

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: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

b. Employer/Taxpayer Identification Number (EIN/TIN): 65-0869993

	c. Organizational DUNS:	940621519	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 1401 16th Street

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34236

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: Geoffrey

Middle Name:

Last Name: Magon

Suffix:

Title: Director of Grants

Organizational Affiliation: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Applicant: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

940621519

Project: FL602 Bonus, CASL PSH Rental Assistance

168042

Telephone Number: (239) 980-0678

Extension:

Fax Number: (941) 366-0033

Email: geoffrey.magon@caslinc.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: FL602 Bonus, CASL PSH Rental Assistance

16. Congressional District(s):

a. Applicant: FL-016

b. Project: FL-017

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

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: Mr.

First Name: Scott

Middle Name:

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.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: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Prefix: Mr.

First Name: Scott

Middle Name:

Last Name: Eller

Suffix:

Title: CEO

Organizational Affiliation: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Telephone Number: (941) 225-2373

Extension:

Email: scott.eller@caslinc.org

City: Sarasota

County:

State: Florida

Country: United States

Zip/Postal Code: 34236

2. Employer ID Number (EIN): 65-0869993

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$16,484.00

(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
Suncoast Partnership to End Homelessness	PSH	\$282,212.00	Rental Assistance/Support Services
Lee County	PSH	\$272,303.00	Rental Assistance/Support Services
Gulf Coast Partnership	PSH	\$16,000.00	Rental Assistance/Support Services

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 (%)
Eller, J. Scott	265-73-0445	Program Director/CEO	\$0.00	0%
NA				
NA				
NA				
NA				

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: Scott Eller, CEO

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

Date Signed: 08/21/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

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 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)

Authorized Representative

Prefix: Mr.

First Name: Scott

Middle Name

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.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: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Name / Title of Authorized Official: Scott Eller, 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: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

Street 1: 1401 16th Street

Street 2:

City: Sarasota

County:

State: Florida

Country: United States

Zip / Postal Code: 34236

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: Mr.

First Name: Scott

Middle Name:

Last Name: Eller

Suffix:

Title: CEO

Telephone Number: (941) 225-2373
(Format: 123-456-7890)

Fax Number: (941) 366-0033
(Format: 123-456-7890)

Email: scott.eller@caslinc.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.

The mission of Community Assisted and Supported Living (CASL) is to provide clean, safe, and affordable housing to persons with disabilities, mental illness, substance abuse, and co-occurring disorders. CASL has assisted these individuals who are predominately low and very low income since 1998. Many of the individuals whom CASL serves were once homeless.

CASL currently has four CoC contracts in Lee County which total approximately \$252k for rental assistance and the provision of supportive services. Additionally, CASL also has two CoC contracts in Sarasota for approximately \$284k for supportive services and rental assistance. CASL's clients who were homeless or chronically homeless generally do not have the funds, employment, or support system in place to be able to afford things such as application fees, rental deposits, and first months rent when they are first leasing a residence. CASL removes these barriers to housing by linking clients to resources for them to become successful. CASL generally does not require a first month's deposit or application fee. CASL also offers supportive services, case management, and life skills training to support the individual. CASL provides case management staff to clients at no cost and works to link clients to community resources.

Prior to tenancy each prospective resident receives an initial screening to determine program eligibility. This is followed up by an assessment that determines any specialized needs. Case Managers work with clients to develop an Individual Service Plan (ISP), based on a collaboration of client directed goal setting and identified functional needs.

Within the ISP case managers may also assist in the following areas: (a) personal finance and budgeting skills, (b) personal planning to acquire and enhance literacy, employment, volunteer, and vocational skills, (c) assistance in accessing government benefits and entitlements, (d) transportation assistance, (e) access to AA, NA, and EA meetings, (f) resources to furnish units and acquire clothing, (g) nutritional and dietary needs, (h) coordination with other community services and links to psychiatric, counseling, and health and medical services.

Through this CASL assists residents to integrate into the community and address the challenge of providing affordable housing. CASL provides its supportive services as needed by our residents to combat homelessness and strains upon the emergency and acute care systems in the community.

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

CASL has grown to serve over six-hundred people per day in over two-hundred locations throughout Southwest Florida. CASL has raised over \$45 million through Federal, State, and Local grants to further its mission. CASL is currently constructing a LIHTC development which will provide 80 units for persons with special needs, with set asides for persons who are chronically homeless. CASL's funding sources includes FHFC, CDBG, HOME, NSP, ESG, CoC, Medicaid, SHIP funds in addition to local governmental funds and private foundations.

CASL provides supportive and affordable housing in Manatee, Sarasota, Highlands, Alachua, Collier, Lee, and Charlotte counties. CASL has worked with the Sarasota County Sheriff's Department to create the Sheriff's Housing Initiative Facilitating Transient Services (SHIFTS) program to help chronically homeless individuals not charged with a major criminal offense to leave homeless encampments and enter permanent supportive housing. CASL utilizes homes in single-family and multi-family zoning districts to integrate its tenants into the community. CASL believes integration is a cornerstone of success to ensure tenants are supported and receive assistance to maintain permanent independent living.

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.

CASL's organization is headed by J. Scott Eller, CEO. Additionally, Sheila Brion is the organizations COO and oversees CASL's case management operation and state funding contracts. Geoffrey Magon is the Director of grants and Development and works to develop new funding sources and capital expansion within the organization. CASL follows state and Federal rules and regulations regarding administration and GAAP with regards to accounting practices. CASL employs Jeff Stevens, a CPA, as the organization's CFO who oversees all CASL's financials and works with independent accounting firm to audit the organization and its internal controls each year.

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-602 - Punta Gorda/Charlotte County CoC

1b. CoC Collaborative Applicant Name: Gulf Coast Partnership, Inc.

2. Project Name: FL602 Bonus, CASL PSH Rental Assistance

3. Project Status: Standard

4. Component Type: PH

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

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.

CASL’s mission is to provide clean, safe, and affordable permanent supportive housing to persons with special needs. The services provided by CASL and the activities being requested for funding drive the program goals of Charlotte County. Particularly the goals to increase housing availability, expand wrap around community services, expand access to community health care services, and enhance self-sufficiency. The proposed activities include the addition of supportive services and rental assistance to clients in Charlotte County.

CASL has over twenty years of experience in providing assistance to the special needs population. Case management staff work with residents to achieve goals in three distinct areas: 1) obtain and remain in permanent housing; 2) achieve self-determination; and 3) increase personal skills and income.

CASL combats chronic homelessness within the special needs population by providing independent living and integrating clients and residents into the community. The rental assistance that is being requested will assist clients to make the transition from homelessness to permanent supportive housing. In addition, the funding for supportive services will enable clients to utilize community resources and enjoy a higher standard of living. This will combat homelessness and reduce the need for costly additional acute care and forensic system resources.

With the rental assistance funding, CASL will be able to expand its capacity to serve two additional clients within Charlotte county. CASL will use the funds allocated for this activity to supportively house chronically homeless clients in permanent housing. Clients who are chronically homeless generally do not have the skills, income or supports to afford all of the financial responsibilities that come with maintaining their own permanent housing. Once chronically homeless clients have become permanently housed, CASL offers client centered case management, life skills training, and other supportive to assist the resident to maintain their permanent housing.

The project will provide a total of two supportive housing beds dedicated for chronically homeless clients referred through the CoC's Coordinated Entry.

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?	1			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
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 checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" 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.

NA

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Participants will be required to live in Charlotte County and be referred through the CoC Coordinated Entry.

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

Dedicated and DedicatedPLUS

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

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

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

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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.

CASL provides clean, safe, affordable housing to low income and homeless individuals. CASL homes serve special needs populations that largely have a severe and persistent mental health diagnosis. CASL believes that a participant who has fundamental supports can become an integral and productive member of the community. The coordinated intake system will ensure that there is a "no wrong door" approach in assisting clients and providing management through the MIS system. Assessments utilize the SPDAT and SSOM tools that will assist the case managers as necessary to identify strengths and barriers to independent living. A case manager will meet with the participant to create an individualized service plan to address any barriers and help in obtaining the basic necessities and supports: bed, food, financial, medical, hygiene, transport, socialization and linkage to employment programs and assistance with paperwork or understanding medication regimens.

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

CASL knows that persons who were chronically homeless and who have special needs can become integral and productive members of society if provided with the resources and opportunities. This may mean that CASL must provide extra support in order for them to live independently. Through its collaboration with other agencies, CASL concentrates on providing quality and affordable housing while working towards program standards. The CASL case

management staff assists a person in accessing benefits, and local resources such as food banks, thrift stores, local educational and development opportunities as well as Goodwill employment opportunities. CASL's case management is SOAR trained to assist individuals in applying and receiving their SSI and SSDI benefits as well as ACCESS online. Understanding what is available in the community is critical to continued independent living. CASL actively encourages participants to volunteer in the community as it provides invaluable social experiences and often is a stepping stone to paid employment.

**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	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
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 partner agency? Yes

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: 2

Total Beds: 2

Total Dedicated CH Beds: 2

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	2	2

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

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

a. Units: 2

b. Beds: 2

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

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

4. 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: 509 Berry St

Street 2:

City: Punta Gorda

State: Florida

ZIP Code: 33950

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

129015 Charlotte 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	0	2	0	2
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	0	2		2
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	2	0	2

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	2			2		2				
Adults ages 18-24										
Total Persons	2	0	0	2	0	2	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

66%	Directly from the street or other locations not meant for human habitation.
34%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	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.

CASL Case Managers are an active part of the One Charlotte Coordinated Entry Team. Referrals for the two proposed PH-PSH project beds will only be taken from the Gulf Coast Partnership (CoC/CE Lead) Director of Coordinated Services - By Name List. This will ensure that no side doors are used for the two proposed project beds and that these two beds are used for persons with the highest vulnerabilities, barriers, and service needs to receive the highest level of care and the fastest available housing and support services. Any potential chronically homeless referrals for the two beds received by CASL directly will be made as entries to the Coordinated Entry Process for inclusion and prioritization onto the By-Name List.

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:**

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input 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:			\$11,352
Total Units:			2
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	FL - Punta Gorda, FL MSA (1201599999)	2	\$11,352

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: SRA

Metropolitan or non-metropolitan fair market rent area: FL - Punta Gorda, FL MSA (1201599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO	2	x	\$473	x	12	=	\$11,352
0 Bedroom		x	\$630	x	12	=	\$0

1 Bedroom		x	\$661	x	12	=	\$0
2 Bedrooms		x	\$878	x	12	=	\$0
3 Bedrooms		x	\$1,227	x	12	=	\$0
4 Bedrooms		x	\$1,488	x	12	=	\$0
5 Bedrooms		x	\$1,711	x	12	=	\$0
6 Bedrooms		x	\$1,934	x	12	=	\$0
7 Bedrooms		x	\$2,158	x	12	=	\$0
8 Bedrooms		x	\$2,381	x	12	=	\$0
9 Bedrooms		x	\$2,604	x	12	=	\$0
Total Units and Annual Assistance Requested		2					\$11,352
Grant Term							1 Year
Total Request for Grant Term							\$11,352

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	4 units of case management per week, 208 total units.	\$2,566
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	4 units of life skills per week, 208 total units.	\$2,566
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$5,132
Grant Term		1 Year
Total Request for Grant Term		\$5,132

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:	\$4,121
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$4,121

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	Private	CFBHN	08/13/2018	\$4,121

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: CFBHN
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/13/2018

6. Value of Written Commitment: \$4,121

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	\$11,352	1 Year	\$11,352
4. Supportive Services	\$5,132	1 Year	\$5,132
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$16,484
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$16,484
10. Cash Match			\$4,121
11. In-Kind Match			\$0
12. Total Match			\$4,121
13. Total Budget			\$20,605

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/13/2018
2) Other Attachment(s)	No	Match Letter	08/13/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3

Attachment Details

Document Description: Match Letter

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: Scott Eller

Date: 09/04/2018

Title: CEO

Applicant Organization: Community Assisted and Supported Living, Inc. d/b/a Renaissance Manor

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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 49
	09/12/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2018
1E. SF-424 Compliance	08/10/2018
1F. SF-424 Declaration	08/10/2018
1G. HUD 2880	08/10/2018
1H. HUD 50070	08/10/2018
1I. Cert. Lobbying	08/10/2018
1J. SF-LLL	08/10/2018
2A. Subrecipients	No Input Required
2B. Experience	09/03/2018
3A. Project Detail	08/13/2018
3B. Description	09/03/2018
3C. Expansion	08/13/2018
4A. Services	08/13/2018
4B. Housing Type	09/03/2018
5A. Households	08/13/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/03/2018
6A. Funding Request	08/13/2018
6E. Rental Assistance	08/13/2018
6F. Supp Srvcs Budget	08/13/2018
6I. Match	08/13/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2018
7D. Certification	08/13/2018

OGDEN UT 84201-0038

In reply refer to: 0438186857
Mar. 28, 2012 LTR 4168C 0
65-0869993 000000 00
00032005
BODC: TE

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

Employer Identification Number: 65-0869993
Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 19, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in JANUARY 1999.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.


035718

0438186857
Mar. 28, 2012 LTR 4168C 0
65-0869993 000000 00
00032006

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,




Sharon Davies
Accounts Management I

OGDEN UT 84201-0038


035718.953275.0161.004 1 MB 0.404 536




COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519

035718

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

0438186857

BODCD-TE

Use for payments

Letter Number: LTR4168C
Letter Date : 2012-03-28
Tax Period : 000000

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038



650869993

COMMUNITY ASSISTED AND SUPPORTED
LIVING INC
1401 16TH ST
SARASOTA FL 34236-2519



August 13, 2018

Re: 2018 Match and Leverage

To whom it may concern,

Please accept this letter demonstrating the match and leverage to be provided by CASL for the CoC Bonus PSH Rental Assistance Application. Please note that our organization's primary mission is to serve persons who have developmental disabilities, mental illness, or are battling substance abuse.

Our list of match funding is as follows:

CoC Project	Match	Type	Source
CoC Bonus PSH Rental Assistance	\$4,121	Cash (CFBHN)	CFBHN Contract
TOTAL	\$4,121		

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Scott Eller', is written over a light blue horizontal line.

J. Scott Eller, CEO
Community Assisted & Supported Living, Inc.
One N. Tuttle Ave Suite 5
Sarasota, FL 34236