

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 via 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 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0247

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Volunteers of America of Florida, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1856992

	c. Organizational DUNS:	794337113	PLUS 4	
--	-------------------------	-----------	--------	--

d. Address

Street 1: 405 Central Ave Ste 100

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33701-3866

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Jessica

Middle Name:

Last Name: Ehresman

Suffix:

Title: Grant Assistant

Organizational Affiliation: Volunteers of America of Florida, Inc.

Telephone Number: (352) 601-7753

Applicant: Volunteers of America of Florida, Inc.

794337113

Project: Broward I

163374

Extension: 3526017753

Fax Number: (727) 823-8286

Email: jehresman@voa-fla.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: Broward I

16. Congressional District(s):

a. Applicant: FL-020, FL-021, FL-016, FL-017, FL-014, FL-015, FL-024, FL-025, FL-022, FL-023, FL-003, FL-027, FL-002, FL-005, FL-026, FL-001, FL-011, FL-010, FL-013, FL-012, FL-009, FL-008
(for multiple selections hold CTRL key)

b. Project: FL-022, FL-023
(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: Janet

Middle Name: M.

Last Name: Stringfellow

Suffix:

Title: President/CEO

Telephone Number: (727) 369-8486
(Format: 123-456-7890)

Fax Number: (727) 823-8286
(Format: 123-456-7890)

Email: jstringfellow@voa-fla.org

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

Date Signed: 09/14/2018

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: Volunteers of America of Florida, Inc.

Prefix: Ms.

First Name: Janet

Middle Name: M.

Last Name: Stringfellow

Suffix:

Title: President/CEO

Organizational Affiliation: Volunteers of America of Florida, Inc.

Telephone Number: (727) 369-8486

Extension:

Email: jstringfellow@voa-fla.org

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip/Postal Code: 33701-3866

2. Employer ID Number (EIN): 58-1856992

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$395,231.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Broward I 405 Central Ave Ste 100 St. Petersburg Florida

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
None at this time.	NA	\$0.00	NA

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	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		09/14/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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: Janet Stringfellow, President/CEO

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

Date Signed: 09/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Volunteers of America of Florida, 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;	

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

X

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: Janet

Middle Name: M.

Last Name: Stringfellow

Suffix:

Title: President/CEO

Telephone Number: (727) 369-8486
(Format: 123-456-7890)

Fax Number: (727) 823-8286
(Format: 123-456-7890)

Email: jstringfellow@voa-fla.org

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

Date Signed: 09/14/2018

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: Volunteers of America of Florida, Inc.

Name / Title of Authorized Official: Janet Stringfellow, President/CEO

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

Date Signed: 09/14/2018

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: Volunteers of America of Florida, Inc.

Street 1: 405 Central Ave Ste 100

Street 2:

City: St. Petersburg

County: Pinellas

State: Florida

Country: United States

Zip / Postal Code: 33701-3866

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: Janet

Middle Name: M.

Last Name: Stringfellow

Suffix:

Title: President/CEO

Telephone Number: (727) 369-8486
(Format: 123-456-7890)

Fax Number: (727) 823-8286
(Format: 123-456-7890)

Email: jstringfellow@voa-fla.org

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

Date Signed: 09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: FL0247

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-601 - Ft Lauderdale/Broward County CoC

2b. CoC Collaborative Applicant Name: Broward County Board of County Commissioners

3. Project Name: Broward I

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Permanent supportive housing in scattered-sites is provided to homeless people with mental, substance use or co-occurring disorders and their families (17 individuals and 8 families with children=25 households). Our comprehensive, continuous, integrated care approach utilizes the tenets of role recovery and psychosocial rehabilitation. We employ several proven approaches as we work with each client: Seeking Safety (trauma-specific intervention), Critical Time Intervention (integrated supports, recovery and relapse focus), Motivational Interviewing (motivating behavioral change within the client) and the Minkoff model for co-occurring disorders. Mobile in-home behavioral health care is available with participant progress tracked through an electronic health record which undergoes a clinical review by an interdisciplinary team monthly. Our continuous quality improvement system analyzes participant and program performance in order to achieve quality results.

Focused outreach with local providers helps identify the most vulnerable, eligible participants that are the best match for the program with vacant beds first made available to the chronically homeless and those most in need as referred by the Coordinated Assessment and Housing Placement (CAHP) process. Housing placement is our first priority, following the housing first model with no precondition restrictions or service participation requirements. Following a comprehensive assessment, a Life Plan is developed with action steps and a timeline which defines each participant's Discharge Plan including follow-up support. The Life Plan focus is achieving wellness, job readiness, access to mainstream benefits/income, housing stability and self-sufficiency. Our housing and clinical specialists offer behavioral health and basic living services, housing placement and counseling, job readiness, employability and skills training, and help searching for, securing and sustaining employment. Services with other providers are coordinated as needed including primary, behavioral and substance use healthcare, childcare, legal or financial services.

Goals:
Housing stability - 96% will maintain PH or exit to positive housing destination
Income - 50% will maintain or increase income from any source.
Utilization-over 95% average unit utilization and 100% expenditure of award
Need: renewal funding is needed to help meet goals in the County's A Way Home Plan to End Homelessness.

We are committed to increasing housing stability and our efforts towards Income Growth and retention of Permanent Housing are documented in our APR reports. Income growth is achieved by assessing each participant's income and including necessary steps in their Life Plan. Broward I has been

successful in maintaining retention of permanent housing. We had 1 program leaver this year and that participant had spent 5 years in the program demonstrating housing stability.

2. Does your project have a specific population focus? Yes

2a. Please identify the 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. 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"/>

3c. 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"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% DedicatedPLUS Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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	Annually
Assistance with Moving Costs	Applicant	Annually
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Non-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	Applicant	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	Annually

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 25

Total Beds: 33

Total Dedicated CH Beds: 5

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	25	33

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:** 25

b. **Beds:** 33

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 2713 N Andrews Ave

Street 2:

City: Wilton Manors

State: Florida

ZIP Code: 33311

5. **Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)**

121320 Hollywood, 120954 Ft Lauderdale, 122538 Pompano Beach, 129011 Broward County, 121728 Lauderhill, 122448 Pembroke Pines

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	8	17	0	25

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	13	16		29
Adults ages 18-24	1	1		2
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	26	17	0	43

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	1	1	0	3		8		0	0	
Adults ages 18-24	0	0	0	1	0	1	0	0	0	0
Children under age 18				0	0	0	0	0	0	12
Total Persons	1	1	0	4	0	9	0	0	0	12

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	4	0	0	2	1	9	1	0	0	
Adults ages 18-24	0	0	0	0	0	1	0	0	0	0
Total Persons	4	0	0	2	1	10	1	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	0

Describe the unlisted subpopulations referred to above:

Unlisted suspopulation above is homeless children.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

34%	Directly from the street or other locations not meant for human habitation.
66%	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.
	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.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Annual Assistance Requested:		\$269,567	
Grant Term:		1 Year	
Total Request for Grant Term:		\$269,567	
Total Units:		25	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
FL - Fort Lauderd...	25	\$269,567	\$269,567

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	17	
2 Bedroom	8	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	25	\$269,567
Grant Term		1 Year
Total Request for Grant Term		\$269,567

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$31,416
Total Value of All Commitments:	\$31,416

1. Does this project generate program income as described in 24 CFR 58.97 that will be used as Match for this grant? No

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Volunteers of Ame...	07/27/2018	\$31,416

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Volunteers of America of Florida, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/27/2018

6. Value of Written Commitment: \$31,416

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$269,567
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$86,242
4. Operating	\$16,324
5. HMIS	\$0
6. Sub-total Costs Requested	\$372,133
7. Admin (Up to 10%)	\$23,098
8. Total Assistance plus Admin Requested	\$395,231
9. Cash Match	\$0
10. In-Kind Match	\$31,416
11. Total Match	\$31,416
12. Total Budget	\$426,647

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	08/09/2018
2) Other Attachmenbt	No	Broward I Certs	09/14/2018
3) Other Attachment	No	VOA Match	08/15/2018

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Broward I Certs

Attachment Details

Document Description: VOA Match

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Janet Stringfellow

Date: 09/14/2018

Title: President/CEO

Applicant Organization: Volunteers of America of Florida, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>

6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3B households to match GIW
- 4B households to match GIW
- 5A households to match GIW
- 5B to match GIW
- All of Part 6 to match GIW
- 7A match change to match GIW

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/14/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 50	09/14/2018
------------------------------------	---------	------------

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018
1E. SF-424 Compliance	09/14/2018
1F. SF-424 Declaration	09/14/2018
1G. HUD-2880	09/14/2018
1H. HUD-50070	09/14/2018
1I. Cert. Lobbying	09/14/2018
1J. SF-LLL	09/14/2018
Recipient Performance	09/14/2018
Renewal Grant Consolidation	09/14/2018
2A. Subrecipients	No Input Required
3A. Project Detail	09/14/2018
3B. Description	09/14/2018
3C. Dedicated Plus	09/14/2018
4A. Services	09/14/2018
4B. Housing Type	09/14/2018
5A. Households	09/14/2018
5B. Subpopulations	09/14/2018
5C. Outreach	09/14/2018
6A. Funding Request	09/14/2018
6B. Leased Units	09/14/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/14/2018
Submission Without Changes	09/14/2018

National Office
1660 Duke Street
Alexandria, VA 22314-3427
703.341.5000
www.VolunteersofAmerica.org

BY FEDERAL EXPRESS

March 29, 2018

Internal Revenue Service, Ogden Campus
M/S 6273
1973 North Rulon White Blvd.
Ogden, Utah 84201

RE: Volunteers of America, Inc.
EIN 13-1692595; GEN 1736
2018 Annual Group Exemption Report

To Whom It May Concern:

This filing is submitted by Volunteers of America, Inc. in order to satisfy the annual reporting requirements to maintain a group tax exemption that are set forth in Revenue Procedure 80-27. Volunteers of America, Inc. and its subordinate organizations are exempt from federal income tax as charitable and religious organizations described in section 501(c)(3) of the Internal Revenue Code.

As the Internal Revenue Service ("Service") has requested, this filing includes handwritten corrections on the computerized list sent to us by the Service dated January 9, 2018, plus an additional list of Volunteers of America corporations not included on the Service's list (Attachment A to this letter). With regard to the subordinate organizations shown on both lists, Volunteers of America, Inc. makes the following representations to the Service, in the order requested in Revenue Procedure 80-27:

1. No substantive changes in the purposes, character, or method of operation of subordinates included in the group exemption letter have occurred.
2. (a) Subordinates that have changed their name or address during the year are marked on the attached copy of the computerized list provided by the Service.

(b) Subordinates that have ceased to exist are marked on the attached copy of the computerized list provided by Service. No subordinates disaffiliated or withdrew their authorization to be included in the group exemption.

(c) Subordinates that are to be added to the group exemption because they are newly organized or have newly authorized us to include them are shown on Attachment A to this letter.

March 29, 2018

Page 2

3. (a)-(d) The information submitted in these categories upon which the group exemption is based is applicable in all material respects to all subordinates being added to the group exemption letter by means of this submission.

(e) Each subordinate to be included in the group exemption letter has furnished written authorization to the central organization.

(f) To the best of our knowledge and belief, none of the new subordinates being added to the group exemption letter has obtained a separate ruling or determination letter relating to exemption.

(g) To the best of our knowledge and belief, no subordinate included in this group exemption is a private foundation as defined in section 509(a) of the Internal Revenue Code.

All newly-listed entities request that the exemption to be granted to them as a result of this filing be granted retroactive to their respective dates of incorporation.

Volunteers of America would be pleased to respond to any questions you may have concerning this filing.

Sincerely,



Mitzie Smith-Mack
Senior Vice President, Legal Affairs –
Corporate and Real Estate

Enclosures

Attachment A

Volunteers of America, Inc.
EIN 13-1692595; GEN 1736
2018 Annual Group Exemption Report

List of Subordinates Being Added to Group Exemption

The following corporation should be added as subordinate under the Volunteers of America, Inc. Group Exemption #1736.

EIN: 81-3749295
CIW VOANNE Housing, Inc. 990 FR 1
14 Maine Street, Ste. 100
Brunswick, ME 04011

EIN: 81-4003403
VOANNE Retirement Inn 990 FR 1
14 Maine Street, Ste. 100
Brunswick, ME 04011

The following corporation was dropped off the 2017 roster, yet does not appear on the 2018 roster:

EIN: 260887632 990 FR 2
VOA Skyland Apartments Asheville, Inc.
1660 Duke Street
Alexandria, VA 22314

EIN: 71-0875364 990 FR 1
Mosaic Housing Corporation XXIII – Austin
300 E. Midway
Eules, TX 76039

EIN: 47-4700760 990 FR 1
VOA Malden Manager, Inc.
441 Centre Street
Jamaica Plains, MA 02130-1831

EIN: 31-1774762 990 FR 1
VOA-ORV Parkway Towers, Inc.
1776 E. Broad Street
Columbus, OH 43203

Attachment A
Volunteers of America, Inc.
EIN: 13-1692595; GEN: 1736
2018 Annual Group Exemption Report
Page 2

The following corporation was dropped off the 2015 roster, yet does not appear on the 2016 roster, 2017 roster and 2018 roster:

EIN: 30-0137738 990 FR 2
Balsam Terrace Volunteers of America Elderly Housing, Inc.
1660 Duke Street
Alexandria, VA 22314

Notice Date: 01-09-2018
CP Number: CP 119
Taxpayer Identification
Number: 13-1692595
GEN Number: 1736

 **VOLUNTEERS OF AMERICA INC**
1660 DUKE STREET
ALEXANDRIA VA 22314-3473

00025

Why Are You Getting This Notice?

As a holder of a group exemption letter, you are required to annually provide us with current information about each subordinate unit included under your ruling. This information will help us update our records.

What Do You Need To Do?

1. Review and make needed changes directly on the enclosed list of your subordinates to the:

- Employer identification number (EIN)
- Name
- Chapter name or local number
- Address (including state and ZIP Code)

2. Add new subordinates. For each subordinate added, include the information listed in #1, above. If a subordinate does not have an EIN, apply for one online, by telephone, fax, or by mail.

- Online - Go to the IRS website at www.irs.gov/businesses and click on "Employer ID Numbers,"
- Telephone - Call the IRS at 1-800-829-4933,
- Fax - Fax the IRS at 801-620-3253, or
- Mail - Complete Form SS-4 and mail it to the service center address for your state. See Form SS-4 instructions for more information.

3. Delete subordinates no longer included in the group exemption letter. If you delete subordinates, mark them on the listing as deleted and notify the deleted subordinates that they may be required to file federal tax returns and reports because they are no longer covered by a group exemption ruling.

4. If there are no changes to the enclosed list, sign the Declaration at the bottom of this notice and return it to us.

What Happens If You Don't Provide This Information?

If you do not submit the information required, your group exemption letter will be terminated. Your subordinates will have to file annual income tax returns. To reactivate the ruling, you will have to submit a new application for recognition of tax-exempt status for the group and pay the applicable user fee.

How Can You Get Forms, Instructions and Publications?

Forms, instructions and publications are available on our website at www.irs.gov or by calling the IRS Forms Distribution Center at 1-800-TAX-FORM (1-800-829-3676) (toll-free). Publication 557, Tax-Exempt Status for Your Organization, will assist you with tax-exempt organization questions. For more information about group exemption rulings and procedures, see the Publication 4573, Group Exemptions.

Where Should You Send the Information?

Mail your updated listing or signed Declaration (see the bottom of this page) to:

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

When Is Your Response Due?

The IRS must receive the updated information or signed Declaration 90 days before the end of your annual accounting period. Failure to reply could result in the loss of your group exemption letter.

How can you get help?

If you have any questions about this notice, write us at the address shown above, or call us at 801-620-6019. If the number is outside your local calling area, you will incur a long-distance charge.

Tear off Stub

BODCD-TE

Mail Stop 6273

DECLARATION

CP Number: CP 119
Notice Date: 01-09-2018
EIN: 13-1692595

I declare that I have examined the subordinate listing referred to in this notice and, to the best of my knowledge, no subordinate names or addresses have changed and no subordinates were added or deleted from our group.

Signature

Date

Title

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0023

VOLUNTEERS OF AMERICA INC
1660 DUKE STREET
ALEXANDIA VA 22314-3473



00025

SUBSIDIARY ORGANIZATION OF VOLUNTEERS OF AMERICA INC
GEN NUMBER 1736

CYCLE 201752 PAGE 1

131692595	PARENT	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET	ALEXANDIA	VA	22314-3473993	06	
010477749	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET PORTLAND VOA ELDERLY HOUSING, INC.	ALEXANDRIA	VA	22314-3473993	06	01 CORRECTIONS
010656724	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET 207 Commons Blvd. VOA VALLEY HOMES INC	DURHAM ALEXANDRIA	NC VA	27104 22314-3473993	06	02 CORRECTIONS
010744491	SUB	VOLUNTEERS OF AMERICA INC 14 MAINE ST STE 100 VOANNE VINCENT STREET HOUSE	BRUNSWICK	ME	04011-2026257	06	02 CORRECTION
010744492	SUB	VOLUNTEERS OF AMERICA INC 14 MAINE STREET 205-STE. 100 VOANNE BEACH STREET HOUSE	BRUNSWICK	ME	04011-2049991	06	01 CORRECTIONS
010806650	SUB	VOLUNTEERS OF AMERICA INC 14 MAINE ST STE 100 VOANNE BRACKETT STREET HOUSE	BRUNSWICK	ME	04011-2026257	06	01 CORRECTION
020545208	SUB	VOLUNTEERS OF AMERICA INC 300 MIDWAY DR E VOA MILLEN HOMES INC	EULESS	TX	76039-3711003	06	01 CORRECTIONS
020545211	SUB	VOLUNTEERS OF AMERICA INC 300 MIDWAY DR E VOA COLLIN COUNTY COMMUNITY HOMES I INC.	EULESS	TX	76039-3711003	06	01 CORRECTIONS
020687461	SUB	VOLUNTEERS OF AMERICA INC 300 MIDWAY DR E VOA TEXAS APPLE TREE DAHLGREEN COMM- COMMUNITY HOMES, INC.	EULESS	TX	76039-3711003	06	01 CORRECTIONS
030421158	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET 207 Commons Blvd VOA FT MILL GLENWOOD FALLS INC	DURHAM ALEXANDRIA	NC VA	27104 22314-3473993	06	02 CORRECTIONS
043456705	SUB	VOLUNTEERS OF AMERICA INC 45 BRAINTREE HILL OFFICE PARK VOA CONCORD ASSISTED LIVING INC	BRAINTREE	MA	02184-8723997	06	01 CORRECTIONS
043637254	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET 207 Commons Blvd. VOA SALUDA CROSSING INC	DURHAM ALEXANDRIA	NC VA	27104 22314-3473993	06	02 CORRECTIONS
046004304	SUB	VOLUNTEERS OF AMERICA INC 441 CENTRE ST VOLUNTEERS OF AMERICA OF MASSACHUSETTS, INC.	JAMAICA PLAIN	MA	02130-1831416	06	01 CORRECTIONS
056000556	SUB	VOLUNTEERS OF AMERICA INC 441 CENTRE ST VOLUNTEERS OF AMERICA OF RHODE ISLA- ISLAND, INC.	JAMAICA PLAIN	MA	02130-1831416	06	CORRECTIONS

581836215	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET JEFFERSON COUNTY VOA LIVING CENTER	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581836216	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET MANFIELD VOA INDEPENDENT HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581836219	SUB	VOLUNTEERS OF AMERICA INC 522 522 W 2ND AVE SPOKANE COUNTY VOA LIVING CENTER IV	SPOKANE	WA	99201-0000000	-06-01 CORRECTION
581836220	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET YOUNGSTOWN VOA INDEPENDENT HOUSING	ALEXANDRIA	VA	22314-3473993	-06-02 CORRECTIONS
5818566801	SUB	VOLUNTEERS OF AMERICA INC 340 W 85TH ST WEST 97TH ST HOUSING DEVELOPMENT	NEW YORK	NY	10024-6265996	-06-02 CORRECTIONS
5818566992	SUB	VOLUNTEERS OF AMERICA INC 405 CENTRAL AVE STE 100 VOLUNTEERS OF AMERICA OF FLORIDA INC	ST PETERSBURG	FL	33701-3866256	-06-06 CORRECTIONS
581876010	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET BATON ROUGE VOA LIVING CENTERS INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876011	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET BURLESON VOA ELDERLY HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876012	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET CONROE VOA ELDERLY HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876013	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET GREATER MIAMI VOA ELDERLY HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876014	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET KANSAS VOA ELDERLY HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876017	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET CINCINNATI VOA INDEPENDENT HOUSING INC	ALEXANDRIA INC.	VA	22314-3473993	-06-01 CORRECTIONS
581876018	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET VICKSBURG VOA ELDERLY HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION
581876019	SUB	VOLUNTEERS OF AMERICA INC 1660 DUKE STREET HOUSTON VOA INDEPENDENT HOUSING INC	ALEXANDRIA	VA	22314-3473993	-06-01 CORRECTION



HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION / Homeless Initiative Partnership Section
115 S Andrews Avenue, Room A-370 • Fort Lauderdale, Florida 33301 • 954-357-6101 • FAX 954-357-5521

MEMORANDUM

DATE: September 14, 2018

TO: U.S. Department of Housing and Urban Development
Notice of Funding Availability for Fiscal Year (FY)2018
Review Committee

FROM: Rebecca McGuire, Acting Administrator
Homeless Initiative Partnership Section,
FL-601-CoC 

SUBJECT: Change in Applicant Name

Per the attached HUD Exchange Ask A Question Response to Question ID 126701, a change in the Legal name of our CoC was requested from Broward County Board of County Commissioners to Broward Couty, FL. It is a slight difference.

The Certificates of Consistency were secured prior to the name change request. For most of the Certificates, we were able to secure corrected ones. Both are attached. Some Certificates are from other municipalities and will take time to receive signed Certiciates with the new name; but the needed information to confirm the consistency with the juristriction's Consolidated Plan is on each original attached Certificate.

The Project names are identified on each Certificate.

Subject: FW: Question Response for e-snaps Question ID 126701 - HUD Exchange Ask A Question

Question Status: Answered

Thank you for submitting a question via the HUD Exchange. The response to your question is listed below.

Requestor Name: Susan Batchelder

Requestor Email: sbatchelder@broward.org

Question Related To: e-snaps

Question ID: 126701

Question Subject:

NoFA requirements

Question Text:

We have requested a change of legal name from Broward County Board of County Commissioners, to Broward County, FL.

Per previous instructions, the Applicant Profile was updated to read Broward County, FL

Prior to the change over, all of the Certificates of Consistency were secured with the Applicant name as Broward County Board of County Commissioners. What do we have to do to confirm this is not a technical issue? Do the Certificates of Consistency all have to be corrected? Or can we submit a memo stating the reason? Can we submit as is?

Please advise

Additional Information:

Added by Requestor on 09-13-2018 10:39 AM (ET)

This is for the NoFA competition please expedite, 7-10 days will not assist our application.

Response:

You may submit the Consistency with the Consolidated Plan (HUD-2991) as they are currently with a memo stating the change in the applicant name since there is just a slight difference. The purpose of the HUD-2991 is a confirmation for the jurisdiction where the projects are located that these projects are needed and consistent with the jurisdiction's Consolidated Plan. We assume that the name of the projects are include on the HUD-2991s as well.

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Broward County, Florida

Project Name: Broward I

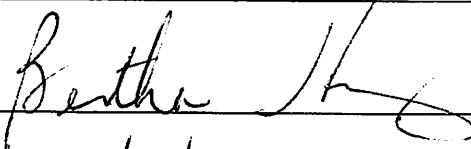
Location of the Project: Scattered sites throughout Broward County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Broward County, Florida

Certifying Official of the Jurisdiction Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 9/13/2018

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information :)

Applicant Name: Broward County Board of County Commissioners

Project Name: Broward I

Location of the Project: Scattered Sites in Broward County

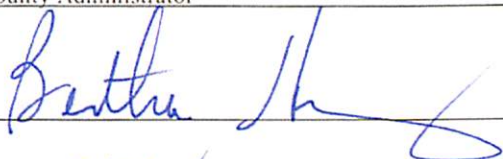
Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Broward County, Florida

Certifying Official of the Jurisdiction

Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 08/17/18



Volunteers of America®

FLORIDA

*David Houssian
Board Chair*

*Janet M. Stringfellow
President/CEO*

July 27, 2018

**Broward I
US Department of Housing and Urban Development
FY2018 Continuum of Care Program Competition
Documentation of Match**

Volunteers of America of Florida guarantees that it will provide \$31,416 in match support of the supportive, operating and administrative expenses relative to the subject HUD CoC Program. The match support will be available for the grant term starting August 1, 2019 and ending July 31, 2020.

The above match support will be provided in the following form:

\$31,416 In-kind donations of client assistance items

Janet M. Stringfellow
President/CEO
Volunteers of America of Florida, Inc.