

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/31/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Catholic Charities of Northwest Florida

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-3213644

	c. Organizational DUNS:	139308696	PLUS 4:	
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d. Address

Street 1: 11 First Street SE

Street 2:

City: Fort Walton Beach

County:

State: Florida

Country: United States

Zip / Postal Code: 32548

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mrs.

First Name: Eva

Middle Name:

Last Name: Wise

Suffix:

Title: Assistant Executive Director

Organizational Affiliation: Catholic Charities of Northwest Florida

Telephone Number: (850) 776-0198

Extension:
Fax Number: (850) 664-9146
Email: wisee@cc.ptdiocese.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Permanent Supportive Housing

16. Congressional District(s):

a. Applicant: FL-001
b. Project: FL-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018
b. End Date: 12/31/2018

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Matthew

Middle Name:

Last Name: Knee

Suffix:

Title: Executive Director

Telephone Number: (850) 501-3476
(Format: 123-456-7890)

Fax Number: (850) 664-9146
(Format: 123-456-7890)

Email: kneem@cc.ptdiocese.org

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

Date Signed: 08/31/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Catholic Charities of Northwest Florida

Prefix: Mr.

First Name: Matthew

Middle Name:

Last Name: Knee

Suffix:

Title: Executive Director

Organizational Affiliation: Catholic Charities of Northwest Florida

Telephone Number: (850) 501-3476

Extension:

Email: kneem@cc.ptdiocese.org

City: Fort Walton Beach

County:

State: Florida

Country: United States

Zip/Postal Code: 32548

2. Employer ID Number (EIN): 59-3213644

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$504,911.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OWHCoC 207 Hospital Drive NE, Suite B Fort Walton Beach FL 32548	Prevention ESG	\$37,000.00	07/2017
OWHCoC 207 Hospital Drive NE, Suite B Fort Walton Beach FL 32548	Prevention TANF	\$30,000.00	07/2017
OWHCoC 207 Hospital Drive NE, Suite B Fort Walton Beach FL 32548	Rapid Rehousing ESG	\$82,500.00	07/2017

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Matthew Knee, Executive Director

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

Date Signed: 07/27/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Catholic Charities of Northwest Florida

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mr.

First Name: Matthew

Middle Name

Last Name: Knee

Suffix:

Title: Executive Director

Telephone Number: (850) 501-3476
(Format: 123-456-7890)

Fax Number: (850) 664-9146
(Format: 123-456-7890)

Email: kneem@cc.ptdiocese.org

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

Date Signed: 08/31/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Catholic Charities of Northwest Florida

Name / Title of Authorized Official: Matthew Knee, Executive Director

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

Date Signed: 08/31/2017

1J. SF-LLL

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

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

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

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

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

Legal Name: Catholic Charities of Northwest Florida

Street 1: 11 First Street SE

Street 2:

City: Fort Walton Beach

County:

State: Florida

Country: United States

Zip / Postal Code: 32548

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


I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.
First Name: Matthew
Middle Name:
Last Name: Knee
Suffix:
Title: Executive Director
Telephone Number: (850) 501-3476
(Format: 123-456-7890)
Fax Number: (850) 664-9146
(Format: 123-456-7890)
Email: kneem@cc.ptdiocese.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/31/2017

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Catholic Charities of Northwest Florida (CCNWFL) has extensive experience in administering federal grants. Since 2013, CCNWFL has received and effectively implemented the following federal grants: Emergency Solution Grant (ESG), Challenge, Emergency Food and Shelter Program (EFSP), and Temporary Assistance for Needy Families (TANF). We were able to provide and meet all grant performance measures and deliverables in the allocated grant implementation timeline. We are currently grant sub-recipients of ESG and TANF of the Homelessness Housing Alliance (HHA), which is the lead continuum of care (CoC) in Okaloosa Walton counties. Last year we rapidly rehoused 32 households within 6 months and these participants were provided the services/activities mentioned below.

CCNWFL has historically and is currently providing the following supportive services/activities to the participants we serve: housing search, assessment of service needs, assistance with moving needs, case management, food, life skills training, mental health services, substance abuse treatment services, financial education, and enrollment in government benefits. We will work collaboratively with our current community partnerships to provide additional services needed.

CCNWFL will utilize scattered site housing in Okaloosa and Walton counties. We currently have established community housing relationships that we will utilize to implement this grant.

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

CCNWFL annually utilizes leveraging for federal, state, local and private sector funding to increase annual funding commitments to the agency. For example last year, we utilized \$91,000 of private sector funding to leverage \$130,000 in federal funding.

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

Catholic Charities of Northwest Florida is governed by a Board of Directors, which meets on a quarterly basis. The Board consists of representatives from each of the service locations throughout the 18 counties Catholic Charities of NWFL serves. The Board has several committees: Executive Committee,

Finance Committee, Audit Committee, Nominating Committee, and the Strategic Planning Committee. The Executive Committee meets on a monthly basis to provide oversight on the organization, and reviews financial statements. The Audit Committee assists with the selection of an external auditor, assists in the preparation and approval of audited financials, and reviews internal processes to ensure fiscal oversight.

The Executive Director reports directly to the Board of Directors. The Director of Finance acts as the Chief Financial Officer for the organization, and is responsible for providing accurate financial statements to the Executive Director, Board of Directors, and external auditors. The Assistant Executive Director is responsible for operations within the organization, and to support program staff in the organization.

Each program offered by Catholic Charities is overseen by a Program Director, who is responsible for ensuring proper implementation of their program. The program staff report directly to the Program Director. The Program Director reviews and approves all check requests pertaining to their program. Once approved, the check request and all required backup documentation are then sent to the Finance team for processing. Once processed, the checks are then sent to the Executive Director for signature and final approval. This multi-step financial approval process helps to ensure proper allocation of funds.

Clients served are recorded and tracked in HMIS and in Catholic Charities internal documentation system, Efforts to Outcomes. By utilizing both of these systems, we are able to avoid duplication of services. Financial accounting software, tailored to non-profits, is utilized to ensure proper recording of financials.

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

3A. Project Detail

1a. CoC Number and Name: FL-505 - Fort Walton Beach/Okaloosa, Walton Counties CoC

1b. CoC Collaborative Applicant Name: Okaloosa Walton Homeless Continuum of Care/ Opportunity, Inc

2. Project Name: Permanent Supportive Housing

3. Project Status: Standard

4. Component Type: PH

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

3B. Project Description

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

The proposed project is PSH dedicated for disabled chronically homeless households with high levels of service need. CCNWFL will utilize scattered site housing by leasing with local vendors. The project anticipates leasing 41 units the first year. With program income CCNWFL will strive to raise the number of available housing units to 46 as quickly as possible. The project is designed to reduce the number of persons experiencing chronic homelessness and the length of time persons experience homelessness by housing participants of One Way Home, the CES. Participants will be taken from HHA's One Way Home Supportive Housing Registry only and prioritized according to the HUD Prioritization Notice included in the CoC's Written Standards and One Way Home CES Manual. After referrals are received from One Way Home, eligibility will be determined by program staff. If eligible a needs assessment will be conducted and a housing stability plan will be developed and participants will be assisted in searching for appropriate housing. Clients will choose where they want to live and Catholic Charities will assist in housing search and counseling to expedite housing placement. Referrals received from One Way Home will be housed in 30 days or less. Catholic Charities currently has relationships with leasing companies and will continue to create new partnerships with leasing companies and landlords in order to expedite and increase housing placement. All housing units will be inspected and will meet HUD housing standards prior to a lease being signed. CCNWFL will seek to house participants in units and locations that meet their needs and offer support services and case management in order to increase retention rates. The participant's service plan will be based on individual client needs and will not require client to participate in services. Regular case management and supportive services will be offered to increase income, improve wellness, and housing stability. Services offered will include mental health and substance use disorder treatment, case management, assist in access to public benefits and SOAR, life skills coaching in housekeeping, budgeting, self-care and social skills. In order to increase retention rates and meet performance measures the project will be a client-centered, low barrier to entry program that develops stability plans based on individual client needs. All client information and services will be entered into HMIS according to HMIS policies. CCNWFL is active in the Continuum of Care and will participate in meeting HUD System Performance Measures, implementing Written Standards, Coordinated Entry, and HMIS data collection. The project will operate in accordance with Housing First principles. The desired outcomes of this program are to house 41 of our community's most vulnerable households. 85% of those housed will maintain stable housing during the grant term.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

CCNWFL is prepared to implement the Permanent Supportive Housing Grant

on January 1, 2018.
Case workers and support staff will be in place and trained by January 1, 2018. In addition, case workers will be HMIS trained by OWHCoC staff. Once CCNWFL staff receives the referral from OWHCoC, eligible participants will be contacted the next business day. Each participant will receive an interview 72 hours after first contact has been made. During the first interview, eligibility criteria will be verified and case management services will begin immediately.
During the initial interview, the participant receives a comprehensive evaluation that includes housing, mental, physical, and financial status. Based on the specific needs identified, an individualized case specific plan is established and referrals will be made accordingly. Each participant will meet monthly with a case worker to work on their individualized service plan. Every six months, each individualized plan will be evaluated to determine if the participant is improving from their initial assessment. Participant files will be checked monthly to ensure that the grant is administered properly and services are received in a timely manner.
To ensure timely completion, the case workers will report weekly or sooner if necessary to the Program Director eligibility requirements, participant's served, and financial assistance provided. Case workers will update HMIS within 48 hours on client related services.

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

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

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

5. Housing First

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

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

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

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

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

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

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

CCNWFL will assist participants in researching available rental properties by contacting property owners, inspecting units, and understanding and negotiating rental terms. CCNWFL will inspect all units according to HUD guidelines, rent reasonableness and approve all units prior to signing a lease. The lease will be between the agency and the vendor. Rental units will be located in Okaloosa and Walton counties. There will also be periodic inspections of leased units by the agency. Participants will be assisted with life skills training and have the opportunity for mental health counseling.

7. Will the PH project provide PSH or RRH? PSH

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

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

Dedicated and DedicatedPLUS

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

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

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

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. DedicatedPLUS

3C. Project Expansion Information

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

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

CCNWFL is using scattered site housing units. CW will assist the participant in researching rental properties by contacting owners, inspecting units, and negotiating rental terms. CW will periodically schedule inspections of leased units to ensure proper care. CW will meet with the participant on a monthly basis for case management services, which will include case plan monitoring, financial assistance, obtaining mainstream benefits, and other services deemed necessary to maintain permanent housing. As needed, staff will offer mental health counseling. Once the participant has been deemed financially stable to pay 30% of their base rent, the CW will assist the participant in applying for low income or public housing. Once they have been approved, the CW will assist the participant in obtaining permanent housing. This will allow new participants to be selected from One Way Home.

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

Case management services will be offered on a monthly or as needed basis to assess the applicant's needs to include employment and income status. Applicants will also be linked to governmental services and/or programs that may assist the participant in integrating into his/her community. CCNWFL has been able to build a positive relationship with the CareerSource office which offers services such as, resume writing classes, job readiness training, and employment opportunities. We will be able to refer participants to CareerSource which will allow them to access job readiness services and provide assistance in applying for employment. Staff will encourage participants to participate in employment assessments, and provide access to Suit-Up to Move Up for homeless individuals. CCNWFL will partner with other community agencies to

offer additional services to the participants. In order to assist the participants to obtain SSI/SSDI benefits, participants will be referred to the OWHCOC staff to enroll them in SSI/SSDI Outreach, Access, and Recovery (SOAR.) In additional participants will be referred to Vocational Rehabilitation and other local agencies that can assist with individual services needed.

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

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

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

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

5b. Use of a single application form for four or more mainstream programs? Yes



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

6. Will project participants have access to Yes

**SSI/SSDI technical assistance
provided by the applicant, a subrecipient, or
partner agency?**

**6a. Has the staff person providing the
technical assistance completed SOAR
training in the past 24 months.** No

4B. Housing Type and Location

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

Total Units: 43

Total Beds: 43

Total Dedicated CH Beds: 43

Housing Type	Units	Beds
Scattered-site apartments (...)	43	43

4B. Housing Type and Location Detail

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

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

a. Units: 43

b. Beds: 43

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 43

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

4. Address:

Street 1: 11 First Street SE

Street 2:

City: Fort Walton Beach

State: Florida

ZIP Code: 32548

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

129091 Okaloosa County, 129131 Walton County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	39	1	43
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	47		53
Adults ages 18-24	2	12		14
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18			2	2
Total Persons	12	59	2	73

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	6						2	2	2	
Adults ages 18-24	2						0	0	2	
Children under age 18	4						2	1	1	
Total Persons	12	0	0	0	0	0	4	3	5	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	47									
Adults ages 18-24	12									
Total Persons	59	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18	2									
Total Persons	2				0	0	0	0	0	0

Click Save to automatically calculate totals

5C. Outreach for Participants

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

91%	Directly from the street or other locations not meant for human habitation.
2%	Directly from emergency shelters.
2%	Directly from safe havens.
2%	Persons fleeing domestic violence.
1%	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
1%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
1%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

CCNWFL will partner with the OWHCoC for outreach and engagement. The OWHCoC has increased their outreach and engagement efforts as a strategy to end chronic homelessness. This strategy is vital to providing access to the coordinated entry system, One Way Home. The OWHCoC uses the VI-SPDAT to prioritize high-need chronically homeless participants with the greatest length of homelessness.

CCNWFL understands that outreach begins with trust building trust, especially when working with chronically homeless individuals. Client focused outreach efforts will diligently be made by CCNWFL to gain trust with potential participants and engage them respectfully on a consistent basis.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Reallocation

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

4. Select a grant term: 1 Year

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

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

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$337,440	
Grant Term:		1 Year	
Total Request for Grant Term:		\$337,440	
Total Units:		41	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
FL - Crestview-Fo...	41	\$337,440	\$337,440

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Crestview-Fort Walton Beach-Destin, FL HUD Metro FMR Area (1209199999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$494		x	12	=	\$0
0 Bedroom		x	\$658		x	12	=	\$0
1 Bedroom	39	x	\$768	\$680	x	12	=	\$318,240
2 Bedroom	2	x	\$930	\$800	x	12	=	\$19,200
3 Bedroom		x	\$1,348		x	12	=	\$0
4 Bedroom		x	\$1,621		x	12	=	\$0
5 Bedroom		x	\$1,864		x	12	=	\$0
6 Bedroom		x	\$2,107		x	12	=	\$0
7 Bedroom		x	\$2,350		x	12	=	\$0
8 Bedroom		x	\$2,594		x	12	=	\$0
9 Bedroom		x	\$2,837		x	12	=	\$0
Total units and annual assistance requested:	41							\$337,440
Grant term:								1 Year
Total request for grant term:								\$337,440

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$100 moving cost for 10 Clients	\$2,000
3. Case Management	1 Full Time Case Manager (\$27,500 plus taxes and benefits)	\$48,250
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food for Individuals and Families	\$6,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	One FTE Mental Health Counselor salary and benefits for \$42,000 (34,500 salary)	\$42,000
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	Monthly Bus Passes	\$2,000
16. Utility Deposits	Utility Deposits (water, power, and gas) as needed	\$5,000
17. Operating Costs		
Total Annual Assistance Requested		\$105,250
Grant Term		1 Year
Total Request for Grant Term		\$105,250

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Repair damage to units not covered by landlord	\$3,500
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Client utilities (until they establish income) & Office utilities	\$9,000
6. Furniture	Furniture for Individuals and Families	\$2,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$14,500
Grant Term		1 Year
Total Request for Grant Term		\$14,500

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	2 Laptops (1 Case Worker & 1 for Counselor)	\$1,852
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$1,852
Grant Term:		1 Year
Total Request for Grant Term:		\$1,852

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$45,468
Total Value of All Commitments:	\$45,468

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	In-Kind Donations	08/15/2017	\$45,468

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** In-Kind Donations
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/15/2017
- 6. Value of Written Commitment:** \$45,468

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$337,440	1 Year	\$337,440
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$105,250	1 Year	\$105,250
5. Operating	\$14,500	1 Year	\$14,500
6. HMIS	\$1,852	1 Year	\$1,852
7. Sub-total Costs Requested			\$459,042
8. Admin (Up to 10%)			\$45,869
9. Total Assistance Plus Admin Requested			\$504,911
10. Cash Match			\$0
11. In-Kind Match			\$45,468
12. Total Match			\$45,468
13. Total Budget			\$550,379

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Matthew Knee

Date: 08/31/2017

Title: Executive Director

Applicant Organization: Catholic Charities of Northwest Florida

PHA Number (For PHA Applicants Only):

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

X

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

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2017
1E. SF-424 Compliance	08/30/2017
1F. SF-424 Declaration	08/30/2017
1G. HUD 2880	08/30/2017
1H. HUD 50070	08/30/2017
1I. Cert. Lobbying	08/30/2017
1J. SF-LLL	08/30/2017
2A. Subrecipients	No Input Required
2B. Experience	08/30/2017
3A. Project Detail	08/30/2017
3B. Description	08/30/2017
3C. Expansion	08/30/2017
4A. Services	08/30/2017
4B. Housing Type	08/30/2017
5A. Households	08/30/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/30/2017
6A. Funding Request	08/30/2017
6C. Leased Units	08/30/2017
6F. Supp Srvcs Budget	08/31/2017
6G. Operating	08/31/2017
6H. HMIS Budget	08/31/2017
6I. Match	08/30/2017

6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	08/30/2017