

Department of Children and Families

Office on Homelessness



2016 Homelessness Prevention - Temporary Assistance for Needy Families (TANF) Grant Application

Grant Application LPZ21

All applications must be received by the

Office on Homelessness at:

1317 Winewood Boulevard
Building 3, Room 201
Tallahassee, FL 32399-0700

Before 3:00 p.m. on July 6, 2016

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I. GRANT OVERVIEW

In 2013, the Florida Legislature created the Homelessness Prevention Grant program to provide emergency financial assistance to families facing the loss of their current housing due to a financial or other crisis. The Department of Children and Families (Department), Office on Homelessness (Office) is authorized to provide homelessness prevention grants annually to the lead agencies designated for the local homeless assistance Continuums of Care (CoC) in the state. The intent of the program is to assist families by preventing them from becoming homeless, and to enable them to remain stably housed following the assistance provided.

A. Eligible Applicants

The eligible applicants shall be limited to the lead agencies of the homeless assistance CoC planning areas in accordance with section 420.624, Florida Statutes. In order to qualify for a grant, a lead agency must develop and implement a local homeless assistance CoC plan for its designated planning area. Under this grant application, homeless prevention programs must be included in the CoC plan.

The lead agency may sub-grant the provision of direct services of the homeless prevention program to another agency, as consistent with the local CoC plan. The lead agency retains overall grant administration and financial accountability. The lead agency may share the grant administrative costs with the sub-grant agency.

The list of eligible lead agencies is included in Appendix A.

II. SCOPE OF WORK

The purpose of the Homelessness Prevention Grant Program is to assist eligible families to prevent the family from becoming homeless and to maintain stable housing following the assistance from the grant. Each recipient of grant funding from the Homelessness Prevention Grant must complete the following tasks:

- a) Develop a written case plan and conduct mandatory case management for each family applying for financial assistance. The family's case plan shall set forth all of the costs that will be covered by the grant, as well as the total dollar amount of assistance to be provided to the family. The case plan shall spell out the family's goal for housing stability, the anticipated date the case plan will be completed, the recipient's schedule for monitoring the family's housing stability following the cessation of grant assistance, whether the family was able to avoid becoming homeless, and whether the family remained in permanent housing.
- b) Develop, maintain, and retain a case file on each family applying for assistance. The case file shall contain all information necessary to determine the eligibility of the family, along with the determination of eligibility. The file shall include documentation of the household income. In addition, if eligible, the file shall include copies of all payments made, the case plan, follow up monitoring of the family, and the housing outcome achieved.

A. Eligible Activities

The Homelessness Prevention Grant may be used to pay the following costs to assist eligible families avoid homelessness:

- a) Past due rent or mortgage payments, not to exceed four (4) months of rent or mortgage payment.
- b) Past due utility bills, not to exceed four (4) months in arrears for electric, gas, water and sewer only.
- c) Staff and operating costs for the provision of the required case management services to be provided to the eligible families assisted.
- d) Administrative costs for the eligible grant applicant, up to a maximum of three percent (3%) of the total grant award.

The amount and percent of the grant award budgeted to the eligible uses will be a local determination with no state minimum or maximum levels prescribed.

B. Eligible Clients

To be eligible for assistance under this grant, families must reside in Florida; have at least one household member who is a United States citizen or a lawful permanent resident; have a minor child living in the household full-time; and have a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. Department of Health and Human Services. See chart below for 2016 poverty guidelines:

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	21,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890
For families/households with more than 8 persons, add \$4,160 for each additional person.	

A minor child means a child under the age of eighteen (18); or if age eighteen (18), but not yet nineteen (19), is attending high school, a General Education Development (GED) program, a trade

school, or other career training program on a full-time basis. A minor child cannot be married or divorced.

The adult who applies for the grant assistance must be either the parent, or the relative caregiver of the minor child residing in the household.

The household income means both earned and unearned income received in the month in which the family applies for assistance. Earned income is income received from employment or self-employment, including wages, salary, tips, commissions and bonuses. Unearned income is income received for which there is no performance of work, or provision of services as an employee or self-employed person. The income of all members of the household shall be reported in determining eligibility of the family for assistance. The family’s housing emergency shall be the result of a financial or other crisis, as documented by the lead agency, or its sub-recipient.

III. FUNDING ALLOCATIONS

The Homeless Prevention Grant is funded by the Federal Temporary Assistance for Needy Families (TANF) program and will be awarded to lead agencies to assist families with homeless prevention activities under a three (3) year grant. Subsequent year funding will be subject to appropriations and spending authority.

In FY 2016-17, the Department expects to have \$852,507 available to fund the Homeless Prevention Grant program available to the lead agencies of the CoC planning areas.

The maximum grant award to an eligible lead agency shall be based on the population of the CoC planning area, as specified below. The Department reserves the right to change the maximum award amount, based on the number of eligible applicants, total funding requested, and the amount of time available to expend available funding. The grant funding must be obligated prior to June 30, 2017 for FY2016-17, to be eligible for reimbursement.

<u>CoC Planning Area Population* 2010 Census</u>	<u>Admin Award Allowance (3%)</u>	<u>Maximum Grant Award (including admin amount)</u>	<u>Grant Allocation Total per Population Area</u>
Less than 300,000	\$1,500	\$50,000	\$200,000
300,000 to 900,000	\$1,800	\$60,000	\$420,000
Over 900,000	\$2,100	\$70,000	\$280,000

*A listing of the planning areas by population is contained in Appendix B.

A. Additional Federal Requirements

The Homelessness Prevention Grant program is funded pursuant to Florida’s approved TANF State Plan from federal TANF block grant funds received by the state from the U.S. Department

of Health and Human Services as appropriated by the Florida Legislature. Grant recipients must also comply with other federal laws and regulations, including the following:

Receipt of TANF funds requires that Florida make services available to all on a nondiscriminatory basis. The recipient must establish procedures that will ensure that services funded by the Homelessness Prevention Grant program are available to persons of any race, color, religion, sex, age, familial status or national origin.

The Department will reimburse the grant recipient for eligible expenditures, based upon actual program expenses incurred along with supporting documentation. Payment for eligible housing costs is limited to third-party payments directly to the landlord, property owner, mortgage company or utility company. There will be no advance payments under this grant solicitation. The supporting documentation must be submitted along with copies of invoices in order for payment to be processed. The grant recipient will be allowed to expend the grant funds from the date of execution of the grant agreement, until June 30, 2017 for the first year of funding. With successful completion of the grant requirements, grants will be renewed subject to appropriated funding and spending authority.

IV. GRANT SOLICITATION PROCESS

The contact person for the Department for the 2016-2017 Homeless Prevention Grant application process is:

Mia Parker, Grant Manager
Department of Children and Families
1317 Winewood Blvd.
Bldg. 3, Room 201
Tallahassee, FL 32399-0700

Applicants are permitted to contact the Department staff after the notice of solicitation has been posted. Department staff will respond to applicant written questions based upon the written grant solicitation document. The written solicitation document is binding.

Eligible applicants may submit written inquiries to the Grant Manager regarding the solicitation in order to enhance their understanding of the requirements. Use of electronic communications is encouraged for all inquiries. Responses to all written inquiries will be posted to the Department's internet site at www.myflfamilies.com/service-programs/homelessness.

The Department will hold a conference call for all eligible applicants on June 15, 2016 at 2:00 p.m. Eastern Time. The agenda for the solicitation conference shall be to answer questions from the eligible applicants. The conference call-in number is 1-888-670-3525, passcode 7015398451#. A summary of the conference will be prepared by the Office and posted on the Vendor Bid System (VBS). Attendance on the solicitation conference call is not mandatory for eligible applicants. A revised grant application may be posted following the conference call if necessary. It is the responsibility of the applicant to check VBS for the revised application.

SCHEDULE OF EVENTS AND DEADLINES

EVENT	DATE	TIME	LOCATION
Grant Application posted on VBS	June 8, 2016	N/A	DMS VBS http://myflorida.com/apps/vbs/vbs_www.main_menu
Solicitation Conference Call	June 15, 2016	2:00 p.m.	Conference Call #1-888-670-3525 Passcode: 7015398451#
Deadline for Written Inquiries	June 20, 2016	5:00 p.m.	Mia.Parker@myflfamilies.com
Answers to Written Inquires posted	June 24, 2016	3:00 p.m.	DMS VBS http://myflorida.com/apps/vbs/vbs_www.main_menu
Applications Due	July 6, 2016	3:00 p.m.	Dept. of Children and Families Office of Homelessness Attn: Mia Parker 1317 Winewood Blvd. Bldg. 3, Room 201 Tallahassee, Florida 32399
Review of Applications for Completeness	July 7-11, 2016	N/A.	N/A
Evaluation panel completes review and scoring	July 12-14, 2016	N/A	Office of Homelessness Bldg. 3, Room 1317 Winewood Blvd. Tallahassee, Florida 32399
Estimated Posting of Grant Award	August 1, 2016	N/A	DMS VBS http://myflorida.com/apps/vbs/vbs_www.main_menu
Anticipated Effective Date of Grant Award	August 15, 2016	N/A	N/A

APPLICATION NOTICE AND DEADLINE TO APPLY

The grant application will be posted on the Vendor Bid System of MyFloridaMarketPlace. The deadline to provide grant applications will be July 6, 2016 by 3:00 p.m. Eastern Time. ALL GRANT APPLICATIONS MUST BE RECEIVED BY MAIL AND IN WRITTEN FORMAT. APPLICATIONS AND REQUIRED CONTENTS MUST BE MAILED OR DELIVERED TO THE CONTACT PERSON LISTED ABOVE. FAILURE TO ENSURE THAT APPLICATIONS ARE RECEIVED BY THE DEADLINE WILL RESULT IN THE APPLICATION BEING DENIED AND RETURNED WITHOUT REVIEW.

The Department is not responsible for any costs incurred by an applicant in responding to this grant application. Such costs are not eligible for reimbursement from the grant award.

V. APPLICATION REVIEWS AND EVALUATIONS

Upon receipt of the application, the Department will date stamp and log in as received on the grant application log. The initial step in the review and evaluation process will be to review each application for completeness. Only applications that are complete when received or as corrected as provided under the completeness section will be eligible for evaluation.

Eligible applicants must deliver their grant application to the Department of Children and Families, Office on Homelessness, Building 3, Room 201, 1317 Winewood Blvd., Tallahassee, FL 32399-0700, by July 6, 2016 at 3:00 p.m. Eastern Time. No faxed or electronic delivery shall be permitted for submission of applications.

Applications received after the noticed deadline shall be rejected and returned to the applicant without review. There shall be NO EXCEPTIONS or WAIVERS. The applicant is exclusively responsible for the delivery of the application to the Department. Applications must be received in the Office at the above address by the deadline. Applicants must make sure that if the application is mailed or sent by courier service that they allow adequate time for the application to be delivered to the Department. The Department will not entertain appeals based on the failure of a delivery service to make timely delivery.

A. Completeness Check

The Department Contact will initially review applications received to determine whether the applications are substantially complete. This step will address whether the required forms are present and properly signed, that the proposal appears to have addressed application contents required, and that there is not an easily discernible or obvious error that may be readily corrected.

Should an error be detected, the Department Contact will notify the applicant and the applicant will be afforded three (3) workdays to take corrective action to adjust the application. During the correction period, the applicant is permitted to only take action to correct completeness errors cited by the Office and not to supplement its application by adding material for any other purpose.

The Office is under no obligation to detect or offer the opportunity for completeness and/or corrective action. The Offices' election to afford this opportunity should not, and does not give rise to an expectation of completeness or application correction. The Department has elected to afford an opportunity for applicants to correct incomplete items, but the applicant is solely responsible for completing the corrective measures and ensuring their receipt by the Office.

B. Format and Content of Application

The applicant shall submit an original signed application plus one (1) photocopied application to the Department. Failure to submit an original signed copy, plus the one copy following the completeness review period, shall result in the rejection of the application. The original signed application shall be clearly labeled on the cover sheet "ORIGINAL" to identify the original signed application.

All applications must be on 8 1/2 X 11 size paper, be provided in the order described below, and the application shall be bound with a table of contents clearly showing the order of the material with pages clearly numbered. Where reference documents are to be included in the application, they shall be inserted in the application immediately following the section of the application in which they are referenced.

Each application must be bound (three ring binder) and shall consist of the following mandatory requirements in the order outlined in this section and located behind applicable tabs:

Tab 1:

- Applicant Information Request
- Completeness Checklist

Tab 2:

- Applicant Scoring Criteria
- All relevant attachments to Scoring Criteria

Tab 3:

- Budget Form
- Budget Narrative

Tab 4:

- Project Narrative (See Appendix I for guidelines)

Tab 5:

- Certification Regarding Lobbying
- Certification of Program in CoC Plan
- MyFloridaMarketPlace Registration
- 501(c)(3)

Budget Form and Narrative

In addition to the budget forms contained in Appendix F, the applicant shall provide behind **Tab 3**, a budget narrative to describe the organization's overall budget and financial sources of funds expected for the period of the grant. Identify which sources are committed to the Applicant, and those that are anticipated. If the applicant performs services other than those eligible under the component applied for by the applicant, clearly denote the type of other services or programs and the funding sources. In such cases, separately describe the applicant's general management and oversight budget, key executive staff, budget levels, and overhead/indirect rates charged to grant sources, where allowable.

Each applicant shall state whether it expects to exceed the dollar level by which an Office of Management and Budget (OMB) 2 CFR §§ 200.500-200.521 Audit is required for the period of the Homelessness Prevention Grant award.

C. Application Scoring

The Department will award grants to the applicants whose application is determined by the Secretary, or designee, to be the most advantageous to the state. Following the close of the completeness review, the Department's grant evaluators will assess the applications submitted to them by the Office on Homelessness (Office). The Office will compile the results of the evaluators' assessment of the applicant's capacity and performance, and provide to the Secretary, or designee. Other considerations noted by the Office on eligibility uses proposed that may affect the level of grant award shall also be provided to the Secretary, or designee.

The Department will award grants based on the final selection by the Secretary, or designee, who will consider the applicant's capacity and performance. No evaluation by the Secretary, or designee, will be required to make the selection and award decision.

To evaluate the applications, the Department will designate persons knowledgeable in the program area, which may include employees of other state agencies or entities to serve as grant evaluators. The evaluators will be free of conflict of interest with potential applicants. The evaluators will use Appendix J – Applicant Scoring Criteria Worksheet to score the applications.

Grant proposals shall be evaluated and awarded competitively. Section 414.161(2), Florida Statutes, requires that preference be given to applicants who leverage additional private funds and public funds to fund grant eligible financial assistance and case management costs, who demonstrate the effectiveness of the homeless prevention programs in keeping families housed, and who demonstrate the commitment of other assistance and services to address family health, employment and education needs.

APPENDICES

- A. Eligible Applicants (Lead Agencies)**
- B. Planning Areas – 2010 Census Population**
- C. Applicant Information Request**
- D. Completeness Checklist**
- E. Application Scoring Criteria Form**
- F. Budget Form**
- G. Certification Regarding Lobbying**
- H. Certification of Program in CoC Plan**
- I. Project Narrative Guidelines**
- J. Applicant Scoring Criteria Worksheet**

2016 Continuum of Care Designated Lead Agencies

Lead Agency	Counties Served
Alachua County Coalition for the Homeless and Hungry	Alachua, Putnam, Bradford, Levy, Gilchrist
Homeless and Hunger Coalition of NW Florida	Bay, Calhoun, Gulf, Holmes, Jackson, Washington
Brevard County Housing and Human Services	Brevard
Broward County Homeless Initiative Partnership	Broward
Charlotte County Homeless Coalition	Charlotte
Mid-Florida Homeless Coalition	Citrus, Hernando, Lake, Sumter
United Way Suwannee Valley	Columbia, Hamilton, Lafayette, Suwannee
Collier County Hunger and Homeless Coalition	Collier
Highlands County Coalition for the Homeless	DeSoto, Glades, Hardee, Hendry, Highlands, Okeechobee
Emergency Services & Homeless Coalition of NE Florida	Duval, Clay, Nassau
EscaRosa Coalition on the Homeless	Escambia and Santa Rosa
Tampa Hillsborough Homeless Initiative	Hillsborough
Treasure Coast Homeless Services Council, Inc.	Indian River, Martin, St. Lucie
Lee County Department of Human Services	Lee
Big Bend Homeless Coalition	Leon, Franklin, Gadsden, Liberty, Madison, Taylor, Jefferson, Wakulla
Suncoast Partnership to End Homelessness, Inc.	Manatee and Sarasota

Marion County Homeless Council, Inc.	Marion
Miami-Dade County Homeless Trust	Miami-Dade
Monroe County Homeless Services Continuum of Care Inc.	Monroe
Okaloosa-Walton Homeless Continuum of Care	Okaloosa and Walton
Homeless Services Network of Central Florida	Orange, Osceola, Seminole
Division of Human Services of Palm Beach County	Palm Beach
Coalition for the Homeless of Pasco County	Pasco
Pinellas County Homeless Leadership Board	Pinellas
Homeless Coalition of Polk County	Polk – City of Lakeland
Home Again St. Johns	St. Johns
Volusia/Flagler County Coalition for the Homeless	Volusia and Flagler

Planning Areas by 2010 Population Data

Size Distribution of CoC Planning Areas

<u>Population</u> Under 300,000	<u>Population</u> 300,000 to 900,000	<u>Population</u> Over 900,000
Monroe	Collier	Pinellas
Lakeland	Marion	Jacksonville
Suwannee	Alachua	Hillsborough
Charlotte	Big Bend	Palm Beach
St. Johns	EscaRosa	Broward
Okaloosa-Walton	Polk	Central FL
Highlands	Brevard	Miami-Dade
Northwest FL	Treasure Coast	
	Volusia/Flagler	
	Lee	
	Suncoast	
	Mid-Florida	
	Pasco	

Data: Total Population, 2010 Census

Applicant Information Request

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification: _____

DUNS Number: _____

2. PROJECT ADMINISTRATOR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

3. CONTACT PERSON FOR THE APPLICATION

Name: _____

Phone: _____

Email: _____

4. COUNTY OR COUNTIES TO BE SERVED: _____

5. PRIOR TANF FUNDING? (Include 2014 and 2015):

YES _____ **NO** _____

Amount(s) _____ **Year(s)** _____

6. TOTAL FUNDS REQUESTED: \$ _____

Administration \$ _____

7. LEVERAGED FUNDS: \$ _____

8. TOTAL PROGRAM COST: \$ _____

9. NUMBER OF FAMILIES TO BE SERVED MONTHLY: _____

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction.

Executive Director:

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Completeness Checklist

<u>Application Item</u>	<u>Complete Yes/No</u>	<u>Initial</u>	<u>Page Number</u>
1. Original Application, plus 1 copy	_____	_____	N/A
2. Applicant Information Request	_____	_____	_____
3. Application Scoring Criteria Form	_____	_____	_____
4. Budget Form	_____	_____	_____
5. Budget Narrative	_____	_____	_____
6. Project Narrative	_____	_____	_____
7. Certification Regarding Lobbying	_____	_____	_____
8. Certification of Program in CoC Plan	_____	_____	_____
9. 501(c)(3) for nonprofits	_____	_____	_____
10. MyFloridaMarketPlace Registration	_____	_____	_____

Application Scoring Criteria Form

All applicants must fill this form out in order to be scored. Evaluators will use the Applicant Scoring Criteria Worksheet in Appendix J to score each application.

Statutory Preference 1: Leverage of Additional Private and Public Funds

Document the source(s) and amounts of public and private funding committed to the Homelessness Prevention Grant Program for 2016-17 in the Budget Narrative and respond to the following:

Funding Source	Total Amount Leveraged (July 1, 2016 – June 30, 2017)	Ratio to Grant Request
Public (List all sources)		
Private (list all sources)		

Statutory Preference 2: Effectiveness of Keeping Families Housed

Describe the method used to capture the housing stability data available for the year ending December 31, 2015. Provide data on the clients served in calendar year 2014 on success in staying in their housing for twelve (12) months after the last assistance was provided. **Attach the data report, clearly citing the source of the data and report to receive points toward scoring.**

# Families served in 2014: _____	# Remained housed after 12 months: _____	_____ % Remained housed after 12 months
-------------------------------------	--	---

Statutory Preference 3: Commitment of Other Assistance to the Family Receiving Grant Funds

The applicant must demonstrate the commitment of other assistance available and ready to be provided to the families being assisted, as evidenced by executed written agreements. Such agreements must define the role of supporting agency, the responsibility to respond to referrals for service, and the type and level of service that will be available to the family receiving the housing assistance for past due housing costs.

Copies of the following executed agreement must be attached to claim points:

Written agreement provided for the following entities/services:

1. Local workforce board for job training and placements
2. Local business entity to make jobs available to the adults in the family assisted
3. Local healthcare providers to address family health needs
4. Local mental health providers to treat family mental illness needs
5. Local substance abuse treatment for family member’s addiction issues
6. Local school district to ensure child of school age continues to access education
7. Local early learning coalition to place young children in school readiness programs
8. Local Head Start or other day care providers to place the children into daycare

In the event of two or more applicants having the same total score, the applicant with the highest ratio of other public and private funding to the grant request will be ranked higher.

Applicant Certification

The responses to the above scoring criteria are true and accurate:

Name of Authorized Officer:

Date:

Signature:

Attach all documents immediately following this certification.

Budget FormHomelessness Prevention Grant
Budget for FY2016 - 17

<u>Eligible Activity</u>	<u>Grant Funds</u>	<u>Leveraged \$</u>
1. Past due rent or mortgage assistance	\$	\$
2. Past due utility payments (electric, gas, water, sewer only)	\$	\$
3. Case management		
a. Salaries and benefits Number of FTE's _____	\$	\$
b. Operating expenses	\$	\$
4. Grant Administration (Maximum = 3% of total award)	\$	\$
TOTAL	\$	\$

Attach budget narrative to support the request, and document the commitment of leveraged dollars from private and other public sources.

Grant expenditures must be obligated by June 30, 2017.

Certification Regarding Lobbying

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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients 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

 Date

 Name of Authorized Individual

 Application or Contract
Number

 Address of Organization

Certification that Prevention Program is Contained in the CoC Plan

In compliance with section 414.161(3), Florida Statutes, the homelessness prevention program to be funded must be included in the CoC plan.

As the designated lead agency for this homeless CoC planning area, I certify that the _____ to be implemented

by _____
(Name of Prevention Program) *(Name of Agency)*

is contained in the current approved CoC plan, as submitted for the 2014/2015 CoC competition to the U.S. Department of Housing and Urban Development

On behalf of this CoC, the above certification is made and is true and accurate. Further, I am duly authorized to make this certification on behalf of the CoC.

Name of Certifying
Official: _____

Title: _____

Signature: _____

Date
Signed: _____

PROJECT NARRATIVE GUIDELINES

All applicants shall submit a complete and comprehensive narrative describing their intended use of the grant funds. Clearly state the goals to be pursued by the grant funded prevention program, and how the grant will stabilize the housing of families assisted.

Describe how your program will be operated, including but not limited to the following:

1. Method by which the applicant will take applications for assistance from eligible families;
2. How the applicant will keep these families informed on the status of their request for assistance;
3. The eligible grant funded services to be provided, and the specific housing costs to be covered by the direct financial assistance;
4. How the grantee will provide case management reviews to document family eligibility and housing stability plan;
5. Describe any preferences, or priorities used to select eligible families to be assisted, and how those references or priorities shall be determined/documented;
6. The number of families to be assisted;
7. How often a family can apply and receive assistance, and the limit on the number of times a family will be assisted;
8. The maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served;
9. The content of each applicant's case file used to establish the family's eligibility for assistance;
10. In the case of the denial of assistance, describe the process by which the family can appeal the decision;
11. Describe how your organization will track the assisted household's housing status following assistance provided under the grant award; and
12. How the program will connect the family to other services and benefits they may need and be eligible to receive.

Applicant Scoring Criteria Worksheet

Homelessness Prevention Grant (TANF)

For questions with a maximum point value of one (1) or two (2) points, the full amount of points must be given if the answer is complete and clear. For Part I and III, questions with a maximum value of three (3) points, please use the chart below and award a score between 0-3.

Chart A - Scoring Criteria		
Incomplete/No Response 0 Points	Acceptable Response 1-2 Points	Excellent Response 3 Points
The response is missing, incomplete, or unclear.	The response is included and provides a description of the question asked. Sufficient details may be lacking.	The response is included and provides a clear, well-defined description and analysis of the question asked.

Part I

Did Provider submit Applicant Information Request (Appendix C)?

Yes _____ (1 Point) No _____

Did Provider submit Completeness Check?

Yes _____ (1 Point) No _____

Was Completeness Check filled out completely?

Yes _____ (1 Point) No _____

Was the Budget Form filled out completely?

Yes _____ (1 point) No _____

Assess Budget Narrative (use Chart A)

Total Points _____ / 3

Comments:

Total Points for Part I: _____ / 7

Part II - Based on Appendix E – Scoring Criteria

Statutory Preference 1 - Leverage additional private and public funds.

Based on the ratio provided on Appendix E, score based on the following:

Ratio claimed: _____

0 Points	No public or private money committed
1 Point	Ratio less than 1:1
2 Points	Ratio more than 1:1 but less than 2:1
3 Points	Ratio over 2:1

Points Awarded: _____ / 3

Comments:

Statutory Preference 2 - Effectiveness in Keeping Families Housed.

Based on the percentage from Appendix E, score based on the following:

Was data report included?

Yes _____ (1 point) No _____

Percentage claimed: _____

0 points	No data was reported on families in Calendar Year 2014
1 point	Less than 35% of the families assisted remained in their housing after 12 months
2 points	More than 35% but less than 50% of the families assisted remained in housing after 12 months
3 points	Between 50% and 84% of families assisted remained in housing after 12 months
4 points	85% or more of the families assisted remained in housing after 12 months

Points Awarded: _____ / 5

Comments:

Statutory Preference 3 - Commitment of Other Assistance to the Family Receiving Grant Funds.

Based on the number of written agreements from Appendix E, score based on the following:

Number of agreements included: _____

0 points
 1 point
 2 points
 3 points
 4 points

No executed agreements
 1 to 3 executed agreements
 4 to 6 executed agreements
 7 to 8 executed agreements
 More than 8 executed agreements

Points Awarded: _____ / 4

Comments:

Total Points for Part II: _____ / 12

Part III – Based on Appendix I – Project Narrative (use Chart A for scoring)

Project Narrative Questions		
Question Number	Maximum Points	Points Awarded
Question 1	3 points	Comments:
Question 2	3 points	Comments:
Question 3	3 points	Comments:
Question 4	3 points	Comments:
Question 5	3 points	Comments:
Question 6	1 point if answered	Comments:
Question 7	3 points	Comments:

Question 8	3 points	Comments:
Question 9	3 points	Comments:
Question 10	3 points	Comments:
Question 11	3 points	Comments:
Question 12	3 points	Comments:

Total Points for Part III: _____ / 34

Total Points: _____
53 Max Points