

## **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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 2018 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:** 09/04/2018

**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:** Jacksonville Area Sexual Minority Youth Network, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-3284175

	<b>c. Organizational DUNS:</b>	069454739	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 923 Peninsular Place

**Street 2:**

**City:** Jacksonville

**County:** Duval

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 32204

### e. Organizational Unit (optional)

**Department Name:** Case Management

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Watson

**Suffix:**

**Title:** CEO

**Organizational Affiliation:** JASMYN

**Telephone Number:** (904) 389-3857

**Applicant:** Jacksonville Area Sexual Minority Youth Network, Inc.

069454739

**Project:** Rapid Rehousing for Youth Project

164232

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**Extension:** 205

**Fax Number:** (904) 365-5016

**Email:** [cwatson@jasmyn.org](mailto:cwatson@jasmyn.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-6200-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:** Rapid Rehousing for Youth Project

**16. Congressional District(s):**

**a. Applicant:** FL-005

**b. Project:** FL-003, FL-005, FL-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2019

**b. End Date:** 12/31/2019

**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:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Watson

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (904) 389-3857  
**(Format: 123-456-7890)**

**Fax Number:** (904) 365-5016  
**(Format: 123-456-7890)**

**Email:** cwatson@jasmyn.org

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

**Date Signed:** 09/04/2018



# 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:** Jacksonville Area Sexual Minority Youth Network, Inc.

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Watson

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** Jacksonville Area Sexual Minority Youth Network, Inc.

**Telephone Number:** (904) 389-3857

**Extension:** 205

**Email:** cwatson@jasmyn.org

**City:** Jacksonville

**County:** Duval

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 32204

**2. Employer ID Number (EIN):** 59-3284175

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$230,165.00**

(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? (For further information, see 24 CFR Sec. 4.3).** Yes

**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
FL Department of Children and Families	Challenge Grant	\$26,050.00	Cash Match
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

**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 (%)
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$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: Cindy Watson, Chief Executive Officer

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

Date Signed: 08/10/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Jacksonville Area Sexual Minority Youth Network, Inc.

**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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### 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 X

**herein, as well as any information provided in 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:** Ms.

**First Name:** Cindy

**Middle Name**

**Last Name:** Watson

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (904) 389-3857  
**(Format: 123-456-7890)**

**Fax Number:** (904) 365-5016  
**(Format: 123-456-7890)**

**Email:** cwatson@jasmyn.org

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

**Date Signed:** 09/04/2018

## **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
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**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:** Jacksonville Area Sexual Minority Youth Network, Inc.

**Name / Title of Authorized Official:** Cindy Watson, Chief Executive Officer

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

**Date Signed:** 09/04/2018

# 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:** Jacksonville Area Sexual Minority Youth Network, Inc.

**Street 1:** 923 Peninsular Place

**Street 2:**

**City:** Jacksonville

**County:** Duval

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 32204

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

I certify that this information is true and



**complete.**

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Watson

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (904) 389-3857  
**(Format: 123-456-7890)**

**Fax Number:** (904) 365-5016  
**(Format: 123-456-7890)**

**Email:** cwatson@jasmyn.org

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

**Date Signed:** 09/04/2018

## 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:

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.

Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN) proposes a new Permanent Housing - Rapid ReHousing for Youth Project (RRYP) to respond to the needs of a growing number of youth, ages 18 – 24, who are experiencing homelessness in the three county area served by the CoC. These include youth who are already or at risk of becoming chronically homeless. JASMYN staff assisted the CoC with the 2018 Point in Time count, which identified 132 unaccompanied youth, up from 92 in 2017. JASMYN Partnered with Changing Homelessness, Inc. in 2015 to conduct an 8 month pilot project to outreach to homeless youth (18-24), provide supportive services and link them to housing options, and 72 homeless young adults were identified and served, of which 60% identified as LGBTQ. Thirty-five percent of youth in this study were chronically homeless and another 37% had a disabling condition JASMYN has provided case management services to homeless youth since 2008, and currently operates the Opening Doors for Homeless Youth Project, with the goal to reduce chronic homelessness and enable access to safe and stable housing for homeless young adults ages 18 – 24 in Duval County, many of whom are LGBT. The highest priority in the project is to place young people coming from shelters, the streets, or other places not meant for human habitation, in housing and voucher-based programs as quickly as the local housing resources allow. During the past 8 months, JASMYN has offered case management intensive services, including advocacy, linkage to medical care and assistance with housing referrals to 97 young adults. Outreach services, including crisis intervention, basic needs and referrals, were provided to 297 youth. Family support programs designed to prevent youth rejection and homelessness reached 16 families. In 2017, JASMYN served 78 young people in housing case management services. Many were provided with emergency financial assistance and emergency shelter or hotels, but only 33 (42%) were placed in permanent supportive or stable housing. The lack of safe, developmentally appropriate shelter and stable housing programs sent at least 10 youth back to the streets or unsafe situations. JASMYN has developed partnerships with key providers of emergency shelter, permanent supportive housing, and transitional living programs to expand housing and supportive services to youth. In 2017 JASMYN developed a collaboration with Youth Crisis Center to create a system of care for homeless youth, including the delivery of supportive services and in 2019, the provision of Youth Emergency Housing at YCC.

JASMYN's capacity to leverage a diverse pool of funds is robust. During the past 12 months, JASMYN has received funding from the FEMA EFSP program, City of Jacksonville, United Way, State of Florida Challenge Grant and private foundations (MAC AIDS Fund and LGBT Community Fund) to build out these services for youth experiencing homelessness, totaling over \$250,000. An

additional \$354,000 in federal dollars to focus on high risk LGBT populations for HIV prevention and intervention also provides leverage to this project.

JASMYN has a strong fiscal management department led by the CEO and Director of Finance, who maintains the financial accounting systems, with oversight from the Board. JASMYN has been managing financial assistance funds through FEMA EFSP and Florida Challenge Grant funds for several years. The JASMYN 2017 financial audit was an unqualified audit as determined by the independent auditor, James Knutzen and Associates, with no findings having been noted in the JASMYN financial audits from 2000 – 2017.

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

JASMYN has been leveraging state, federal, local and private sector funds for the past 20 years, as a grantee for a diverse variety of funding programs to address the needs of marginalized youth. State of Florida funds for HIV prevention and more recently case management services have been leveraged since 1998. In 2018 \$160,000 was awarded. JASMYN has received funds from the City of Jacksonville (\$95,000 in 2017-18) and private foundation grants (\$75,000 in 2017) for over 10 years to address the outreach and critical issues impacting LGBT youth, and especially homeless youth. JASMYN has been the recipient of federal dollars under CDC since 2010, for outreach, prevention, testing and early intervention of HIV among high risk youth, and in 2017 was awarded a five year contract for \$354,000, for expanded HIV testing, linkage to medical care, and case management to connect high risk HIV+ youth with prevention and essential support services such as housing and homeless case management. These dollars helped JASMYN leverage funding from United Way in 2018 (\$25,000) to provide basic needs for homeless youth.

**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.**

JASMYN's administration is led by the CEO who reports to an 18-member board of directors. The board includes JASMYN alumni and at least two members who have former personal or professional experiences in homelessness. The CEO guides the Director of Finance, who maintains the financial accounting systems, using a Quickbooks platform, with oversight from the Board Treasurer. JASMYN managed EFSP (Hotel and rental assistance) and other programs (rental, deposit, and utility assistance) since 2015, and has the accounting systems in place to expand to a RRH Project. The Director of Development is responsible for generating community resources, which include a Kicked Out Fund for emergency needs and an extensive volunteer-driven system to provide hot meals, food and hygiene pantry, back packs, and "move in kits" for homeless youth.

All implementation of client services, including contract management, data management, policies and procedures to insure confidentiality and youth safety, compliance and grievance, the Youth Advisory Board, background checks, and supervision, are overseen by the Director of Operations, who reports directly to the CEO. The Director of Operations supervises three assistant directors (AD): Case Management AD supervises all supportive services for the Opening Doors

for Homeless Youth Project, as well as linkage to HIV Care and substance abuse treatment. Clinical Services AD oversees the STD Clinic and HIV testing and coordinates clinical partnerships to provide PrEP access for HIV prevention and other primary services. Youth Programs AD runs the youth drop in center, the CyberCenter, and food pantry. At least two staff were formerly homeless youth, and their experiences help guide JASMYN's work with chronically homeless youth.

As a member of the CoC, JASMYN participates in membership meetings and task groups, uses the HMIS system, and regularly links young clients to the Coordinated Entry / Intake process. JASMYN also hosted the Youth Homelessness Demonstration Project Youth Advisory Board (YAB) meetings in 2018, supporting homeless youth leadership and input. Representatives were drawn from JASMYN's internal Youth Council which guides internal policy and program decisions with lived experiences. Several local agencies also sent youth to participate in YAB meetings held on the JASMYN campus.

JASMYN manages external partnerships to assure that homeless youth can timely access a full range of housing options and supportive services. These include Hubbard House and Women's Center of Jacksonville for victims of domestic violence and sexual assault, Ability Housing for PSH, Sulzbacher for shelter, permanent housing, primary health and mental health services, Daniel Kids and Youth Crisis Center for independent living programs, Jax Area Legal Aid for legal services, Goodwill and Operation New Hope for employment assistance, and Mental Health America for SOAR-aligned benefits assistance.

**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-510 - Jacksonville-Duval, Clay Counties CoC

**1b. CoC Collaborative Applicant Name:** Changing Homelessness, Inc

**2. Project Name:** Rapid Rehousing for Youth Project

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** RRH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No

### 3B. Project Description

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

JASMYN is proposing a new Rapid Rehousing for Youth Project (RRYP) for scattered site housing for chronically homeless, street youth, and others in emergency shelter or unstably housed. RRYP will follow HUD best practices for youth experiencing homelessness, will follow Housing First, and will be guided by homeless youth leadership on the Youth Advisory Board. JASMYN will serve 20 single young people over the term of the grant, by providing Rapid Re-Housing rent subsidies and utility deposits alongside Supportive Services for these youth. This project will be developed to realize the following outcomes for 20 youth served:

- 70% of youth served will exit to safe and stable permanent housing
- 100% of youth served will participate in developing an individualized housing / service plan to address their needs and build on their strengths
- 70% of youth served will engage in workforce development activities or apply for public benefits based on eligibility
- 50% of youth served will have earned income and safe / stable housing at 12 months after leaving the RRH program

JASMYN will develop an advisory team of landlords and property managers, build on extensive local partnerships with other housing providers through the CoC, and will participate in the Coordinated Entry process for placements. JASMYN will leverage federal, state, and local dollars to fully expand the access to Supportive Services for youth participants. There are few viable housing options for homeless young adults in northeast Florida, and creating a Rapid ReHousing Project for Youth will enable JASMYN and the CoC to work toward achieving the end of youth homelessness by 2020 through this expansion of programs. Because few resources currently exist tailored to this population, CoC funding is required to initiate this new option for homeless youth in northeast Florida.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
--------------------	----------------------------------------	----------------------------------------	----------------------------------------	----------------------------------------

	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	270			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**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 checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input checked="" 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"/>
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.**

None

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

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

## **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

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

JASMYN has a strong model of empowerment-based, client-centered services for homeless youth on its campus, with a focus on helping youth quickly stabilize and settle in permanent housing. Staff will work with property managers /landlords to provide housing identification services to help youth find appropriate rental housing. JASMYN will use volunteers and emergency funds for rent and utility deposits. Staff weekly visits to youth will provide ongoing case management, life skills training and asset-based assistance in addressing barriers to maintaining permanent housing, based on each person’s need. Youth may access JASMYN’s youth center, where they can find transportation assistance, hot meals, internet access, laundry, linkage to employment training and job search, access to benefits, and a range of clinical services for health and mental health care. JASMYN’s campus uses a trauma-informed approach for youth who have been victims of physical and sexual violence.

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

JASMYN will work with local partners to link participants to employment development programs, including Generation for youth rapid skills building toward employment, WorkSource for job readiness, Operation New Hope and Goodwill for GED / vocational development / placement, Catholic Charities for workforce development, Clara White Mission for certification trainings, and Florida State College in Jacksonville for GED, workforce readiness and educational programs for youth. Case managers regularly help youth with their

job search, and the JASMYN Cyber Center is utilized for resume preparation and job applications. For those young people who are disabled, JASMYN will link them to benefits specialists who are SOAR trained at Sulzbacher or Mental Health America. Job acquisition and job stability are key to helping young people become stably housed, and JASMYN will continue to build partnerships and resources toward the goal of youth employment and independence.

**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	Monthly
Assistance with Moving Costs		
Case Management	Applicant	As needed
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Weekly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
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. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or** Yes

**partner agency?**

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

## 4B. Housing Type and Location

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

**Total Units:** 14

**Total Beds:** 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	14	20

## 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:** 14

**b. Beds:** 20

### 3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 929 Peninsular Place

**Street 2:**

**City:** Jacksonville

**State:** Florida

**ZIP Code:** 32204

**\*4. 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)**

129031 Jacksonville-Duval 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
<b>Number of Households</b>		20		20
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
<b>Adults over age 24</b>				0
<b>Adults ages 18-24</b>		20		20
<b>Accompanied Children under age 18</b>				0
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	0	20	0	20

**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										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### 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										
Adults ages 18-24	10			3	8		4		2	8
<b>Total Persons</b>	10	0	0	3	8	0	4	0	2	8

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										
<b>Total Persons</b>	0				0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Many of the 8 in the unlisted subpopulations may have substance abuse problems, HIV, or domestic violence situations not yet documented due to their young age. These persons will be ages 18 - 24 and engaging in high risk

activities to survive homelessness.

## 5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	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.

Homeless youth access JASMYN’s resources through a variety of channels. Outreach staff conduct outreach in community settings where youth congregate, such as Clubs, street settings, libraries, schools, and community events. Other youth get connected through word of mouth referrals from youth or agency providers, including Sulzbacher, Quest, Daniel, YCC and Downtown Vision. Chronically homeless youth are also identified during the CoC outreach efforts such as Point in Time and Surge counts, and JASMYN participates in these activities with staff and by supporting homeless youth to assist in the outreach. JASMYN’s campus provides a youth friendly, centrally located, and easily accessible space for youth to walk-in for hot meals or food pantry, case management services, social support and clinical services, specifically sexual health (STD) testing and treatment. All services are free and designed to be youth – centered and welcoming to LGBTQ youth, youth of color, and homeless youth. As youth experiencing homelessness are identified, they are immediately linked with a member of the case management team for triage, crisis intervention, and appropriate services. JASMYN also participates in the CoC’s Coordinated Entry process, and for the RRHP for Youth, we expect that some referrals will come to the project through this process. JASMYN has hosted the Coordinate Intake workers on campus for over a year to conduct the Transition Age Youth (TAY) ViSpdat with homeless youth.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** Reallocation + Bonus



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

**4. Select a grant term:** 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$132,888
<b>Total Units:</b>			14
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Jacksonville, FL HUD Metro FMR A...	14	\$132,888

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

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

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

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

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** FL - Jacksonville, FL HUD Metro FMR Area (120199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$463	x	12	=	\$0
0 Bedroom		x	\$617	x	12	=	\$0
1 Bedroom	14	x	\$791	x	12	=	\$132,888

<b>2 Bedrooms</b>		x	\$969	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$1,283	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,625	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,869	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,113	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$2,356	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,600	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,844	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>		14					\$132,888
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$132,888

**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	1 Supervisor @ .10FTE (\$5616), including benefits	\$7,118
2. Assistance with Moving Costs		
3. Case Management	.90 FTE Case Manager @ \$43,542, including benefits	\$43,544
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	1 Outreach Worker @ .50FTE (\$16,640), including benefits	\$22,655



<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Bus Passes for 20 youth @ \$50 / mo for average 8 months	\$8,000
<b>16. Utility Deposits</b>	Average \$250 in deposits for 20 youth	\$5,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$86,317
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$86,317

**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:	\$52,341
Total Value of In-Kind Commitments:	\$5,200
Total Value of All Commitments:	\$57,541

**1. Will 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	Volunteer generat...	07/31/2018	\$5,200
Yes	Cash	Private	United Way Basic ...	11/06/2017	\$25,000
Yes	Cash	Government	Challenge Grant - ...	08/08/2018	\$27,341

## 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: Volunteer generated hot meals and food pantry  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/31/2018
6. Value of Written Commitment: \$5,200

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.

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: United Way Basic Needs Grant  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 11/06/2017
6. Value of Written Commitment: \$25,000

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes

**2. Type of commitment:** Cash

**3. Type of source:** Government

**4. Name the source of the commitment:** Challenge Grant - DCF  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/08/2018

**6. Value of Written Commitment:** \$27,341

## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$132,888	1 Year	\$132,888
<b>4. Supportive Services</b>	\$86,317	1 Year	\$86,317
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$219,205
<b>8. Admin (Up to 10%)</b>			\$10,960
<b>9. Total Assistance Plus Admin Requested</b>			\$230,165
<b>10. Cash Match</b>			\$52,341
<b>11. In-Kind Match</b>			\$5,200
<b>12. Total Match</b>			\$57,541
<b>13. Total Budget</b>			\$287,706

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Letter showin...	07/31/2018
2) Other Attachment(s)	No	United Way Basic ...	08/09/2018
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** IRS Letter showing 501(c)3 status

## **Attachment Details**

**Document Description:** United Way Basic Needs Grant Match

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	JASMYN Internal M...	08/09/2018



## Attachment Details

**Document Description:** JASMYN Internal MOU for In Kind Match

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Cindy Watson

**Date:** 09/04/2018

**Title:** Chief Executive Officer

**Applicant Organization:** Jacksonville Area Sexual Minority Youth Network, Inc.

**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 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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/10/2018
<b>1E. SF-424 Compliance</b>	07/31/2018
<b>1F. SF-424 Declaration</b>	07/26/2018
<b>1G. HUD 2880</b>	08/10/2018
<b>1H. HUD 50070</b>	07/26/2018
<b>1I. Cert. Lobbying</b>	07/24/2018
<b>1J. SF-LLL</b>	07/26/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/02/2018
<b>3A. Project Detail</b>	07/27/2018
<b>3B. Description</b>	09/04/2018
<b>3C. Expansion</b>	07/27/2018
<b>4A. Services</b>	09/04/2018
<b>4B. Housing Type</b>	08/09/2018
<b>5A. Households</b>	08/09/2018
<b>5B. Subpopulations</b>	08/09/2018
<b>5C. Outreach</b>	08/02/2018
<b>6A. Funding Request</b>	07/27/2018
<b>6E. Rental Assistance</b>	08/09/2018
<b>6F. Supp Srvcs Budget</b>	09/04/2018
<b>6I. Match</b>	09/04/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/09/2018
<b>7A. In-Kind MOU Attachment</b>	08/09/2018
<b>7D. Certification</b>	07/31/2018

**Applicant:** Jacksonville Area Sexual Minority Youth Network, Inc.

069454739

**Project:** Rapid Rehousing for Youth Project

164232

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INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 20 1999**

JACKSONVILLE AREA SEXUAL MINORITY  
YOUTH NETWORK  
PO BOX 380103  
JACKSONVILLE, FL 32205

Employer Identification Number:  
59-3284175  
DLN:  
17053072818029  
Contact Person:  
JEFFREY D SPROUL ID# 31182  
Contact Telephone Number:  
(877) 829-5500  
Our Letter Dated:  
December 1995  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

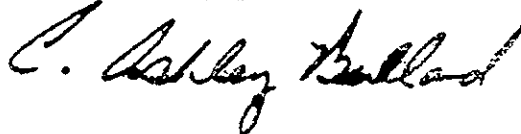
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director



November 6, 2017

Cindy Watson, CEO  
Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN)  
P.O. Box 380103  
Jacksonville, FL, 32205

Dear Cindy,

Thank you for participating in United Way of Northeast Florida's 2018-2020 Basic Needs Investment process. After careful consideration from United Way's Basic Needs Investment Committee, Volunteer Accounting Committee, Community Impact Council, Board of Directors, and Board of Trustees, we are pleased to inform you that your program, **Youth Homelessness, has been approved for funding in the amount of \$25,000.** Once we receive the signed documentations, this contract will go into **effect on January 1, 2018 and will remain in place through December 31, 2019** provided all contract requirements and fundraising goals are met.

Congratulations! This was a highly competitive and rigorous process and much time and attention was given to every application. We received 63 proposals totaling approximately \$6 million in funding requests from 49 local agencies. The evaluation and funding review was conducted by about 50 community volunteers who attended specific reader training. Each application was reviewed by 3 to 4 volunteers who collectively contributed over 100 hours of reading and evaluation.

Although United Way increased the Basic Needs funding pool by \$250,000 to \$2.45 million (a 10% year over year increase), there were more needs than could be met. Ultimately, **41 organizations were awarded funding** during this investment process, and *we are thrilled that your organization is one of 14 new partners that will be receiving United Way funding.* This process was the first step in a funding shift for our organization. Based on the funding pool and the number of applicants, we made the decision to fund all new partners in this basic needs category at the same \$25,000 level. We realize that your organization may have requested more funding than you have been awarded. We will be reaching out to you to discuss making needed adjustments to your proposal and to answer any additional questions you may have.

Funding decisions were based on the following criteria:

- 1) Alignment with the United Way Basic Needs focus area
- 2) Community Need and Program Effectiveness

- 3) Organizational Capacity
- 4) Financial Soundness

If your organization would like further feedback on your application, please contact Jan Morse at [janm@uwnefl.org](mailto:janm@uwnefl.org) or Phyllis Martin at [phyllism@uwnefl.org](mailto:phyllism@uwnefl.org)

**Please read the attached Funding Agreement thoroughly because it includes key information regarding disbursements.**

Also, enclosed is an Anti-Terrorism Compliance form, an Electronic Funds Transfer Request Form (Required,) and a W9 Request for Taxpayer Identification number and certification. Please complete these forms, sign and return them with your signed Funding Letter and Funding Agreement. Retain a copy of all documents for your records.

UWNEFL's Priority Goals funding opportunity will begin in November (full applications will be due in January). This funding opportunity will support work in the areas of youth success, financial stability, and health. We encourage you to learn more about this opportunity by checking our website, [www.uwnefl.org](http://www.uwnefl.org) later this month or calling us to discuss. If your organization has a program that aligns with the Priority Goals work and you would like to apply for funding we encourage you to apply.

**Key Dates** - Please remember some key dates as you move forward:

- New Basic Needs contracts begin January 1, 2018
- A signed copy of this document must be returned to UWNEFL no later than November 30, 2017 (email scan is acceptable)
- The Priority Goals Notice of Funding Opportunity will be available later this month
- All Basic Needs grantees will be invited and expected to attend a January, 2018 orientation. A meeting invitation will be sent to you.

By signing and returning a copy of this document, you and your board chair acknowledge you are informed about this funding award. We plan to announce grant awardees via a press release in the next week or so. Outside of your senior staff and board members, we ask that you hold on publically discussing this award until you receive a copy of the news release.

We understand that change does not happen alone and are grateful for your partnership and all that you do on behalf of individuals and families throughout NE Florida. Please contact us with your ideas, questions and overall feedback. Welcome to our United Way team!

Sincerely,



Michelle Braun  
President and CEO

X \_\_\_\_\_

Cindy Watson, CEO

Date: \_\_\_\_\_

X \_\_\_\_\_

Board Chair/President

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Internal Memorandum of Agreement  
For  
Jacksonville Area Sexual Minority Youth Network, Inc. (JASMYN)  
923 Peninsular Place  
Jacksonville, FL 32204


JASMYN is entering into this agreement to demonstrate commitment to generating In Kind Match for the **Rapid ReHousing for Youth Project** under the HUD Continuum of Care Program Competition, FR-6200-N-25. The agreement for In Kind Match will consist of volunteers hours and hot meals provided by volunteers for the homeless youth served under this project, valued annually at \$5,200.

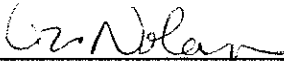
JASMYN is a community based organization that has over a 10 year history of providing case management supportive services and linkage to housing resources for high risk homeless young people, including LGBTQ youth.

**I. RESPONSIBILITIES of JASMYN Volunteer and Community Engagement Coordinator**

- Identify a primary point of contact for this internal MOA  
Name, title, office address, email address, office number and fax:  
Liz Nolan, Volunteer and Community Engagement Coordinator  
JASMYN  
923 Peninsular Place  
Jacksonville, FL 32204  
[lnolan@jasmyn.org](mailto:lnolan@jasmyn.org)  
904-389-3857, ext. 224  
904-356-5016 Fax
- Provide volunteers on a monthly basis to manage the Food Pantry stocking and organization, for the purpose of making food and hygiene products available to 20 homeless youth
- Provide volunteers to provide hot meals, either by delivery or underwriting, for daily meals (5 days/ week) for 20 homeless youth.
- Provide documentation of volunteer hours and gift in kind donations of hot meals, food and hygiene pantry items, for regular reporting of the value of in kind match
- Provide annual documentation that the Gift in Kind match is valued at \$5,200 to meet the match required for the Rapid ReHousing for Youth Project.
- The collaboration will remain effective for the duration of the grant period.

This agreement is entered into by signature of the authorized representatives of the collaborating parties.

  
\_\_\_\_\_  
Cindy Watson, Chief Executive Officer, JASMYN 8/9/18  
Date

  
\_\_\_\_\_  
Liz Nolan, Volunteer and Community Engagement Coordinator, JASMYN 8-9-18  
Date