

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: I.M. Sulzbacher Center for the Homeless, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-3229898

	c. Organizational DUNS:	160004479	PLUS 4:	
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d. Address

Street 1: 611 East Adams Street

Street 2:

City: Jacksonville

County: Duval

State: Florida

Country: United States

Zip / Postal Code: 32202-2847

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Andy

Middle Name:

Last Name: Barber

Suffix:

Title: Senior Director of Program Funding

Organizational Affiliation: I.M. Sulzbacher Center for the Homeless, Inc.

Telephone Number: (904) 394-8083

Applicant: I.M. Sulzbacher Center for the Homeless, Inc.

Ims0457

Project: River City Rapid Rehousing Program

165373

Extension:

Fax Number: (904) 354-4347

Email: andybarber@sulzbacherjax.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: River City Rapid Rehousing Program

16. Congressional District(s):

a. Applicant: FL-003

b. Project: FL-003

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

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: Funkhouser

Suffix:

Title: President and CEO

Telephone Number: (904) 394-8100
(Format: 123-456-7890)

Fax Number: (904) 354-4347
(Format: 123-456-7890)

Email: cindyfunkhouser@sulzbacherax.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: I.M. Sulzbacher Center for the Homeless, Inc.

Prefix: Ms.

First Name: Cindy

Middle Name:

Last Name: Funkhouser

Suffix:

Title: President and CEO

Organizational Affiliation: I.M. Sulzbacher Center for the Homeless, Inc.

Telephone Number: (904) 394-8100

Extension:

Email: cindyfunkhouser@sulzbacherax.org

City: Jacksonville

County: Duval

State: Florida

Country: United States

Zip/Postal Code: 32202-2847

2. Employer ID Number (EIN): 59-3229898

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$231,522.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HHS HRSA Bureau of Primary Health Care	financial	\$2,802,461.00	Provision of health services
HUD HOPWA	financial	\$405,191.00	Perm. Supportive Housing
HUD Emergency Solutions Grant	financial	\$294,459.00	Emergency Shelter Services
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Cindy Funkhouser, President and CEO

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name

Last Name: Funkhouser

Suffix:

Title: President and CEO

Telephone Number: (904) 394-8100
(Format: 123-456-7890)

Fax Number: (904) 354-4347
(Format: 123-456-7890)

Email: cindyfunkhouser@sulzbacherax.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

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: I.M. Sulzbacher Center for the Homeless, Inc.

Name / Title of Authorized Official: Cindy Funkhouser, President and CEO

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: I.M. Sulzbacher Center for the Homeless, Inc.

Street 1: 611 East Adams Street

Street 2:

City: Jacksonville

County: Duval

State: Florida

Country: United States

Zip / Postal Code: 32202-2847

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name:

Last Name: Funkhouser

Suffix:

Title: President and CEO

Telephone Number: (904) 394-8100
(Format: 123-456-7890)



Fax Number: (904) 354-4347
(Format: 123-456-7890)

Email: cindyfunkhouser@sulzbacherax.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.

In 1995, the Sulzbacher Center opened its doors as Jacksonville’s safety net for homeless men, women, and children. Originally envisioned by the Emergency Shelter and Homeless Coalition and the City of Jacksonville, the Center provides a continuum of care approach to addressing all aspects of homelessness. The Sulzbacher campus operates as a center of services, where homeless individuals will have most of their needs met, in one location. Sulzbacher has 120 emergency shelter beds for single men at its original location at 611 East Adams St., Jacksonville, as well as 18 veteran’s shelter beds and 24 medical respite beds. Sulzbacher has added a new location, Sulzbacher Village, which provides emergency shelter for single women and families, female veterans, and female respite patients. Additionally, Sulzbacher Village has 70 units of permanent affordable housing for single women and families with children. Last fiscal year (7/1/2017 – 6/30/2018), the Center provided 101,602 nights of shelter to 1,106 homeless individuals, including 79 families with 167 children. The Center operates three HUD-funded Permanent Supportive Housing programs. Homeward Bound began on 8/1/2001 and has been in operation for over 16 years. Homeward Bound has 26 scattered site apartments with a total of 26 beds, and is targeted to chronically homeless, recovering substance abusers who also have mental and/or physical disabilities (dually-diagnosed). Homeward Bound Expansion was initiated on 8/1/2007. This PSH program targets chronically homeless individuals with disabilities. This program has 15 single-bedroom scattered site apartments. Further, the Center operates one housing program for persons with HIV/AIDS. The Scattered Emergency Apartments for Chronically Homeless Adult Men (SEA-CHAM) program was begun in 2004 and provides 40 scattered site apartments for single men who are chronically homeless, living with HIV/AIDS, and who may have difficulty finding rental apartments on their own due to arrest records. All three programs provide rent assistance and place clients in scattered site apartments. Clients are also paired with a supportive living coach to provide one-on-one case management to ensure the clients are maintaining their apartment, have access to health care and link clients to resources as needed. Substance abuse counseling and treatment is also provided via a substance abuse counselor. These three programs have a total capacity of 81 apartments for homeless persons with physical or mental disabilities, substance abuse issues, and/or HIV/AIDS. The Sulzbacher Center also receives \$2,802,461 in funding from the Health Resources & Services Administration (HRSA) for the operations of its Federally Qualified Health Center. The Center provides primary health care, dental care, vision care, behavioral health care, and substance abuse services for homeless persons with this funding. The Center has also been providing rapid rehousing services with funding from the City of Jacksonville for three years. The Center assisted 43 individuals with rapid rehousing with COJ funds from 10/1/2017 – 7/31/2018. The Center was

transferred two CoC Rapid Rehousing programs from an agency that was closing. The Center has been operating these programs, First Coast Rapid Rehousing (capacity of 5 families) and North Florida Rapid Rehousing (capacity of 56 families) since December 2016. The Center has also provided Rapid Rehousing funded by the Jim Moran Foundation to 20 families since July 1, 2017.

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

The Sulzbacher Center has many years' experience in leveraging funds from other sources. The Center receives four grants from the City of Jacksonville totaling \$1,080,598. The Center receives approximately \$120,000 in Low Income Pool funds and \$80,000 in Child Care Food Program funds from the State of Florida. The Center receives \$2,802,461 from the Department of Health and Human Services, Health Resources & Services Administration, for the operations of its primary health, dental and behavioral health clinics. The Center also receives \$1,215,572 over three years for its HOPWA Permanent Supportive Housing Program. The Center also partners with many corporate and private foundations for the operation of its programs. The Center actively seeks individual donors as well. The Center receives not only monetary grants and donations, but also receives in-kind goods such as food, clothing, and furniture. Additionally, last fiscal year 5,950 individuals from the community volunteered 22,305 hours of service, in all areas of the Center's operations, such as preparing and serving food in the Center's kitchen, tutoring homeless children, helping with painting or special projects. This also includes medical professionals volunteering their time in the Center's clinics.

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.

The Center is governed by a 25-member Board of Directors comprised of representatives from local hospitals, legal firms, banks, businesses, and community volunteers. The Center was organized to have a strong Board with a range of skills. The Board hires, reviews, and oversees the President and CEO, who is responsible for the day-to-day operations of the Center. Senior staff members are directly involved with the Center's grant administration, funding issues, direct support services, medical or dental care. Each senior staff person supervises support or health care employees. Senior staff members meet weekly and monthly with the President to discuss overall program goals and challenges, or Center operational barriers and opportunities. Senior staff members meet bi-weekly to discuss specific grant program goals to ensure programs are on track both financially and programmatically, so that program modifications can be made if necessary to meet goals. The Center is constantly reviewing its programs to ensure they are the most advantageous for clients.

The Center analyzes data on trends in the local community and nationally to anticipate changing needs of clients. Senior staff members also work directly with sub-committee Chairpersons on the Board of Directors to provide adequate communication regarding Center programs. For example, the Shelter Administrator works closely with the Human Services Committee and the CFO

meets with the Board's Finance Committee members, etc. The CFO, Ms. Brenda March, supervises the fiscal office which maintains accounting records, payroll ledger, billing and receiving information, Federal, State and City grants/contracts. Ms. March has a BS in Business Administration from Bryant College, an MBA in Finance from the University of Hartford, and an MA in Economics from Trinity College.

Currently, the CFO oversees an annual operating budget of over 15 million dollars and maintains records of cash balances weekly and monthly. Each year, an independent audit is conducted and a management letter is provided. The CFO supervises a fiscal office which operates under Generally Accepted Accounting Principles (GAAP) and maintains accounting records, payroll ledgers, billing and receiving information, Federal, State and City grants/contracts. All records are computerized. All invoices and hard copies are retained for a minimum of six years in the administrative offices of the Sulzbacher Center. The Center currently uses Financial Edge software for its fiscal operations. The Center also maintains a \$500,000 line of credit with Compass Bank that can be drawn upon in the event of any cash flow issues.

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: River City Rapid Rehousing Program

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.

The I.M. Sulzbacher Center for the Homeless, Inc. is applying under the Continuum of Care Homeless Assistance Competition, CFDA 14.267, for a new Rapid Re-Housing Program, River City Rapid Rehousing. This program will be for Medium Term assistance, approximately 12 months per client. River City will serve 18 individuals most at risk of becoming chronically homeless and scoring 5, 6 or 7 for Rapid Rehousing on the Vulnerability Index Service Prioritization Decision Assistance Tool (VISPDAT). Of the 18 clients, 8 will be chronically homeless, 4 will have chronic substance abuse issues, 8 will suffer from mental health issues, 2 will have a physical disability, and 2 will be domestic violence survivors. River City will be committed to and abide by the requirements of HUD regarding the Housing First model. Other than HUD’s eligibility requirements, there will be no preconditions or rules, such as maintaining sobriety, for entering housing. River City will not screen out clients based on little to no income, active substance abuse or history of substance abuse, criminal record, or history of domestic violence. River City clients will not be terminated if they fail to participate in supportive services, fail to make progress on a service plan, lose or fail to improve their income, or are a victim of domestic violence. Referred clients will be entered into the program by Coordinated Intake and placed into scattered site housing (1-bdr apts.) within 2 weeks of program enrollment. River City will provide direct rental assistance for up to 12 months. Services will be provided by 1 FTE Case Manager (funded through this application) and 2 Rapid Rehousing & Prevention Specialists (private funding). Services will include: housing placement, case management, linkage to benefits, employment assistance, transportation, and health services. Clients will receive 2 primary health visits per year, and 2 dental visits per year through the Center’s Federally Qualified Health Center. 8 clients will each receive 4 mental health clinic visits per year. The case manager will make visits to each client at least monthly, or more frequently if needed, ensuring continued housing stability. The case manager will provide transportation to medical appointments as needed. 18 clients will receive assistance with utility deposits and bus passes. Clients able to work will be assisted with employment assistance by the case manager.. The case manager will help disabled clients or those unable to work with accessing SSI/SSDI, Food stamps, and other mainstream income or resources. Additionally, the case manager work with landlords as needed if any difficulties arise.

Goals: 18 clients will be rapidly rehoused within 1 year. 16 will still be in housing at the end of the year (94%). 50% of clients not already employed will obtain stable jobs. 75% of clients not already receiving mainstream benefits will be linked within 1 year.

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?	14			
Participant enrollment in project begins?	21			
Participants begin to occupy leased units or structure(s), and supportive services begin?	28			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	60			
Closing on purchase of land, structure(s), or execution of structure lease?				
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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		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.

N/A

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.

X

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

Clients will be referred to the program through coordinated intake. The Center has two Rapid Rehousing and Prevention Specialists (see match) who will enter the referred clients into the program and initiate housing placement. Re-Bound will utilize the Sulzbacher Center's file of private and public, community-based, scattered housing apartment complexes, amassed through over 16 years PSH experience, to place individuals back into a community setting. The Rapid Rehousing and Prevention Specialists will then transfer the client to the case manager. Direct individual support will be available through 1 FTE case manager. Services will include: housing placement, intensive supportive living and case management activities, linkage to mainstream benefits, and employment assistance, health care, and transportation. The case manager will make monthly visits (or more frequently if needed) to each client, ensuring continued housing stability.

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

Clients who are able to work will be assisted with employment assistance and life skills training by the case manager and linked to a Goodwill employment specialist. Last fiscal year, the Center placed 288 persons in stable employment. In partnership with First Coast Security, Sulzbacher has implemented a training program for Security staff, and has 55 clients to date get their Class D security license and also secure employment. The Center is also referring clients to Jacksonville Transportation Authority (JTA) training

programs. The case manager will help disabled clients or those unable to work with accessing SSI/SSDI, Food stamps, and other mainstream income or resources. The case manager will make monthly home visits to ensure clients are maintaining their housing stability and to work with landlords as needed if any difficulties arise. The case manager will also provide life skills training to clients in areas such as budgeting, good tenancy, self-esteem, etc. Veteran clients will be linked to the VA for VASH vouchers.

**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	Semi-annually
Assistance with Moving Costs	Applicant	Annually
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Annually
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Applicant	As needed
Outpatient Health Services		As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	Annually

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 Yes

provided by the applicant, a subrecipient, or partner agency?

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. 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: 18

Total Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	18	18

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: 18

b. Beds: 18

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: 611 East Adams Street

Street 2:

City: Jacksonville

State: Florida

ZIP Code: 32202

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

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	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										
Total Persons	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	8	0		4		8	2	2		
Adults ages 18-24										
Total Persons	8	0	0	4	0	8	2	2	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

75%	Directly from the street or other locations not meant for human habitation.
25%	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.

Clients for this program will be referred primarily from Coordinated Intake. However, the Sulzbacher Center operates two mobile outreach teams for veterans as well as two mobile outreach teams with medical personnel in that provide direct client assistance and linkage to care for homeless persons living unsheltered. Clients are often referred by these teams directly into shelter or to coordinate intake. They can then be brought directly into the program.

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? 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.

Total Request for Grant Term:			\$170,856
Total Units:			18
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Jacksonville, FL HUD Metro FMR A...	18	\$170,856

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	18	x	\$791	x	12	=	\$170,856

2 Bedrooms		x	\$969	x	12	=	\$0
3 Bedrooms		x	\$1,283	x	12	=	\$0
4 Bedrooms		x	\$1,625	x	12	=	\$0
5 Bedrooms		x	\$1,869	x	12	=	\$0
6 Bedrooms		x	\$2,113	x	12	=	\$0
7 Bedrooms		x	\$2,356	x	12	=	\$0
8 Bedrooms		x	\$2,600	x	12	=	\$0
9 Bedrooms		x	\$2,844	x	12	=	\$0
Total Units and Annual Assistance Requested		18					\$170,856
Grant Term							1 Year
Total Request for Grant Term							\$170,856

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	One FTE Case Manager at \$30,000 with 30% fringe (\$9,000) = \$39,000.	\$39,000
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		

14. Substance Abuse Treatment Services		
15. Transportation	Bus passes for clients, figured at \$50 per clients x 18 clients = \$900.	\$900
16. Utility Deposits	Utility deposits of \$250 for each of 18 clients = \$4,500.	\$4,500
17. Operating Costs	Staff travel for 1 FTE CM, figured at 240 mi/mo x 0.43/mi x 12 mo. = \$1,238.	\$1,238
Total Annual Assistance Requested		\$45,638
Grant Term		1 Year
Total Request for Grant Term		\$45,638

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:	\$75,260
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$75,260

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	HRSA Bureau of Pr...	06/04/2018	\$33,660
Yes	Cash	Private	Jim Moran Foundation	08/17/2017	\$41,600

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:** HRSA Bureau of Primary Health Care
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 06/04/2018
- 6. Value of Written Commitment:** \$33,660

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:** Jim Moran Foundation
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$41,600

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$170,856	1 Year	\$170,856
4. Supportive Services	\$45,638	1 Year	\$45,638
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$216,494
8. Admin (Up to 10%)			\$15,028
9. Total Assistance Plus Admin Requested			\$231,522
10. Cash Match			\$75,260
11. In-Kind Match			\$0
12. Total Match			\$75,260
13. Total Budget			\$306,782

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Proof of Non-Prof...	08/02/2018
2) Other Attachment(s)	No	Match Documentation	08/02/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: Proof of Non-Profit Status

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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 Funkhouser

Date: 09/04/2018

Title: President and CEO

Applicant Organization: I.M. Sulzbacher Center for the Homeless, 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

X

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



8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 49
	09/14/2018

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

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

DEPARTMENT OF THE TREASURY

Date: FEB 23 1999

I M SULZBACHER CENTER FOR THE
HOMELESS INC
611 ADAMS ST
JACKSONVILLE, FL 32202

Employer Identification Number:
59-3229898
DLN:
17053009708029
Contact Person:
RONALD D BELL ID# 31185
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
July 1994
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 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



August 2, 2018

Attention: Continuum of Care Programs
Office of Community Planning and Development
Department of Housing and Urban Development
451 Seventh Street SW
Washington, D.C. 20410

Dear Committee Members:


As President and CEO of the I.M. Sulzbacher Center for the Homeless, I confirm that the agency will provide \$75,260 in matched funds for the River City Rapid Re-Housing Program.

Cash match for the River City Rapid Re-Housing Program comes from the Department of Health & Human Services, Health Resources & Services Administration, Bureau of Primary Health Care, for the direct provision of primary health and dental services to clients. It is figured that 18 adults housed by the program during the year will each receive 2 primary health care visits and 2 dental care visits each. These visits are valued at \$137 each. 18 clients x 4 visits x \$137 per visit equals \$9,864. Clients also receive up to \$500 each in pharmaceuticals each, for a total of \$9,000. Additionally, 18 clients will receive a minimum of 6 behavioral health visits with a psychiatrist, Licensed Mental Health Counselor, or Psychiatric ARNP. These visits are valued at \$137 per visit, therefore, 18 clients x 6 visits x \$137 per visit = \$14,796.

Additionally, this program will benefit from the services of a Rapid Rehousing Coordinator as funded by the Jim Moran Foundation. Salary and benefits for this position make a match of \$41,600. Total match equals \$75,260.

Sincerely,

Cindy Funkhouser, MSW
President and CEO

1. DATE ISSUED: 06/04/2018		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330(e), 42 U.S.C. 254b Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b) Public Health Service Act, Section 330, as amended (42 U.S.C. 254b) Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)																																																			
3. SUPERSEDES AWARD NOTICE dated: 05/31/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
4a. AWARD NO.: 6 H80CS00305-16-07	4b. GRANT NO.: H80CS00305	5. FORMER GRANT NO.: H66CS00500																																																					
6. PROJECT PERIOD: FROM: 11/01/2002 THROUGH: 12/31/2019																																																							
7. BUDGET PERIOD: FROM: 01/01/2018 THROUGH: 12/31/2018																																																							
8. TITLE OF PROJECT (OR PROGRAM): Health Center Program																																																							
9. GRANTEE NAME AND ADDRESS: I.M. Sulzbacher Center for the Homeless 611 E Adams St Jacksonville, FL 32202-2847 DUNS NUMBER: 160004479 BHCNIS # 0420630		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Cindy Funkhouser I.M. Sulzbacher Center for the Homeless 611 E Adams St Jacksonville, FL 32202-2847																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]																																																							
Estimated Program Income: \$521,500.00																																																							
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:																																																							



THE
JIM MORAN FOUNDATION

"THE FUTURE BELONGS TO THOSE WHO PREPARE FOR IT."

August 17, 2017

Board of Directors

Jan Moran
*Chairman and President
 Founding Director*

Mrs. Cindy Funkhouser
 President & CEO
 Sulzbacher Center
 611 E. Adams St.
 Jacksonville, FL 32202

Dear Cindy:

Tom Blanton
*Treasurer
 Assistant Secretary
 Founding Director*

On behalf of The Jim Moran Foundation, I am pleased to notify you that your grant request has been approved in the amount of \$264,025.00. The monies are to be used for the Family Housing and Supportive Services Program according to the attached budget and expected outcomes. Our funding is based on Sulzbacher Center's current status as a public charity under sections 501(c)(3) and 509(a)(1) or 509(a)(2). Consequently, should there be any change to your tax status, you are required to notify The Foundation immediately. It is also necessary to contact us with any potential adjustments in program delivery from what was presented and approved during the grant application process to determine if there are funding implications.

Melanie Burgess
*Executive Director
 Secretary
 Founding Director*

We understand the importance of creating cause awareness, as well as acknowledging partnerships invested in serving our community. Should this grant generate an announcement or recognition (i.e., press release, print or e-newsletter, logo usage, social media, etc.), The Foundation respectfully requires prior review and written approval. In such mentions, please refer to us as **The Jim Moran Foundation**. For further assistance with your communications, or to begin the review and approval process, please contact Ilisa Finkelman at 954-363-5550 or ilisa.finkelman@jimmoranfoundation.org.

Irv Kiffin
Director

Lucia Lopez
Director

Please sign and return this letter of commitment to me confirming that Sulzbacher Center will comply with The Jim Moran Foundation's funding allocation and communications requirements. Upon receipt of the signed commitment letter, your grant check will be mailed to you within 15 business days.

Larry McGinnes
*Vice President
 Founding Director*

It is our privilege to partner with you.

Sincerely,

Jan Moran

Attachment

Dr. Melvin T. Stith
Founding Director

In accordance with The Jim Moran Foundation, Inc.'s funding and communications requirements stated above, Sulzbacher Center agrees to utilize the \$264,025.00 grant for its Family Housing and Supportive Services Program. In addition, periodic updates and impact reporting will be provided as requested by The Jim Moran Foundation.

Legal Counsel

Francis B. Brogan, Jr., Esq.

Cindy Funkhouser
 Mrs. Cindy Funkhouser, Sulzbacher Center

cc: M.J. Easternling, Board Chair

*In Memory of
 Jim Moran
 Founder
 1918 - 2007*

