and verifying that the City of Key West is an active participant in the CoC plan process. Also attached is a copy of the amended 2008 SHAL CoC plan including the City's efforts to secure funding from the 2009 ESG program.

- G. FKOC in-take staff captures the following universal data elements for the clients served at the Keys Overnight Temporary Shelter:
- Name
 - Social Security (this is no longer captured due to clients concern regarding identify theft)
 - Date of birth
 - Race
 - Ethnicity
 - Gender
 - Veterans Status
 - Disabling Conditions
 - Residence prior to program entry
 - Zip code of last permanent address.
- H. The City of Key West has not received ESG funds in the past.
- I. Should the City of Key West receive a 2009 ESG award it will be the first time the facility has received Emergency Shelter Grant funding from the Department.
- J. The 2009 ESG award will not increase bed capacity at the Keys Overnight Temporary Shelter however the grant funds will ensure that the same high level of services are provided to all clients.
- K. **Form #2 (including narrative) – attached**
Form #3 – attached

MATCH REPORT FORM

Pursuant to Title 24, Part 576.51, Code of Federal Regulations, a match of 100 percent of the grant award is required on the part of the successful applicant. Any of the following may be used in calculating the amount of matching funds provided: cash; the value or fair rental value of any donated material or building; the value of any lease on a building; any salary paid to staff to carry out the program of the recipient; and the value of the time and service contributed by volunteers to carry out the program of the recipient at a current rate of \$5 per hour. (Note: Volunteers providing professional services such as medical or legal services are valued at the reasonable and customary rate in the community.)

The source of match must be clearly identified in the table below so that the reviewer can determine if the source is federal, state or local, and whether it is cash or in-kind. Local sources include city and county funding as well as any funds from local private sources or local community sources. Local taxes are not considered a local source of cash match.

Match considered committed must have a letter from the source indicating their commitment to provide support. **Please see attached letter from City Manager Jim Scholl*

SPECIFIC SOURCE OF MATCH & CASH OR INKIND	AMOUNT OF MATCH	COMMITTED or ANTICIPATED
Cash	\$100,000	Committed



Jim Scholl
City Manager
City of Key West

THE CITY OF KEY WEST

P.O. BOX 1409
KEY WEST, FL 33041-1409

525 Angela Street
(305) 809-3888
FAX 809-3886
jscholl@keywestcity.com

FORM 1 (Attachment)

September 16, 2009

In the proposed FY2009-2010 budget, the City of Key West has allocated a total of \$422,614 to fund the Keys Overnight Temporary Shelter. Of these funds, \$100,000 is committed as a match for the 2009 Emergency Shelter Grant Program provided by the Department of Children and Families, Office on Homelessness.

Jim Scholl
City Manager

BUDGET

TOTAL BUDGET REQUEST

CATEGORY	AMOUNT OF ESG REQUEST	AMOUNT OF MATCH
CATEGORY 1: Conversion, Major Rehabilitation, Renovation, or Rehabilitation		
CATEGORY 2: Shelter Operations (Staff costs limited to 10% of total grant with the exception of maintenance & security staff).	\$100,000 \$ 77,568.-	\$100,000 \$ 77,568.-
CATEGORY 3: Essential Services (Limited to no more than 30% of the total grant request)		
CATEGORY 4: Administration (Only applicable to units of local government applying for ESG)		
TOTAL:	\$100,000 \$ 77,568.-	\$100,000 \$ 77,568.-



ATTACH A BUDGET NARRATIVE DESCRIBING TASKS AND HOW AMOUNTS WERE DERIVED.

The City of Key West has funded the Keys Overnight Temporary Shelter for the past five years since it opened in 2004. This emergency facility for the adult homeless population in Monroe County is considered a critical service by the City as it fulfills a tremendous need for the adult homeless population and provides an essential service to local communities throughout Monroe County.

The Keys Overnight Temporary Shelter is opened from 5pm to 7:30am for clients 365 days a year. From 8am to approximately 3pm each day the shelter is cleaned, supplies restocked, and beds are prepared for the following evening. The City of Key West has a contract with FKOC to manage the facility and provides a professional staff of six and one volunteer who cover a two-shift work cycle each night. The emergency facility provides homeless adults with a basic temporary overnight shelter where they can perform life sustaining functions without breaking the law.

As the country begins to see economic stability begin to emerge after two years of recession, the State of Florida and those counties whose primary base of revenue is tourism and recreation are still struggling. This is the predicament for the City of Key West and Monroe County. According to sales tax data from the Florida Department of Revenue, Monroe County Tourism and Economic Indicators reflect a -9% in Tourism and Recreation revenue. As the City of Key West prepared the FY2009-2010 budget forecasts, this lagging trend created an estimated budget shortfall of \$604,100 between projected revenue and expenditures. This shortfall caused agonizing reductions to the budget including the elimination of school resources officer, elimination of subsidies for the mental health clinic and the Boys & Girls Club. Employees did not receive salary increases or cost of living adjustments. The City also increased Ad Valorem taxes to help offset the deficit. The hope is that estimated revenues come in as projected to prevent additional mid-year budget cuts.

The proposed FY2009-2010 budget for the Keys Overnight Temporary Shelter totals \$422,614. Backup for the proposed budget item which was adopted by the City Commission is attached for review. Because of the tenuous nature of the financial outlook for the State, the City of Key West is pursuing funding and grant opportunities to supplement the proposed budget.

The line items listed above clearly describe the operational expenses the 2009 ESG award would fund. The amounts associated with each line item are based on historical data.

CITY OF KEY WEST
 PROPOSED BUDGET FOR FY 09/10
 EXPENDITURES

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	FY 06/07 ACTUAL	FY 07/08 ACTUAL	FY 08/09 APPROVED BUDGET	FY 08/09 AMENDED BUDGET	FY 08/09 ESTIMATED ACTUAL	FY 09/10 PROPOSED BUDGET
General Fund							
Human Services							
Homeless Center							
001-6901-569-12-00	Wages and Salaries	18,500	35,990	0	0	0	0
001-6901-569-15-00	Special Pay	975	2,094	0	0	0	0
001-6901-569-21-00	FICA	1,490	2,913	0	0	0	0
001-6901-569-22-00	Pension	2,265	4,546	0	0	0	0
001-6901-569-23-00	Health & Life Insurance	3,276	6,526	0	0	0	0
* Personnel Services		26,506	52,069	0	0	0	0
Services and Supplies							
001-6901-569-34-00	Other Contractual Svcs.	432,961	464,397	379,484	379,484	369,484	389,610
001-6901-569-41-00	Utilities	0	3,086	5,000	5,000	5,000	6,000
001-6901-569-41-02	Electricity	10,101	16,292	11,000	11,000	25,000	27,000
001-6901-569-44-00	Rentals & Leases	4,008	0	0	0	0	0
001-6901-569-46-00	Repair/Maintenance Servs	1,964	0	500	500	500	0
001-6901-569-52-00	Operating Supplies	11,060	13,501	15,000	15,000	500	0
* Services and Supplies		470,094	497,276	410,984	410,984	400,484	422,610
Machinery & Equipment							
001-6901-569-64-00	Machinery & Equipment	2,835	0	0	0	0	0
* Capital Expenditures		2,835	0	0	0	0	0
**** Homeless Center							
		499,435	549,345	410,984	410,984	400,484	422,610
***** Human Services							
		499,435	549,345	410,984	410,984	400,484	422,610
***** Parks And Recreation							

TIMELINE FOR EXPENDITURE OF FUNDS

<p>(1) Does the application include shelter improvement activities (Conversion, Renovation, Major Rehabilitation or Rehabilitation)? If "Yes", answer a. – d.</p> <p>a. Does the applicant have permitting necessary for the project?</p> <p>b. Has the applicant secured appropriate zoning for the project?</p> <p>c. Has the applicant competitively selected a contractor for the project?</p> <p>d. Is the project reliant on completion of other projects?</p> <p>e. What is the anticipated date of Certificate of Occupancy? _____</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p>X No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p>(2) Does the application include shelter operations or provision of shelter essential services? If "Yes", answer a. – b.</p> <p>a. Does the applicant have key staff already hired to perform the activities?</p> <p>b. Is the project reliant on completion of other projects?</p>	<p>X Yes</p> <p>X Yes</p>	<p></p> <p>X No</p>

Southernmost Homeless Assistance League

The Monroe County, FL Community Coalition dedicated to the Special Needs of the Homeless

Sept. 16, 2009

Tom Pierce
DCF Office on Homelessness
1317 Winewood Blvd.
Building 3, Room 201
Tallahassee, FL 32399-0700

Dear Tom:

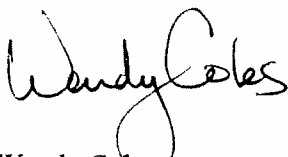
I am writing for the SHAL Board in support of the City of Key West's application to DCF for Emergency Shelter Grant funds. The City of Key West is a member in good standing of the Southernmost Homeless Assistance League. This project is consistent with and furthers the implementation of the 2008 Amended CoC plan.

The City of Key West is active in its support of the Homeless Management Information System. The staff is documenting their clients, thereby helping the Continuum understand what services are provided and what are the unmet needs.

The City of Key West is a member of SHAL and a vital part of our Continuum of Care.

I hope that you will recognize the importance of funding this much needed program.

Most sincerely,



Dr. Wendy Coles
Executive Director

RaiEtte Avel, Chair
Janice Drawing, Secretary

Jamie Pipher, Vice Chair
Doug Blomberg, Treasurer

PO Box 2990, Key West, FL 33045-2990

AMENDED 2008 SHAL COC GOALS AND INITIATIVES 9-16-2009

GOAL	INITIATIVE	LEAD	BASE
1. Create new beds for chronically homeless persons	Apply for funding through the State Homeless Assistance grant to add 5 new beds of permanent housing for the chronically homeless Open new facility with State Homeless Assistance funds, in partnership with a HUD SHP'04 grant to add 4 new beds of permanent housing for chronic homeless individuals with HIV/AIDS at 711 Catherine Street	Elmira Leto, Executive Director Samuels House Robert Walker, Executive Director AIDS Help	47 beds
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%	Provide operational funds and medical and behavioral case management from HUD and State Challenge funds to persons in permanent housing at Don Moore Apartments in order for them to remain in permanent housing over 6 months Provide case management to all participants so as to access appropriate healthcare within 12 months of entering st. Bedes.	Diana Fienard, Executive Director Monroe Association for Retarded Citizens Richard Turcotte, Executive Director Catholic Charities of Miami-Monroe	95%
3. Increase percentage of homeless persons moving from TH to PH to at least 63.5%	Provide case management, daily support groups and life skills training to all participants in TH programs in order to address barriers to obtaining PH	Stephen Braddock, Executive Director Florida Keys Outreach Coalition	72%
4. Increase percentage of homeless persons employed at exit to at least 19%	Provide new "Community Employment Services" and supported employment services to the disabled homeless through Vocational Rehabilitation in order to increase employment skill to obtain and sustain employment Provide case management to support job attainment within 90 days of entering the Sun Houses programs Provide case management to homeless, permanently disabled persons in St. Bedes program to facilitate, monitor and assist with employment or volunteerism re-entry, as possible	Diana Fienard, Executive Director Monroe Association for Retarded Stephen Braddock, Executive Director Florida Keys Outreach Coalition Richard Turcotte, Executive Director Catholic Charities of Miami-Monroe	78%
5. Decrease the number of homeless households with children	Pursue Homeless Housing Assistance funds for new facility for homeless women and children with 16 single room occupancy units	Elmira Leto, Executive Director Samuels House	27 beds

6. Leading the Way	Implement a community awareness campaign	Kevin May, Vista Volunteer SHAL	Presentations given requested
	Improve the coalitions capacity to work effectively by strengthening partnerships and maintaining a strong board of director	RaiEtte Arael, Chief Probation Officer, Monroe County Juvenile Detention Center	27 member board
	Improve, develop and sustain volunteer opportunities education and involvement	Wendy Coles, Executive Director SHAL	PIT every 2 years
7. End chronic homelessness by increasing housing and supportive services	Provide a street outreach worker	Wendy Coles, Executive Director SHAL	Part-time outreach in West
	Build 50 new PH beds for HIV homeless at Poinciana Plaza. AIDS Help has a long term lease on the property and the City has approved a major development for the property to be completed in 5 years	Robert Walker, Executive Director AIDS Help	Break ground 10/20
	Locate a site and resources for a day center in Key West	Patrice Sanders, Director of Client Service AIDS Help	Concept under develop
	Purchase a facility to provide emergency beds for HIV homeless	Robert Walker, Executive Director AIDS Help	Facility not identified
	Pursue ESG funds to add 6 emergency shelter beds	Venia Garvin Valdez, Executive Director Domestic Abuse Shelter	52 beds
	Pursue ESG to support Keys Overnight Temporary Shelter	Mark Finggan, Asst. City Manager for Administration	Some supportive serv
	Pursue Homeless Housing assistance funds to build 80 new PH beds for people who are homeless. 10 of these beds serve the chronically homeless. Units will also house women and children.	Elnira Leto, Executive Director Samuels House	Site identified
8. Prevention	Work with the Sheriff's Dept. to ensure that there is a case worker and discharge process that ensures people are not discharged into homelessness	Stephanie Kaple, Women's Program Florida Keys Outreach Coalition	Developing formal pr
	Information to the community about available resources and how to use them to avoid home loss and job loss	Wendy Coles, Executive Director, SHAL	Information not easily accessible
	Provide food for the working poor and homeless, and pay for prescription drug medication and one way bus tickets for family reunification through EFS funds.	Tom Callahan, Treasurer Star of the Sea Mission	400 clients
	Develop a program to deliver food to other agencies in the Middle and Lower Keys through Challenge funds	Tom Callahan, Treasurer Star of the Sea Mission	4 agencies receive for

	Provide training and job placement for homeless youth 16-23 years in partnership with South Florida Workforce to increase opportunities for higher paying jobs. Green job training will be offered to a select few who express interest in recycling and bio-diesel fuel	Norma Jean Sawyer, Exec. Director Bahama Conch Community Land Trust	0 youth
	Provide rental and utility assistance to individuals and families at risk of homelessness	Sheryl Graham, Director Social Services, Monroe County	0 persons
	Provide a prevention program for children aging out of foster care by working with children in the child welfare system who are 11-17 years with an independent living program through Challenge funds	Doug Bloomberg, Executive Director Wesley House Family Services	52 youth
	Provide a transitional services program for youth, age 18-23 who are aging out of the foster care system to attain educational degrees and certifications through Challenge funds	Doug Bloomberg, Executive Director Wesley House Family Services	17 young adults
9. Data and Technology	Demonstrate the value of HMIS with Challenge funds	Wendy Coles, Executive Director, SHAL	Monthly presentation
	Develop website for use by case managers and clients regarding community services for those who are homeless or at risk of homelessness	Wendy Coles, Executive Director, SHAL	Information being collected
	Improve agency efficiency through use of technology.	Wendy Coles, Executive Director, SHAL	Face to face training
	Provide emergency shelter in the Middle & Lower Keys to victims of domestic violence. Provide funding through Challenge and ESG to support operations.	Venita Garvin Valdez, CEO, Domestic Abuse Shelter	200 clients sheltered
	Provide supported employment training for members of Personal Growth Center through Challenge funds	Lisa Marciniak, PGC Director, Guidance Clinic of the Middle Keys	4 mentally ill adults
	Provide case management to homeless people with HIV/AIDS to access healthcare, housing assistance and supportive services. Provide deposits and rental assistance for eligible homeless through ESG Prevention	Robert Walker, Executive Director, AIDS Help	64 clients
	Provide rental assistance for HIV/AIDS homeless from 5 months to 36 months through HOPWA funding	Robert Walker, Executive Director, AIDS Help	35 clients
	Strengthen current services focusing on substance abuse and mental health issues for clients at Seebol Place, and other homeless clients, in partnership with the Care Center and MOA with a licensed professional through Challenge funds	Robert Walker, Executive Director, AIDS Help	0 clients
	Provide utility and household expenses for clients in transitional supportive housing through Challenge and ESG	Rev. Stephen Braddock, Exec. Director Florida Keys Outreach Coalition	200 clients
	10. Sustain current services for those who are homeless, with a focus on mental health, substance abuse, and chronic homeless		

Ensure hurricane readiness of transitional housing facilities by installing 2 hard wired generators through ESG			
Enhance energy efficiency of transitional housing facilities			
Provide operational and supportive services to homeless men and women with children in transitional housing facilities through Florida Challenge and ESG	Rev. Stephen Braddock, Exec. Director Florida Keys Outreach Coalition	200 clients	
Provide a day center with meals, showers, laundry, outreach and case management in Marathon through Challenge	C.J. Geotis, Executive Director Independence Cay	117 men and women	
Provide transitional shelter operations, supportive services and outreach to homeless veterans through Challenge funds	Pat Lindsay, Health Service Manager Volunteers of America of Florida	15 veterans	
Provide supportive services and operational dollars to homeless women and children at Samuel's House by SAMSHA, ESG and Challenge funds	Elmirita Leto, Executive Director Samuel's House	75 clients	
Provide operational funds and supportive services from Challenge funds to persons in permanent housing in MARC homes in order for them to remain in permanent housing over 6 months	Diana Flanard, Executive Director Monroe Association for Retarded Citizens	32 clients	
Provide operational and supportive services for 6 transitional housing beds and 20 beds for emergency use in inclement weather through Challenge funds. Provide transportation for family reunification in the form of bus tickets through Challenge	C.J. Geotis, Executive Director Independence Cay	26 beds	
Fund outreach worker for Project Lighthouse to serve homeless / runaway youth up to 21 years of age and provide referral information to homeless adults throughout the Keys through Challenge	Bill Mann, Chief Operating Officer Florida Keys Children's Shelter	178 youth	
Provide operational and supportive services to all emergency sheltered homeless youth through Challenge	Bill Mann, Chief Operating Officer Florida Keys Children's Shelter	54 youth	
Provide operational and supportive services to homeless clients with a diagnosis of mental illness and / or co-occurring disorders through ESG and Challenge	Janice Drewing, Executive Director Heron-Peacock Supported Living	0 clients	
Provide client fee assistance and peer supported employment at Heron-Peacock through Challenge	Janice Drewing, Executive Director Heron-Peacock Supported Living	6 clients	

ATTACHMENT B

FINAL August 11, 2009

Application Instructions

2009 Emergency Shelter Grants

**Offered by the
Florida Department of Children and Families
Office on Homelessness**



**ALL APPLICATIONS MUST BE RECEIVED BY
THE OFFICE ON HOMELESSNESS AT:**

**1317 WINEWOOD BOULEVARD
BUILDING 3, ROOM 201K
TALLAHASSEE, FL 32399**

BEFORE 3:30 P.M. ON SEPTEMBER 22, 2009

1317 Winewood Boulevard
Building 3, Room 201K
Tallahassee, FL 32399-0700
850/922-4691
FAX: 850/487-1361

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Overview and Program Objectives

The Emergency Shelter Grant (ESG) Program is a federally funded program. Funding is awarded by the U.S. Department of Housing and Urban Development (HUD) to areas within the State of Florida. These awards are based on a formula. Many cities and counties receive an award directly from HUD. The State also receives an award directly from HUD. The intent of the award to the State is that the funds be sub-granted to the areas through out the state that did not receive a direct award. The State is required to distribute the grant for projects operated by local government agencies or private non-profit organizations, called recipients (if the local government in which the project is located certifies approval).

The objectives of the Emergency Shelter Grants program are to increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to aid this population in transition to permanent homes, and to operate these facilities and provide essential social services. There is a statutory requirement that ESG funds must benefit homeless persons and that costs be provided at a reasonable price and be directly related to an ESG eligible expenditure category.

The ESG program is designed as the first step in a continuum of assistance to prevent homelessness and to enable the homeless population to move steadily toward independent living. The Continuum of Care model is based on the understanding that homelessness is not caused by simple a lack of shelter, but involves a variety of underlying needs. HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the diverse needs of homeless persons. The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify a homeless person's needs;
- Immediate (emergency) shelter as a safe, decent alternative to the streets;
- Transitional housing with appropriate supportive services to help people reach independent living; and
- Permanent housing or permanent supportive housing for the disabled homeless.

Eligible Applicants

The State of Florida, Department of Children and Families, Office on Homelessness, receives funds directly from HUD. Its allocation, except for a portion of the administrative costs, must be made available to the following recipients:

- Local governments in the State (any city, county, town, township, parish, village, or other general purpose political subdivision of a state), which may include cities and counties that are ESG grantees; or
- Private non-profit organizations (defined as tax-exempt secular or religious organizations described in section 501(c) of the Internal Revenue Code), if the local government where the project is located certifies its approval of the project.

Note: State grantees are prohibited from funding projects operated by the agencies of State government.

The State's Funding Priorities - First priority in funding will go to local governments and non-profit organizations located in areas of the state that do not receive an ESG award directly from HUD. Second priority in funding will go to local governments and non-profit organizations located in areas of the state that receive an award directly from HUD. Second priority will also go to local governments and non-profit organizations located in areas of the state that receive an award directly from HUD AND intend to provide ESG services in an area that did not receive a direct award. **The applicant may not also receive ESG funding from the Department of Children and Families for the same activities funded from a local government ESG program.**

Grantee-Recipient Agreements and Liens

The successful applicant will sign a grant agreement with the Department of Children and Families. In that agreement the recipient will agree to abide by all requirements and terms set forth in this grant application.

In the event the ESG award proceeds will be used to improve real property, such use shall be contingent upon the recipient granting to the State a security interest in the property at least equal to the amount of the state funds provided, for at least ten years from the date of purchase or completion of the property improvements. The securing of the lien position and recording of the lien document shall be the responsibility of the recipient. The lien must be in the Department's favor. See Attachment I for a sample lien document.

Eligible Expenditure Categories

Emergency Shelter Grant funds may not be used to supplant other federal funds. In other words, if a portion of your program is being funded from another federal grant, you may not use ESG funds for that portion of your program.

I Emergency Shelter Renovation, Rehabilitation or Conversion

- Renovation means rehabilitation that involves costs of 75 percent or less of the value of the building before renovation.
- Rehabilitation means rehabilitation costs in excess of 75 percent of the value of the building before rehabilitation.
- Conversion means a change in the use of a building to an emergency shelter for the homeless where the cost of conversion and any rehabilitation costs exceed 75% of the value of the building after conversion.
- Value of the building means the monetary value assigned to a building by an independent real estate appraiser, or as otherwise reasonably established by the recipient.

Ineligible activities include acquisition of real property, new construction, property clearance or demolition.

II Essential Services

Essential services can address the immediate needs of the homeless, and can help enable homeless persons in becoming more independent and to secure permanent housing.

Essential services may include (but are not limited to):

- Assistance in obtaining permanent housing;
- Medical and psychological counseling and supervision;
- Employment counseling;
- Nutritional counseling;
- Substance abuse treatment and counseling;
- Assistance in obtaining other Federal, State, and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as supplemental Security Income benefits, and Food Stamps ;
- Other services such as child care, transportation, job placement and job training; and
- Staff salaries necessary to provide the above services.

Limitations on Funding for Essential Services - Funding for essential services is restricted to **new services or a quantifiable increase in services above the level provided during the**

immediately previous 12 month period. In addition, only thirty (30) percent of a recipients total grant amount can be spent on essential services.

Ineligible Activities - Ineligible essential services include:

- Existing services and staff (services must be new or provided to more persons)
- Salary of case management supervisor when not working directly on participant issues
- Advocacy, planning and organization capacity building
- Staff recruitment and training
- Transportation costs not directly associated with service delivery

III Operational Costs

The term 'operating costs' means expenses incurred by a recipient operating emergency and transitional housing.

Eligible activities include shelter administration, maintenance, operation, rent, routine repairs, security, fuel, equipment, insurance, utilities, food and furnishings. Not more than ten (10) percent of the grant amount paid under the operating costs category may be used for costs for staff.

Maintenance and security salary costs are not subject to the ten percent limit.

Ineligible activities - Ineligible operating or maintenance costs include:

- Recruitment or on-going training of staff;
- Depreciation;
- Costs associated with the organization rather than the supportive housing project (advertisements, pamphlets about the organization, surveys, etc.);
- Public relations or fund raising;
- Bad debts / late fees;
- Mortgage payments;
- Purchase of vehicles;
- Staff training;
- Fund raising activities.

IV Administrative Costs

Up to five (5) percent of the Emergency Shelter Grant may be spent on administering the grant. The State is directed to share these administrative funds with local governments that are funded through this State grant. Therefore, if a recipient of the Emergency Shelter Grant is a local government entity they may receive funding in the administrative category.

Eligible administrative activities include:

- staff to operate the ESG program;
- preparation of progress reports, audits, and;
- monitoring of recipients.

Ineligible administrative costs include:

- Preparation of consolidated plans and other application submissions;
- Conferences or training in professional fields such as accounting and financial management;
- Salary of organization's executive director (except to the extent involved in carrying out eligible administrative functions).

Funds Available for the FY 2009 ESG

The U.S. Department of Housing and Urban Development has awarded to the State \$2,957,444 for sub-grants to nonprofit organizations and/or local government entities based on the demographics of the areas of the state that did not receive a direct award from HUD. Five (5) percent of this amount will be set aside for administration of the grant. \$2,809,572 of this amount will be available for sub-grant recipients. These funds will be available through June 30, 2011. In addition, \$230,481 unallocated from the 2008 grant will be available. These funds will be available through June 30, 2010.

The amount for which any applicant can apply and receive varies according to the type of activities proposed.

- **The maximum amount to be applied for is \$150,000 within the following parameters:**
- **Shelter operating funds and/or essential services funds - may not exceed \$100,000.**
- **Shelter improvement funds without hurricane preparedness and/or energy efficiency improvements – the applicant may apply for up to \$100,000.**
- **Shelter improvement funds with hurricane preparedness and/or energy efficiency improvements – the applicant may apply for an additional \$50,000, up to \$150,000.**

Match Requirements - The ESG program requires a dollar for dollar match from other funding sources. HUD requires that the State report details on the match, including the specific sources and amounts. Matching funds may include:

- Cash in the bank;
- Funds from other sources;
- Salary paid to staff (not included in the ESG award);
- Time contributed by volunteers (HUD allows \$5 per hour);
- The value of any donated material or building, or of any lease, calculated using a reasonable method to establish a fair market value.
- No match that has been previously reported as match may be used.

Recipient Reimbursement

Successful applicants will be reimbursed for eligible expenditures based upon actual program expenses with supporting documentation. Further information and requirements will be outlined in the grant agreement.

Service Delivery Records and Documentation

ESG regulations require that records are maintained for a period of at least six years after the end of the grant term.

Homeless Management Information System (HMIS) - HMIS is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. HUD requires that all ESG recipients use HMIS, including tracking specific outcomes. This is a requirement for all recipients of the 2009 ESG funding. Participation in the homeless management information system (HMIS) is a requirement for receipt of ESG funds. HMIS requirements are outlined in the U.S. Department of Housing and Urban Development rule notice filed July 30, 2004, as amended. Accordingly, only applicants who commit to participate in the HMIS will be considered for ESG funding in 2009. Section 605 of the Violence Against Women Act of 2005 amended the McKinney-Vento Homeless Assistance Act to prohibit victim services providers from entering personally-identifying information into an HMIS database. This law applies to providers receiving Violence Against Women Act and/or Family

Violence Prevention and Services Act funding. Domestic violence services providers are not required to participate in HMIS, but shall provide aggregate service data on persons served and outcomes achieved.

Documentation of Homelessness - Documentation of homelessness is an equally important aspect of ESG project management. ESG recipients are required to maintain adequate documentation of homelessness status to determine the eligibility of persons served by HUD's homeless assistance programs. A copy of the documentation should be maintained in the participant's file.

HUD's Definition of Homelessness - HUD defines homelessness using the following definition: A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD's homelessness assistance. A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings on the street;
- In an emergency shelter;
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

Suggested Building and Habitability Standards

Any building for which ESG funding is used for renovation, major rehabilitation, or conversion should meet the following safety and sanitation standards. State or local regulations may supersede the following:

- Structure and Materials - The shelter building should be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.
- Emergency Exit - The shelter must have a second means of exiting the facility in case of emergency or fire.
- Space and Security - Each resident should have adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep.
- Interior Air Quality - Each room or space within the shelter/facility must have a natural or mechanical means of ventilation. The interior air should be free of pollutants at a level that might threaten or harm the health of residents.
- Water Supply - The shelter's water supply should be free of contamination.
- Sanitary Facilities - Each resident should have access to sanitary facilities that are in proper operating conditions. The facilities should be able to be used in privacy and be adequate for personal cleanliness and the disposal of human waste.
- Thermal Environment - The shelter/facility must have any necessary heating/cooling facilities in proper operating condition.
- Illumination and Electricity - The shelter/facility should have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There should be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
- Food Preparation - Food preparation areas, if any, should contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.

- Sanitary Condition - The shelter should be maintained in a sanitary condition.
- Fire Safety-Sleeping Area - There should be at least one working smoke detector in each occupied unit of the shelter facility. In addition, smoke detectors should be located near sleeping areas where possible. The fire alarm system should be designed for a hearing-impaired resident.
- Fire Safety-Common Areas - All public areas of the shelter must have at least one working smoke detector.

(Above taken, in part, from Georgia FY 2010 ESG Applicant's Manual)

Sanctions for Noncompliance-

If the Department determines that a recipient is not complying with the requirements of the grant or other application State and Federal laws, appropriate actions, which may include those listed below, will be taken. Any grant amounts that become available as a result of a sanction will be made available to other nonprofit organizations or units of local government for use within the time period specified for the grant. The time period for this current grant is state fiscal years 2009-2010 and 2010-2011.

- Issue a warning letter that further failure to comply with the grant requirements will result in a more serious sanction;
- Condition a future grant;
- Direct the recipient to stop incurring costs;
- Require that some or all of the grant be returned to the State;
- Reduce the level of funds the recipient would otherwise be entitled to receive;
- Elect to not provide future grant awards to the recipient until appropriate actions are taken to ensure compliance.

Monitoring

The Department reserves the right to monitor recipient records and programs to ensure that ESG funds are used effectively to assist homeless individuals and families and that the basic ESG program goals are met. In addition, it is important to ensure compliance with ESG regulations and program requirements in the usage of funds. A contract manager would want to see that progress toward meeting the goals and objectives stated in their initial ESG application is being made. Monitoring by the Department's contract managers may include, but is not limited to:

- Review of progress reports;
- Expenditure records;
- On-site assessments to include review of files and financial records;
- Telephone consultation;
- Request for additional / corrected documentation prior to processing payment requests;
- Review of property inventory for ESG purchases;
- Review of recipient's written policies and procedures;
- Interviews with staff and participants.

Additional monitoring may be performed by the Department's Office on Homelessness.

Reporting Requirements

The Department requires a quarterly progress report as well as a final report at the end of the contract period. See Appendix I. The quarterly report must be submitted to the Department contract manager as well as the Office on Homelessness by the 15th of the month following the end of each quarter. The final report will be submitted by the 15th of the month following completion of the contract.

Outcome Measures

The HUD outcome measures will be reported as follows:

Objective and Outcome

Accessibility and availability for the purpose of creating suitable living environments

Required Outcome Indicators

Amount of money ESG match

Number of persons, households, units or beds assisted

Income levels of persons/households assisted

Race, ethnicity and disability of persons served

Specific Outcome Indicators

Number of homeless persons given overnight shelter

Number of new beds created in overnight shelter or other emergency housing

The State outcomes will be reported as follows:

Objective and Outcome

Promote Personal and Family Recovery and Resiliency

Specific Outcome Indicators

1. Number and percent of clients sheltered who were referred to the following supportive services
 - a. mental health services
 - b. substance abuse addictions treatment
 - c. physical health services
 - d. education, training and job placement
 - e. financial and budget counseling
2. Number and percent of clients sheltered who exit and move to permanent housing
3. Length of stay in the sheltering facility: the overall average length of stay (all clients served)
4. Number and percent of clients who were sheltered and exited, who return to the shelter or other homeless service agencies within six months of exit.
5. Number and percent who exit with employment income.

Procurement Rules

The Code of Federal Regulations (24 CFR Part 84) establishes federal standards and guidelines for the procurement of supplies, equipment, construction, and services. The successful applicant will be expected to follow these standards and guidelines. Chapter 287.001-287.1345, Florida Statutes, establishes state standards and guidelines for the procurement of supplies, equipment, construction, and services. The successful applicant will be expected to follow these standards and guidelines.

Property Controls - The successful applicant will be required to maintain a system for tracking property and other assets purchased with grant funds, and to ensure that such property and assets are secure and used for authorized purposes.

Other Federal Requirements

Non-discrimination and Equal Opportunity - Pursuant to 24 CFR 576.57(a), successful applicants must comply with requirements regarding non-discrimination and equal opportunity.

Lead-based Paint - Pursuant to the requirements of 24 CFR 576.57(c) and 35 CFR, successful applicants are subject to the requirements, as applicable, of the Lead-based Paint Poisoning Prevention Act. According to the Interpretive Guidance to the regulations, most emergency shelters are exempt from the lead-based paint regulations. Thus, emergency housing using efficiencies, studio apartments, dormitories, single room occupancy units, barracks, group homes, or room rentals in residential dwellings are all excluded from the lead-based paint requirements. The only ESG-assisted housing covered under the lead-based paint requirements is longer-term transitional housing in an apartment with one or more bedrooms and which has family residents who are part of a program requiring continual residence of more than 100 days. ESG projects providing essential services only are also excluded from the lead-based paint regulations. In ESG projects where the residents select their own housing or where the grantee or recipient provides services such as housing search and homeless prevention services such as first month's rent, the units selected must be free from lead-based paint contamination.

Conflict of Interest - Pursuant to 24 CFR 576.57(d), successful applicants must comply with requirements regarding conflicts of interest.

Environmental Review and Compliance - Pursuant to the requirements of 24 CFR 576.57(e), successful applicants must comply with environmental review requirements prior to the receipt of Federal ESG funds and the execution of contracts with the department. The environmental review process is required to determine compliance with federal laws and regulations pertaining to noise, air and water quality, solid waste disposal, toxic compounds, manmade hazards, historic preservation, flood plains, wetlands, coastal zones, fish, wildlife, and endangered species. The environmental review may result in an exemption, categorical exclusion or require completion of an environmental assessment. When necessary, environmental assessments can be very complex, technical and time consuming, sometimes taking several months to complete. Therefore, successful applicants who believe they do not meet exemption or exclusion criteria outlined in 24 CFR 576.57, should begin an environmental review immediately after notification of their selection. When necessary, environmental assessments can be obtained from city or county housing, community development or other appropriate public officials, or from architects, engineers or others who have the technical capacity to conduct them. The Department of Children and Families does not have the staff capability to conduct such assessments. 24 CFR 58 contains instructions for conducting environmental assessments and delineates those circumstances under which an applicant may be exempt or categorically excluded.

Limits on Funding to Primarily Religious Organizations - Pursuant to 24 CFR Parts 92, 570, 572, 574, 576, 582, 583, and 585, and in accordance with Executive Order 13279, December 2002, successful applicants must comply with requirements regarding faith-based organizations.

Americans with Disabilities Act - Each recipient of ESG funds must comply with the Americans with Disabilities Act of 1990, section 933, public law 101-336.

Illegal Use, Possession and Distribution of Drugs and Alcohol - Each recipient of ESG funds must promulgate and administer in good faith, a written policy designed to ensure that the homeless facility is free from the illegal use, possession and distribution of drugs and alcohol.

Approval for Nonprofits - Non-profit applicants must first have their applications approved by the governing body or chief operating officer (or their designees) of the governmental jurisdiction in which they reside, e.g., cities or counties (refer to Form #9).

Florida's Priorities for the 2009 Emergency Shelter Grant

Each application will be scored on how well it meets the Department's priorities as set forth below.

Target populations:

- 1) ESG priority will be given to facilities that serve unaccompanied homeless youth (especially transitional housing programs serving youth existing foster care). Facilities that also serve dependent youth must be able to separate expenditures. ESG will not pay for services for dependent youth. Dependent youth is defined as a child under the age of 18 who is in the custody of the Department and is awaiting foster care placement.
- 2) ESG priority will be given in 2009 to facilities that provide shelter and other services needed by homeless veterans.
- 3) In 2009, the ESG will include a focus on shelter facilities that have substance abuse and/or mental health programs.
- 4) The 2009 ESG action plan promotes sheltering options that keep families together. For purposes of this criterion, a family is defined as a married couple with or without children and single-parent families.

Commitment of local cash to meet the match requirements: Applicants who are able to document cash leverage and those who can provide evidence from the HUD 2008 continuum of care plan identifying all of the community resources committed to match the project, will be given priority consideration.

Demonstrate successful outcomes in transitioning to permanent housing: Applicants who can demonstrate success in assisting clients to become permanently housed as evidenced by exit data from the homeless management information system (HMIS) that clearly reflects the percentage and numbers of clients over the previous 12 months who exited the shelter facility to permanent housing, will receive priority consideration.

Engage in activities to increase hurricane readiness: Priority consideration will be given to applicants proposing shelter activities to improve hurricane readiness. Examples of such activities include but are not limited to purchase and installation of hard-wired generators, installation of storm shutters or impact resistant doors and windows.

Promote energy efficiency: Governor Charlie Crist has committed to reducing greenhouse gasses in Florida. Priority consideration will be given to applicants proposing the purchase of products with green labels such as Energy Star or Green Seal when replacing facility appliances or furnishings. The Florida Department of Management Services has released, on their website, a listing of environmentally preferable products. The website address is:
http://dms.myflorida.com/business_operations/state_purchasing/vendor_information/state_contracts_agreements_and_price_lists/florida_climate_friendly_preferred_products_list

Focus on higher-level essential services: Priority will be given to shelters that will provide new or an expanded level of essential services, compared to the services provided in 2008.

Funding for new shelter or transitional housing facilities: Florida will give preference to facilities that have never received an ESG award from the Department, as well as those that did not receive an award in the last award cycle.

Notice of Solicitation of Applications

The Department shall publish the "Notice of Solicitation of Applications for the 2009 Emergency Shelter Grant," in the Florida Administrative Weekly at least 30 days prior to the deadline for applications.

At the time this notice is submitted to the Florida Administrative Weekly for publication, a copy shall be mailed to organizations on the ESG mailing list that is maintained by the Office on Homelessness. In addition a copy will be forwarded to homeless coalitions via email. (See Appendix IV)

How to Submit an Application

Applications must be received by the Department by the deadline at the location set forth on the cover page of the Application Instructions and in the Notice of Solicitation. Facsimile or electronic transmission of applications will not be accepted. Late applications will not be accepted.

Applications must be typed, single-spaced, on 8 1/2" x 11" paper. Pages must be numbered. Figures, charts and tables should be numbered and referenced by number in the text. The applications must be bound in ring binders and submitted in tabbed sections in the order listed below.

Title Page: Each application must include a Title Page that includes all of the following information, in this order.

- 2009 Application for Emergency Shelter Grant
- Applicant's name and tax ID number
- Applicant's type of organization (choose one):
 - Faith-based Non-profit
 - Other Non-profit
 - Public Agency (local government)
- Service Area (Counties) for which the application is being submitted
- Name, title, phone number, email address and mailing address of person who can respond to inquiries regarding the application
- Physical address of the homeless shelter facility (except for domestic violence/abuse shelters)
- Population served by the facility (choose one)
 - Unaccompanied homeless youth (including youth existing from foster care)
 - Veterans
 - Mental health and/or substance abuse population
 - General population
 - Domestic abuse/violence population
 - Other (specify)
- The number of people expected to be served with the 2009 ESG funds
- The number of new beds to be added with the 2009 ESG funds
- The number of existing beds to be supported with the 2009 ESG funds
- Activity Proposed (choose all that apply)
 - Shelter Renovation, Rehabilitation or Conversion
 - Essential Services
 - Operational Costs
 - Administrative Costs (local government only)

Section I: Required Certifications - Insert the required certifications in the following order:

- Certification of HMIS Compliance (Form #4)
- Certification of Local Government Approval (Form #5)
- A copy of your 501(c)(3) documentation for nonprofit organizations
- Evidence of Ability to Do Business with the State - Certificate of Status - contact the Fla. Dept. of State at (850) 245-6053 for more information.

Section II: Statement of Need -

- Describe, in depth, the proposed project and/or services explaining the need for the proposed project and/or services.
- Describe the geographic area (counties) in which the organization is current providing services and in which the proposed project and/or services will occur.
- Describe the client population to be served.
- Include a listing of service providers, government agencies, community businesses. etc., with which the applicant networks.
- Describe how clients are assessed to determine their needs.
- Describe how the ESG grant would assist with providing a higher level of essential services and/or new services not previously provided. For example, describe service levels in 2008 vs those planned for 2009.

Section III: Description of Your Shelter Program and Proposed Tasks -

A. Indicate which **one** of the following types of facility is being proposed for funding and how many were served from July 1, 2008 through June 30, 2009: If other populations were served, please indicate the numbers served.

- 1) Youth Shelter - a shelter exclusively serving unaccompanied youth
- 2) Veteran's Shelter - a shelter exclusively serving veterans
- 3) General Population Shelter - a shelter serving the general population of homeless persons, including various sub-populations
- 4) Chronic Homeless - a shelter providing services exclusively to the chronically homeless
- 5) Domestic Abuse/Violence Shelter - a shelter exclusively serving victims of domestic abuse and/or violence.
- 6) Other - If your shelter does not fit into one of the above categories, provide a description of your target population

Unaccompanied Youth	5 points	
Veterans	5 points	
General Population	2 points	
Chronic Homeless	2 points	
Domestic Abuse / Domestic Violence	1 points	
Other	0 points	MAX 5 points

B. Describe any programs for mental health or substance abuse currently provided on-site by your facility.

None	0 points	
Mental Health Program	4 point	
Substance Abuse Program	4 points	MAX 8 points

C. Thoroughly describe your facility living quarters. Indicate whether you serve families. If families are housed, indicate the percentage of beds set aside for sheltering families together. Include a floor plan of the facility that indicates space for families and for singles.

None	0 points	
25% or less	1 point	
50% or less	2 points	
75% or less	3 points	
100%	4 points	MAX 4 points

D. Based on the applicant's HMIS data, provide the number of and percentage of clients that exited the applicant's facility into permanent housing during the July 1, 2008 through June 30, 2009 time period. Attach Continuum of Care **certified** HMIS data to support the reported percentage and number.

No certified data attached	0 points	
less than 25%	1 point	
less than 50%	2 points	
less than 75%	3 points	
75% or greater	4 points	MAX 4 points

E. Match Report Form - Include a completed match report form indicating the source of match, whether it is cash or in-kind. Indicate whether the match is committed or anticipated. **If match has been committed, please attach a signed letter of commitment from the source. The letter should contain the name of the organization providing the contribution; the type of contribution; the value of the contribution; and the date the contribution will be available. For cash match, this means cash actually received and available at the time of this application.** The form should be completed so the reviewers can clearly identify whether the match source is federal, state, or local and whether it is in-kind or cash. (Form #1)

Local Cash Percent of Required Match		
0%	0 point	
1-25%	1 point	
26-50%	2 points	
51-75%	3 points	
76-100%	4 points	
Is Cash 100% committed?		
Yes	4 points	
Less than 100%	2 points	
No Commitment	0 points	MAX 8 points

F. If a Continuum of Care Lead Agency is available in your area, see Appendix I, you must attach a letter from them that certifies the following information:

- 1) That the applicant's application is consistent with and furthers the implementation of the 2008 Continuum of Care Plan.
- 2) With this letter, the applicant must include documentation from the 2008 HUD CoC Plan Exhibit 1 that specifically lists the applicant as requesting ESG funds for emergency and/or transitional shelter activities. **(Note: this requires an amendment to the 2008 CoC Plan be submitted to The Office on Homelessness by the CoC Lead Agency. This amendment must be included in your application and must also be received by the Office on Homelessness prior to the deadline for submitting your grant application.)**

3) The extent to which the applicant is an active participant in the CoC planning process. Does applicant have membership on CoC board? Has applicant attended two or more CoC planning meetings?

	Yes	No
Documented consistency and inclusion with COC Plan 2008 Exhibit I)	4 points	0 points
Agency is participant in CoC planning: Board Member or attended 2 or more meetings	2 points	0 points
No COC Available in this Area (Dixie, Gilchrist, Union, Baker Counties)	2 points	
		MAX 6 points

G. For your facility's participation in your continuum of care HMIS data system, please indicate if you are capturing and entering the following universal data elements for the clients served in the last week of June 2009. Check only those data elements where you are entering this data on at least 75% of your clients served.

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Conditions
- Residence Prior to Program Entry
- Zip Code of Last Permanent Address

9-10 data elements	5 points	
7-8 data elements	4 points	
5-6 data elements	3 points	
3-4 data elements	2 points	
1-2 data elements	1 point	
Domestic violence/abuse shelters	2 points	
County not in CoC planning area	2 points	
No data elements entered	0 points	MAX 5 points

H. If the applicant has previously received ESG awards, were reports submitted timely? (to be completed by the Office on Homelessness)

	Yes	No	
Have 2007 final reports been submitted on time?	0 points	-4 points	MAX 0 points

I. Would the 2009 ESG award be the first time the facility has received Emergency Shelter Grant funding from the Department?

	Yes	No	
First time ESG award, if awarded	4 points	0 points	MAX 4 points

- J. Would the 2009 ESG award increase your shelter bed capacity? If yes, describe how capacity will be increased and by how many beds.

	Yes	No	
Shelter bed capacity will be increased (1 pt/bed up to 10 pts)	10 points max	0 points	MAX 10 points

- K. Budget Forms - The Applicant must complete the budget forms, Form #2, specifying expenditures by category. Applicants **must** include a budget narrative describing tasks and how amounts were derived. The timeline of expected expenditures, Form #3, must be submitted to enable the Department to plan the use of its limited budget spending authority.

Copies to be Submitted

An original (marked 'Original') and three (3) copies (marked and numbered #1, #2, and #3) of the application are required. The original application must contain original signatures of an official of the provider agency who is authorized to bind the applicant to the application. **For scoring purposes, ensure that all copies are identical to the original. The copies will be used for scoring and will not be checked for completeness prior to scoring.**

Timeliness and Completeness

The application must be received by the Office on Homeless by the date and time specified in the notice of solicitation. Any application received after the date and time specified will not be considered for funding.

When received by the Office on Homelessness, the application will be reviewed for completeness. If any required materials are missing, the applicant will be contacted to supply the missing information within 72 hours of the time notified. **If the requested information is not received by the Office on Homelessness within the specified time period, the application will not be considered for funding.**

Review Process and Ranking

The Department of Children & Families shall appoint a three person review team consisting of persons who are knowledgeable in the program area, and may include others such as employees of other state agencies or entities that are engaged in planning for or providing homelessness services. Reviewers shall be free of conflict of interest with applicants for the Emergency Shelter Grant.

This review team shall evaluate all eligible applications using the preference criteria discussed above. Evaluator scores will be added together, then averaged and scores ranked in order of highest to lowest. Applicants will be awarded funding in rank order by priorities given on page 3 of this application document, until available funding is depleted. Actions by the Department shall be final. Upon approval by the Department, all applicants will be notified in writing of the rankings and grant awards. Failure to receive a grant award cannot be protested. **The maximum total score is 58 points. The minimum acceptable score is 29 points.**

Questions?

Please send all questions in writing to the contact listed below. Emailed questions will be accepted.

OFFICE ON HOMELESSNESS CONTACT INFORMATION

Amy Claiborne, Senior Management Analyst II
Office on Homelessness
amy_claiborne@dcf.state.fl.us
850/922-5787
850/487-1361 [FAX]

MATCH REPORT FORM

Pursuant to Title 24, Part 576.51, Code of Federal Regulations, a match of 100 percent of the grant award is required on the part of the successful applicant. Any of the following may be used in calculating the amount of matching funds provided: cash; the value or fair rental value of any donated material or building; the value of any lease on a building; any salary paid to staff to carry out the program of the recipient; and the value of the time and service contributed by volunteers to carry out the program of the recipient at a current rate of \$5 per hour. (Note: Volunteers providing professional services such as medical or legal services are valued at the reasonable and customary rate in the community.)

The source of match must be clearly identified in the table below so that the reviewer can determine if the source is federal, state or local, and whether it is cash or in-kind. Local sources include city and county funding as well as any funds from local private sources or local community sources. Local taxes are not considered a local source of cash match.

Match considered committed must have a letter from the source indicating their commitment to provide support.

SPECIFIC SOURCE OF MATCH & CASH OR INKIND	AMOUNT OF MATCH	COMMITTED or ANTICIPATED

BUDGET

CATEGORY 4: ADMINISTRATION

The following budget form is to be completed *only* by local units of government that intend to pass through their grant award to non-profit agencies or Indian tribes, and which intend to claim up to 2.5 percent of the grant amount for administrative costs.

Line Item	Amount ESG Requested	Amount of Matching Funds
TOTAL:		

BUDGET

TOTAL BUDGET REQUEST

CATEGORY	AMOUNT OF ESG REQUEST	AMOUNT OF MATCH
CATEGORY 1: Conversion, Major Rehabilitation, Renovation, or Rehabilitation		
CATEGORY 2: Shelter Operations (Staff costs limited to 10% of total grant with the exception of maintenance & security staff).		
CATEGORY 3: Essential Services (Limited to no more than 30% of the total grant request)		
CATEGORY 4: Administration (Only applicable to units of local government applying for ESG)		
TOTAL:		

The amount for which any applicant can apply and receive varies according to the type of activities proposed.

- The maximum amount to be applied for is \$150,000 within the following parameters:
- Shelter operating funds and/or essential services funds - may not exceed \$100,000.
- Shelter improvement funds without hurricane preparedness and/or energy efficiency improvements – the applicant may apply for up to \$100,000.
- Shelter improvement funds with hurricane preparedness and/or energy efficiency improvements – the applicant may apply for an additional \$50,000, up to \$150,000.

*NOTE: For planning purposes, the applicant may use November 1, 2009, as a projected contract start date. The amount available for the time period from the contract start date through June 30, 2011, is dependant on available Departmental resources.

ATTACH A BUDGET NARRATIVE DESCRIBING TASKS AND HOW AMOUNTS WERE DERIVED.

CERTIFICATION OF HMIS COMPLIANCE

Participation in the homeless management information system (HMIS) is a requirement for receipt of ESG funds. HMIS requirements are outlined in the U.S. Department of Housing and Urban Development rule notice filed July 30, 2004, as amended. Accordingly, only applicants who commit to participate in the HMIS will be considered for ESG funding in 2009. Section 605 of the Violence Against Women Act of 2005 amended the McKinney-Vento Homeless Assistance Act prohibits victim services providers from entering personally-identifying information into an HMIS database. This law applies to providers receiving Violence Against Women Act and/or Family Violence Prevention and Services Act funding. Domestic violence services providers are not required to participate in HMIS, but shall provide aggregate service data on persons served and outcomes achieved.

I have read the above statement regarding HMIS and agree on behalf of the applicant applying for these ESG funds, that the applicant will fully participate in HMIS and that receipt of ESG funds is contingent on HMIS participation.

(signature of authorized representative for the applicant)

(date)

(printed name of the above signatory)

**CERTIFICATION OF LOCAL GOVERNMENT APPROVAL
FOR NONPROFIT ORGANIZATIONS**

I, _____
[NAME & TITLE]

duly authorized to act on behalf of the _____
[NAME OF CITY OR COUNTY]

hereby approve the following project(s): _____
[NAME OF AGENCY]

which is (are) to be located in _____
[NAME OF CITY OR COUNTY]

BY: _____
[NAME]

[TITLE]

[SIGNATURE]

[DATE]

FEDERAL EMERGENCY SHELTER GRANTS PROGRAM
QUARTERLY STATUS REPORT

Name of Provider: _____
Grant Year: **2009** / Contract # _____

QUARTER # _____ Report Period: From: _____ To: _____

Indicate The Type Of Organization:

_____ Faith Based Non-profit _____ Other Non-profit _____ Public Agency

Indicate The Total Number of Beds Supported With The ESG Funds: _____ Beds

Indicate The Total Percentage of Individuals Served Per Area Median Income Level:

_____ 30% Area Median Income
_____ 50% Area Median Income
_____ 80% Area Median Income or Above

Indicate Program(s) And Service(s) With An "X":

- Emergency Shelter Facilities _____
 - Vouchers for Shelter _____
 - Transitional Housing _____
 - Outreach _____
 - Drop-In-Center _____
 - Soup Kitchen/Meal Distribution _____
 - Food Pantry _____
 - Health Care _____
 - Mental Health _____
 - HIV/AIDS Services _____
 - Alcohol/Drug Program _____
 - Employment Services _____
 - Child Care _____
 - Other (Please List) _____
- _____
- _____
- _____

Indicate The Total, Unduplicated Number Of Individuals Provided With Overnight Shelter:

Number of Adults Served _____
Number of Children Served _____

Race/Ethnicity Of The Total Number Served (Note: an individual should be counted only once in the first column. The second column includes the number out of each ethnic category from the first column that considered themselves Hispanic. For example, if out of 125 "White" individuals, 35 considered themselves "Hispanic", the Total # would be 125 and the # Hispanic would be 35)

	Total #	# Hispanic (subset of 1 st column)
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaskan Native & Black/African American	_____	_____
Other Multi-Racial	_____	_____
Total (total for first column should = total unduplicated number of adults and children from the previous section)	_____	_____

Indicate Total, Unduplicated Numbers Served:

1. Individuals _____ :	TOTALS			
Unaccompanied 18 yrs and over	Male _____	Female _____	Total _____	
Unaccompanied under 18 yrs	Male _____	Female _____	Total _____	
2. Family Households with Children, Headed by:				
Single parent 18 yrs and over	Male _____	Female _____	Total _____	
Single parent under 18 yrs	Male _____	Female _____	Total _____	
Two parents 18 yrs and over			Total _____	
Two parents under 18 yrs			Total _____	
3. Family Households with No Children:				Total _____
TOTAL (add totals for the above sections 1., 2. & 3.)				_____

List The Total Number Of Persons For Each Sub-Population Served. Numbers May Be Duplicative (i.e. an individual may be counted under more than one category):

Chronically Homeless (emergency shelters only)	_____	Youth formerly in foster care	_____
Severely Mentally Ill	_____	Veterans	_____
Chronic Substance Abuse	_____	Persons with HIV/AIDS	_____
Other Disability	_____	Victims of Domestic Violence	_____
		Elderly	_____

Indicate Total, Unduplicated Numbers Of Households Served (Emergency/Transitional Facilities):

Barracks	_____
Group / Large House	_____
Scattered Site Apartment	_____
Single Family Detached House	_____
Single Room Occupancy	_____
Mobile Home / Trailer	_____
Hotel / Motel	_____
Other	_____

Indicate The Specific Sources And Amounts Of Matching Funds For The ESG Project:

Other Federal (Federal funds other than ESG)
(e.g. pass-through funds such as City CDBG, County, FEMA, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Local government (e.g. State Housing Trust Funds, local assessments/fees, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Private (including recipient) Funding:

Fund Raising / Cash	\$ _____
Loans	\$ _____
Building Value/Lease	\$ _____
Donated Computers	\$ _____
Donated goods	\$ _____
New Staff Salaries	\$ _____
Volunteer (professional)	\$ _____
Volunteer (@ \$5/hour)	\$ _____
Other	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

TOTAL (for all three categories) \$ _____

Please Provide The Following Information Based On HMIS Entrance And Exit Data:

1. Change In Housing Status

Number of clients that exited the shelter to permanent housing
(Supportive Or Conventional) _____

Percentage of clients that exited the shelter to permanent housing
(Supportive Or Conventional) _____

2. Change In Income Status

Number of clients that showed an increase in income status upon exit, through
securing employment or through access to mainstream benefits (for clients unable to work
due to disability). _____

Percentage of clients with increased income upon exiting the shelter. _____

3. Length of stay in the sheltering facility: overall average length of stay (all clients sheltered).

4. Number of clients who were sheltered and exited, who returned to the shelter or other homeless service
agencies within six months of exit. _____

Percentage of clients who were sheltered and exited, who returned to the shelter or other homeless service
agencies within six months of exit. _____

5. Number and percent of clients sheltered who were referred to the following supportive services:

	<u>Number</u>	<u>Percent</u>
a. mental health services	_____	_____
b. substance abuse addictions treatment	_____	_____
c. physical health services	_____	_____
d. education, training and job placement	_____	_____
e. financial and budget counseling	_____	_____

FEDERAL EMERGENCY SHELTER GRANTS PROGRAM
FINAL STATUS REPORT

Name of Provider: _____
Grant Year: **2009** / Contract # _____

Report Period: From: _____ To: _____

Note: Final Reports should cover the entire grant period, reporting data with respect to use of the entire ESG award irrespective of contract period.

Indicate The Type Of Organization:

_____ Faith Based Non-profit _____ Other Non-profit _____ Public Agency

Indicate The Total Number of Beds Supported With The ESG Funds: _____ Beds

Indicate The Total Percentage of Individuals Served Per Area Median Income Level:

_____ 30% Area Median Income
_____ 50% Area Median Income
_____ 80% Area Median Income or Above

Indicate Program(s) And Service(s) With An "X":

Emergency Shelter Facilities	_____
Vouchers for Shelter	_____
Transitional Housing	_____
Outreach	_____
Drop-In-Center	_____
Soup Kitchen/Meal Distribution	_____
Food Pantry	_____
Health Care	_____
Mental Health	_____
HIV/AIDS Services	_____
Alcohol/Drug Program	_____
Employment Services	_____
Child Care	_____
Other (Please List)	_____
_____	_____
_____	_____
_____	_____

Indicate The Total, Unduplicated Number Of Individuals Provided With Overnight Shelter:

Total Number of Adults Served _____
Total Number of Children Served _____

Race/Ethnicity Of The Total Number Served (Note: an individual should be counted only once in the first column. The second column includes the number out of each ethnic category from the first column that considered themselves Hispanic. For example, if out of 125 "White" individuals, 35 considered themselves "Hispanic", the Total # would be 125 and the # Hispanic would be 35)

	Total #	# Hispanic (subset of 1 st column)
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaskan Native & Black/African American	_____	_____
Other Multi-Racial	_____	_____
Total (total for first column should = total unduplicated number of adults and children from the previous section)	_____	_____

Indicate Total, Unduplicated Numbers Served:

<u>1. Individuals:</u>	<u>TOTALS</u>		
Unaccompanied 18 yrs and over	Male _____	Female _____	Total _____
Unaccompanied under 18 yrs	Male _____	Female _____	Total _____
<u>2. Family Households with Children, Headed by:</u>			
Single parent 18 yrs and over	Male _____	Female _____	Total _____
Single parent under 18 yrs	Male _____	Female _____	Total _____
Two parents 18 yrs and over			Total _____
Two parents under 18 yrs			Total _____
<u>3. Family Households with No Children:</u>	Total _____		
TOTAL (add totals for the above sections 1., 2. & 3.)	_____		

List The Total Number Of Persons For Each Sub-Population Served. Numbers May Be Duplicative (i.e. an individual may be counted under more than one category):

Chronically Homeless (emergency shelters only)	_____	Youth formerly in foster care	_____
Severely Mentally Ill	_____	Veterans	_____
Chronic Substance Abuse	_____	Persons with HIV/AIDS	_____
Other Disability	_____	Victims of Domestic Violence	_____
		Elderly	_____

Indicate Total, Unduplicated Numbers Of Households Served (Emergency/Transitional Facilities):

Barracks	_____
Group / Large House	_____
Scattered Site Apartment	_____
Single Family Detached House	_____
Single Room Occupancy	_____
Mobile Home / Trailer	_____
Hotel / Motel	_____
Other	_____

Indicate The Specific Sources And Amounts Of Matching Funds For The ESG Project:

Other Federal (Federal funds other than ESG)
(e.g. pass-through funds such as City CDBG, County, FEMA, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Local government (e.g. State Housing Trust Funds, local assessments/fees, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Private (including recipient) Funding:

Fund Raising / Cash	\$ _____
Loans	\$ _____
Building Value/Lease	\$ _____
Donated Computers	\$ _____
Donated goods	\$ _____
New Staff Salaries	\$ _____
Volunteer (professional)	\$ _____
Volunteer (@ \$5/hour)	\$ _____
Other	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

TOTAL (for all three categories) \$ _____

Please Provide The Following Information Based On HMIS Entrance And Exit Data:

1. Change In Housing Status

Number of clients that exited the shelter to permanent housing _____
(Supportive Or Conventional)

Percentage of clients that exited the shelter to permanent housing _____
(Supportive Or Conventional)

2. Change In Income Status

Number of clients that showed an increase in income status upon exit, through securing employment or through access to mainstream benefits (for clients unable to work due to disability). _____

Percentage of clients with increased income upon exiting the shelter. _____

3. Length of stay in the sheltering facility: overall average length of stay (all clients sheltered). _____

4. Number of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit. _____

Percentage of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit. _____

5. Number and percent of clients sheltered who were referred to the following supportive services:

	<u>Number</u>	<u>Percent</u>
a. mental health services	_____	_____
b. substance abuse addictions treatment	_____	_____
c. physical health services	_____	_____
d. education, training and job placement	_____	_____
e. financial and budget counseling	_____	_____

CONTINUUM OF CARE DESIGNATED LEAD AGENCIES

CONTINUUM OF CARE LEAD AGENCY

Jon DeCarmine
 Alachua County Coalition for the
 Homeless & Hungry
 703 NE 1st Street
 Gainesville, FL 32601
 P – 352/378-0460
 F – 352/373-4097
jd@acha-fl.com
www.endhomelessnessinalachuacounty.org

Laurie Combs, Director
 Homeless & Hunger Coalition of NW Florida
 P.O. Box 549
 Panama City, FL 32402-0549
 P – 850/215-9066
 F – 850/763-0099
combsjl@aol.com
coalition@gcin.org
www.nwfloridahomeless.org

Rosa Reich
 Brevard County Housing and Human Services
 2725 Judge Fran Jamieson Way
 Building B, Suite 105
 Viera, FL 32940
 P – 321/633-2076
 F – 321/633-2170
Rosa.reich@brevardcounty.us

Steve Werthman
 Broward County
 Homeless Initiative Partnership
 Governmental Center
 115 S. Andrews Av. Ste. 516
 Ft. Lauderdale, FL 33301
Public Line: 954-792-2337
 P – 954/357-6101
 F – 954/357-5521
swerthman@broward.org

Angela Hogan, Executive Director
 Charlotte County Homeless Coalition
 PO Box 380157
 Murdock, FL 33938-0157
 P – 941/627-4313
 F – 941/627-9648
Angela.Hogan@cchomelesscoalition.org

CATCHMENT AREAS BY COUNTY

Alachua, Putnam, Bradford, Levy

**Bay, Calhoun, Gulf, Holmes,
 Jackson, Washington**

Brevard

Broward

Charlotte

CONTINUUM OF CARE LEAD AGENCY

Barbara Wheeler
Mid-Florida Homeless Coalition
P.O. Box 1527
Eustis, FL 32727-1527
P- 352-860-2308
F: 352-726-3280
Mfhc@tampabay.rr.com

Rita Dopp
United Way of Suwannee Valley
325 NE Hernando Ave., Suite 102
Lake City, FL 32055-4015
P – 386/752-5604
F – 386/752-0105
Unitedway@bellsouth.net

Marcy Krumbine
Collier County Housing & Human Services
3050 N. Horseshoe Dr., Suite 110
Naples, FL 34104
P – 239/252-8442
F – 239/403-2331
Marcykrumbine@colliergov.net

Richard Reinhardt
Highlands County Coalition for the Homeless
1306 S. Tulane Avenue
Avon Park, FL 33825
P - 863/452-1086
F - 863/452-2347
richard.reinhardt@fhrch.org
www.hsncl.org

Dawn Gilman, Interim Director
Emergency Services & Homeless
Coalition of Jacksonville
4527 Lenox Avenue
Jacksonville, FL 32205-5417
P – 904/384-1361
F – 904/387-3315
Dgilman@eshcnet.org
www.eshcnet.org

Brunie Emmanuel
EscaRosa Coalition on the Homeless
P.O. Box 17222
Pensacola, FL 32522
P – 850/439-3009
F – 850/433-8289
univisgrp@aol.com
director@ecoh.gccoxmail.com
www.ecoh.org

CATCHMENT AREAS BY COUNTY

Citrus, Hernando, Lake, Sumter

**Columbia, Hamilton, Lafayette,
Suwannee**

Collier

**DeSoto, Glades, Hardee, Hendry,
Highlands, Okeechobee**

Duval, Clay, Nassau

Escambia, Santa Rosa

CONTINUUM OF CARE LEAD AGENCY

Rayme L. Nuckles
Homeless Coalition of Hillsborough County, Inc.
P.O. Box 360191
Tampa, FL 33673-0181
P – 813/223-6115
F – 813/223-6178
Rayme@homelessofhc.org
www.homelessofhc.org

Louise Hubbard, Executive Director
Treasure Coast Homeless Services Council, Inc.
2525 St. Lucie Avenue
Vero Beach, FL 32960
Public Line: 772-778-4234
P – 772/567-7790 ext. 103
F – 772/567-5991
lrhscslh@aol.com

Dawn Whelan
Lee County Department of Human Services
2440 Thompson Street
Fort Myers, FL 33901
P – 239/533-7930
F – 239/652-7960
dwhelan@leegov.com

Susan Pourciau, Director
Big Bend Homeless Coalition
PO Box 226
Tallahassee, FL 32302-0226
P – 850/205-6005
Public Line: (Jeff) 205-6022
F – 850/577-0586
SPourciau@bigbendhc.org

Richard Martin
Suncoast Partnership to End Homelessness, Inc.
1445 2nd Street
Sarasota, Florida 34236
P – 941/955-8987
F – 941/365-4368
Richard.Martin@suncoastpartnership.org

Dave Fullarton, Executive Director
Marion County Homeless Council, Inc
1401 NE 2nd Street
Ocala, FL 34470
P – 352/812-0124
F – 352/237-8359
dave@mchcfl.org
www.mchcfl.org

CATCHMENT AREAS BY COUNTY
Hillsborough

Indian River, Martin, St. Lucie

Lee

**Leon, Franklin, Gadsden,
Liberty, Madison, Taylor,
Jefferson, Wakulla**

Manatee and Sarasota

Marion

CONTINUUM OF CARE LEAD AGENCY

David Raymond, Executive Director
Miami-Dade County Homeless Trust
111 NW 1st St, Suite 27-310
Miami, FL 33128
P – 305/375-1490
F – 305/372-6009
dray@miamidade.gov
www.miamidade.gov/homeless

Dr. Wendy Coles, Executive Director
Southernmost Homeless Assistance League
PO Box 2990
Key West, FL 33045
P – 305/294-9105
F – 305/294-9110
Flshal@comcast.net

Lenore Wilson
Okaloosa Walton Homeless Continuum of Care
305 Lovejoy Road
Ft. Walton Beach, FL 32548
P – 850/226-7694
F – 850/226-7695
Ravenlen@aol.com
www.okaloosawaltonhomeless.org

Cathy Jackson, Executive Director
Homeless Services Network of Central Florida
P.O. Box 547068
Orlando, FL 32854
P – 407/893-0133
F – 407/893-5299
cjackson@homelessnetworkcfl.org
www.hsncl.org

Georgiana Devine
Division of Human Services of Palm Bch County
810 Datura Street, Suite 350
West Palm Beach, FL 33401
P - 561/ 355-4778
F – 561/355-4801
Gdevine@co.palm-beach.fl.us

Eugene Williams
Pasco County Community Development Division
5640 Main Street, Suite 200
New Port Richey, FL 34652
P – 727/834-3445
F – 727/834-3450
ewilliams@pascocountyfl.net

CATCHMENT AREAS BY COUNTY

Miami-Dade

Monroe

Okaloosa and Walton

Orange, Osceola, Seminole

Palm Beach

Pasco

CONTINUUM OF CARE LEAD AGENCY

Sarah K. Snyder, Executive Director
Pinellas County Coalition for the Homeless
5180 62nd Ave., North
Pinellas Park, FL 33781
P: 727/528-5762
C: 727/528-5764
sarah@pinellashomeless.org

Joanne Shaffer, Interim Executive Director
Women's Resource Center
165 Avenue A, NW
Winter Haven, FL 33881
P – 863/294-5318
F – 863/294-6128
client.east@wrcfl.org

Mark Spiker, Executive Director
Homeless Coalition of Polk County
835 N. Kentucky Avenue
Lakeland, FL 33801
P – 863/687-8386
F – 863/802-1436
hpolk@tampabay.rr.com

Jackie Harris-Rude, President
Melissa Strohminger, Program Coordinator
Emergency Services and Homeless Coalition of
St. Johns County, Inc.
PO Box 3422
St Augustine, FL 32085-3422
P – 904/824-6623
F - 904/824-6361
homelesscoalition1@comcast.net

Tony Schefstad, Executive Director
Volusia/Flagler County Coalition for the Homeless
Street Address:
316 North Street; Daytona Beach 32114
Mailing Address:
PO Box 6498
Daytona Beach, FL 32122-6498
P – 386/252-9400
F – 386/323-1845
tschefstad@vfch.org
www.vgch.org

CATCHMENT AREAS BY COUNTY

Pinellas

Polk/Winter Haven –
(Excluding City of Lakeland)

Polk – City of Lakeland

St. Johns

Volusia and Flagler

COUNTIES NOT INCLUDED IN A CONTINUUM OF CARE

Baker
Dixie
Gilchrist
Union

FORMULA JURISDICTIONS

Following are the cities and counties receiving direct federal Emergency Shelter Grant allocations from the U.S. Department of Housing and Urban Development, and with Consolidation Plan requirements. These areas will receive second priority funding for the 2009 Emergency Shelter Grant through the Florida Department of Children and Families. Exceptions are noted.

BROWARD COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Coconut Creek, Coral Springs, Davie, Deerfield Beach, Hollywood, Lauderdale, Margate, Miramar, Pembroke Pines, Plantation, Pompano Beach, Sunrise, and Tamarac.

COLLIER COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Marco Island and Naples.

ESCAMBIA COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Pensacola

CITY OF FT. LAUDERDALE

CITY OF HIALEAH

HILLSBOROUGH COUNTY

JACKSONVILLE-DUVAL COUNTY

LEE COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Cape Coral and Ft. Myers.

CITY OF MIAMI

MIAMI-DADE COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Homestead City, Miami Beach, Miami Gardens City and North Miami.

ORANGE COUNTY

CITY OF ORLANDO

PALM BEACH COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Boca Raton, Boynton Beach, Delray Beach and West Palm Beach.

PASCO COUNTY

PINELLAS COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Clearwater and Largo.

POLK COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Lakeland and Winter Haven.

SEMINOLE COUNTY

CITY OF ST. PETERSBURG

CITY OF TALLAHASSEE

CITY OF TAMPA

VOLUSIA COUNTY

Exceptions – Applicants in the following cities may apply if they are not receiving ESG funding from the county: Daytona Beach, Deltona and Port Orange.

**SOLICITATION OF APPLICATIONS FOR
2009 EMERGENCY SHELTER GRANTS**

The Department of Children and Families through the Office on Homelessness, hereby solicits applications for the 2009 Federal Emergency Shelter Grant (ESG).

The objectives of the Emergency Shelter Grants program are to increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to aid this population in transition to permanent homes, and to operate these facilities and provide essential social services. There is a statutory requirement that ESG funds must benefit homeless persons and that costs be provided at a reasonable price and be directly related to an ESG eligible expenditure category.

The ESG program is designed as the first step in a continuum of assistance to prevent homelessness and to enable the homeless population to move steadily toward independent living. The Continuum of Care model is based on the understanding that homelessness is not caused by simple a lack of shelter, but involves a variety of underlying needs. HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the diverse needs of homeless persons. The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify a homeless person's needs;
- Immediate (emergency) shelter as a safe, decent alternative to the streets;
- Transitional housing with appropriate supportive services to help people reach independent living; and
- Permanent housing or permanent supportive housing for the disabled homeless.

Eligible Applicants

The State of Florida, Department of Children and Families, Office on Homelessness, receives funds directly from HUD. Its allocation, except for a portion of the administrative costs, must be made available to the following recipients:

- Local governments in the State (any city, county, town, township, parish, village, or other general purpose political subdivision of a state), which may include cities and counties that are ESG grantees; or
- Private non-profit organizations (defined as tax-exempt secular or religious organizations described in section 501(c) of the Internal Revenue Code), if the local government where the project is located certifies its approval of the project.

Note: State grantees are prohibited from funding projects operated by the agencies of State government.

APPLICATION PACKET AVAILABILITY

Application packets may be found at the following website address.

<http://www.dcf.state.fl.us/homelessness/>

Application packets may also be requested from:

Office on Homelessness
1317 Winewood Boulevard
Building 3, Room 201
Tallahassee, FL 32399-0700
850/922-4691

SUBMISSION DEADLINE: 3:30 p.m. September 22, 2009

Attachment C

REQUEST FOR REIMBURSEMENT

Grant #KFZ33

Provider: City of Key West
Mailing Address: 525 Angela Street
Key West, FL 33040

Contract period: March 1, 2010 through June 30, 2011

This Reporting Period: _____

	<i>Line Items</i>	<i>Approved Budget</i>	<i>Amount this Invoice</i>	<i>Total Expenditures to Date</i>	<i>Budget Remaining</i>
1	Renovations – Object Code 790012	\$ N/A			
2	Operations – Object Code 790032	\$ 77,568.00			
3	Essential Services – Object Code 790022	\$ N/A			
	TOTAL	\$ 77,568.00			

 Signature of Provider Agency Official

 Date

For DCF Use Only	Category: 100550 / OCA: AH010
Date Invoice Received _____	Object Code 790012 _____
Date Services Received _____	Object Code 790022 _____
Date Services Approved _____	Object Code 790032 _____
Approved by _____	Total _____

ATTACHMENT D

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the department. In the event the department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the department's inspector general, the state's Chief Financial Officer or the Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$500,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

Single Audit Information for Recipients of Recovery Act Funds:

(a) To maximize the transparency and accountability of funds authorized under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5) (Recovery Act) as required by Congress and in accordance with 2 CFR 215.21 "Uniform Administrative Requirements for Grants and Agreements" and OMB Circular A-102 Common Rules provisions, recipients agree to maintain records that identify adequately the source and application of Recovery Act funds. OMB Circular A-102 is available at <http://www.whitehouse.gov/omb/circulars/a102/a102.html>.

(b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. OMB Circular A-133 is available at <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. This shall be accomplished by identifying expenditures for Federal awards made under the Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

(c) Recipients agree to separately identify to each subrecipient, and document at the time of subaward and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of Recovery Act funds. When a recipient awards Recovery Act funds for an existing program, the information furnished to subrecipients shall distinguish the subawards of incremental Recovery Act funds from regular subawards under the existing program.

(d) Recipients agree to require their subrecipients to include on their SEFA information to specifically identify Recovery Act funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor subrecipient expenditure of ARRA funds as well as oversight by the Federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

- A. Contract manager for this contract (2 copies)
Theresa Phelan
Department of Children and Families
1111 12th Street, #304
Key West, FL 33040
Email: trixie_phelan@dcf.state.fl.us

- B. Department of Children & Families (1 electronic copy and management letter, if issued)
Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Email address: single_audit@dcf.state.fl.us

- C. Reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:
<http://harvester.census.gov/fac/collect/ddeindex.html>
and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

- D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:
Auditor General
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450
Email address: flaudgen_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the department.

ATTACHMENT E

**QUARTERLY STATUS REPORT
FEDERAL EMERGENCY SHELTER GRANT PROGRAM**

Name of Provider: _____

Grant Year: **2009** / **Contract #** _____

QUARTER # _____ Report Period: From: _____ To: _____

Indicate The Type Of Organization:

_____ Faith Based Non-profit _____ Other Non-profit _____ Public Agency

Indicate The Total Number of Beds Supported With ESG Funds: _____ Beds

Indicate The Total Percentage of Individuals Served Per Area Median Income Level:

_____ 30% Area Median Income
_____ 50% Area Median Income
_____ 80% Area Median Income or Above

Indicate Program(s) And Service(s) With An "X":

Emergency Shelter Facilities	_____
Vouchers for Shelter	_____
Transitional Housing	_____
Outreach	_____
Drop-In-Center	_____
Soup Kitchen/Meal Distribution	_____
Food Pantry	_____
Health Care	_____
Mental Health	_____
HIV/AIDS Services	_____
Alcohol/Drug Program	_____
Employment Services	_____
Child Care	_____
Other (Please List)	_____
_____	_____
_____	_____
_____	_____

Indicate The Total, Unduplicated Number Of Individuals Provided With Overnight Shelter:

Number of Adults Served _____
Number of Children Served _____

Race/Ethnicity Of The Total Number Served (Note: an individual should be counted only once in the first column. The second column includes the number out of each ethnic category from the first column that considered themselves Hispanic. For example, if out of 125 "White" individuals, 35 considered themselves "Hispanic", the Total # would be 125 and the # Hispanic would be 35)

	Total #	# Hispanic (subset of 1 st column)
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaskan Native & Black/African American	_____	_____
Other Multi-Racial	_____	_____
Total (total for first column should = total unduplicated number of adults and children from the previous section)	_____	

Indicate Total, Unduplicated Numbers Served:

<u>1. Individuals</u> _____ :	<u>TOTALS</u>		
Unaccompanied 18 yrs and over	Male _____	Female _____	Total _____
Unaccompanied under 18 yrs	Male _____	Female _____	Total _____

<u>2. Family Households with Children, Headed by:</u>			
Single parent 18 yrs and over	Male _____	Female _____	Total _____
Single parent under 18 yrs	Male _____	Female _____	Total _____
Two parents 18 yrs and over			Total _____
Two parents under 18 yrs			Total _____

<u>3. Family Households with No Children:</u>	Total _____
--	-------------

TOTAL (add totals for the above sections 1., 2. & 3.) _____

List The Total Number Of Persons For Each Sub-Population Served. Numbers May Be Duplicative (i.e. an individual may be counted under more than one category):

Chronically Homeless (emergency shelters only)	_____	Youth formerly in foster care	_____
Severely Mentally Ill	_____	Veterans	_____
Chronic Substance Abuse	_____	Persons with HIV/AIDS	_____
Other Disability	_____	Victims of Domestic Violence	_____
		Elderly	_____

Indicate Total, Unduplicated Numbers Of Households Served (Emergency/Transitional Facilities):

Barracks	_____
Group / Large House	_____
Scattered Site Apartment	_____
Single Family Detached House	_____
Single Room Occupancy	_____
Mobile Home / Trailer	_____
Hotel / Motel	_____
Other	_____

Indicate The Specific Sources And Amounts Of Matching Funds For the ESG Project:

Other Federal (Federal funds other than ESG)
(e.g. pass-through funds such as City CDBG, County, FEMA, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Local government (e.g. State Housing Trust Funds, local assessments/fees, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Private (including recipient) Funding:

Fund Raising / Cash	\$ _____
Loans	\$ _____
Building Value/Lease	\$ _____
Donated Computers	\$ _____
Donated goods	\$ _____
New Staff Salaries	\$ _____
Volunteer (professional)	\$ _____
Volunteer (@ \$5/hour)	\$ _____
Client Fees	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

TOTAL (for all three categories) \$ _____

Please Provide The Following Information Based On HMIS Entrance And Exit Data:

1. Change In Housing Status

Number of clients that exited the shelter to permanent housing (Supportive Or Conventional) _____

Percentage of clients that exited the shelter to permanent housing (Supportive Or Conventional) _____

2. Change In Income Status

Number of clients that showed an increase in income status upon exit, through securing employment or through access to mainstream benefits (for clients unable to work due to disability). _____

Percentage of clients with increased income upon exiting the shelter. _____

3. Length of stay in the sheltering facility: overall average length of stay (all clients sheltered).

4. Number of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit.

Percentage of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit.

5. Number and percent of clients sheltered who were referred to the following supportive services:

	<u>Number</u>	<u>Percent</u>
a. mental health services	_____	_____
b. substance abuse addictions treatment	_____	_____
c. physical health services	_____	_____
d. education, training and job placement	_____	_____
e. financial and budget counseling	_____	_____

ATTACHMENT F

FINAL REPORT
FEDERAL EMERGENCY SHELTER GRANT PROGRAM

Name of Provider: _____

Grant Year: **2009** / **Contract #** _____

Report Period: From: _____ To: _____

Note: Final Reports should cover the entire grant period, reporting data with respect to use of the entire ESG award irrespective of contract period.

Indicate The Type Of Organization:

_____ Faith Based Non-profit _____ Other Non-profit _____ Public Agency

Indicate The Total Number of Beds Supported With ESG Funds: _____ Beds

Indicate The Total Percentage of Individuals Served Per Area Median Income Level:

_____ 30% Area Median Income
_____ 50% Area Median Income
_____ 80% Area Median Income or Above

Indicate Program(s) And Service(s) With An "X":

Emergency Shelter Facilities	_____
Vouchers for Shelter	_____
Transitional Housing	_____
Outreach	_____
Drop-In-Center	_____
Soup Kitchen/Meal Distribution	_____
Food Pantry	_____
Health Care	_____
Mental Health	_____
HIV/AIDS Services	_____
Alcohol/Drug Program	_____
Employment Services	_____
Child Care	_____
Other (Please List)	_____
_____	_____
_____	_____
_____	_____

Indicate The Total, Unduplicated Number Of Individuals Provided With Overnight Shelter:

Total Number of Adults Served _____
Total Number of Children Served _____

Race/Ethnicity Of The Total Number Served (Note: an individual should be counted only once in the first column. The second column includes the number out of each ethnic category from the first column that considered themselves Hispanic. For example, if out of 125 "White" individuals, 35 considered themselves "Hispanic", the Total # would be 125 and the # Hispanic would be 35)

	Total #	# Hispanic (subset of 1 st column)
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
American Indian/Alaskan Native & Black/African American	_____	_____
Other Multi-Racial	_____	_____
Total (total for first column should = total unduplicated number of adults and children from the previous section)	_____	_____

Indicate Total, Unduplicated Numbers Served:

1. Individuals:	<u>TOTALS</u>		
Unaccompanied 18 yrs and over	Male _____	Female _____	Total _____
Unaccompanied under 18 yrs	Male _____	Female _____	Total _____
2. Family Households with Children, Headed by:			
Single parent 18 yrs and over	Male _____	Female _____	Total _____
Single parent under 18 yrs	Male _____	Female _____	Total _____
Two parents 18 yrs and over			Total _____
Two parents under 18 yrs			Total _____
3. Family Households with No Children:			Total _____
TOTAL (add totals for the above sections 1., 2. & 3.)			_____

List The Total Number Of Persons For Each Sub-Population Served. Numbers May Be Duplicative (i.e. an individual may be counted under more than one category):

Chronically Homeless (emergency shelters only)	_____	Youth formerly in foster care	_____
Severely Mentally Ill	_____	Veterans	_____
Chronic Substance Abuse	_____	Persons with HIV/AIDS	_____
Other Disability	_____	Victims of Domestic Violence	_____
		Elderly	_____

Indicate Total, Unduplicated Numbers Of Households Served (Emergency/Transitional Facilities):

Barracks	_____
Group / Large House	_____
Scattered Site Apartment	_____
Single Family Detached House	_____
Single Room Occupancy	_____
Mobile Home / Trailer	_____
Hotel / Motel	_____
Other	_____

Indicate The Specific Sources And Amounts Of Matching Funds For the ESG Project:

Other Federal (Federal funds other than ESG)
(e.g. pass-through funds such as City CDBG, County, FEMA, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Local government (e.g. State Housing Trust Funds, local assessments/fees, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

Private (including recipient) Funding:

Fund Raising / Cash	\$ _____
Loans	\$ _____
Building Value/Lease	\$ _____
Donated Computers	\$ _____
Donated goods	\$ _____
New Staff Salaries	\$ _____
Volunteer (professional)	\$ _____
Volunteer (@ \$5/hour)	\$ _____
Client Fees	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____

TOTAL (for all three categories) \$ _____

Please Provide the Following Information Based On HMIS Entrance And Exit Data:

1. Change In Housing Status

Number of clients that exited the shelter to permanent housing _____
(Supportive Or Conventional)

Percentage of clients that exited the shelter to permanent housing _____
(Supportive Or Conventional)

2. Change In Income Status

Number of clients that showed an increase in income status upon exit, through securing employment or through access to mainstream benefits (for clients unable to work due to disability). _____

Percentage of clients with increased income upon exiting the shelter. _____

3. Length of stay in the sheltering facility: overall average length of stay (all clients sheltered).

4. Number of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit.

Percentage of clients who were sheltered and exited, who returned to the shelter or other homeless service agencies within six months of exit.

5. Number and percent of clients sheltered who were referred to the following supportive services:

	<u>Number</u>	<u>Percent</u>
a. mental health services	_____	_____
b. substance abuse addictions treatment	_____	_____
c. physical health services	_____	_____
d. education, training and job placement	_____	_____
e. financial and budget counseling	_____	_____