



River Region Human Services, Inc.

2055 Reyko Road, Suite 101 • Jacksonville, Florida 32207 • 904-899-6300 • Fax 904-899-6380

February 11, 2013

The Honorable Daniel B. Leeper, Chairman
Nassau County Board of County Commissioners
ATTN: Mr. Ted Selby, County Manager
96135 Nassau Place, Suite 1
Yulee, FL 32097

Dear Commissioner Leeper,

River Region Human Services, Inc. is applying for a \$100,000 Emergency Solutions Grant (ESG) from Florida Department of Children & Families for the Women Overcoming Walls (WOW) program. The funds will be used to provide rental and utility assistance to secure stable housing for low-income women with children in recovery who successfully complete residential substance abuse treatment and are re-entering the community with no place to live. Over one-third (35%) of women with children in residential substance abuse treatment at RRHS are from outside Duval County, including Nassau County.

We request that the Nassau County Board of Commissioners review and approve an official signature on the accompanying Local Government Certification form, which is required for the ESG application. **Please allow this letter to serve as affirmation that Nassau County is encumbered in no way, shape or form. There is no monetary match or contribution required from Nassau County. Other than the requested official signature on the Local Government Certification form, no action is required or expected from Nassau County.**

Thank you for your consideration and assistance in this matter. If funded, the WOW program will benefit the families in recovery who would otherwise be homeless as well as communities in Nassau County as a whole.

Sincerely Yours,

John Pauly, Ph. D.
Grant Writer & Evaluator
River Region Human Services, Inc.

APPROVED BOCC
DATE 2-20-13 Bk

Substance Abuse, Mental Health, and HIV/AIDS Services

*Some Programs Funded in Part by:
State of Florida • City of Jacksonville • Department of Children & Families
Center for Substance Abuse Treatment (CSAT)
Center for Substance Abuse Prevention (CSAP)*



RIVER REGION

Human Services, Inc.

2055 Reyko Rd., Suite 101
Jacksonville, FL 32207

Women Overcoming Walls (WOW)

January 29, 2013

Florida Department of Children and Families
Office of Homelessness

2012 Emergency Solutions Grant

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River Region Human Services, Inc.

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January 25, 2013

Under the component of Homeless Prevention and Rapid Re-Housing, River Region Human Services, Inc. (RRHS) requests **\$100,000** in Emergency Solutions Grant funding for the new, proposed Women Overcoming Walls (WOW) **homeless prevention** program. WOW will provide housing assistance and stabilization services to an estimated **31 eligible households** comprised of low-income women with children who are at imminent risk of homelessness. Participants for the WOW program will be recruited from women in recovery from substance abuse who have successfully completed the RRHS Women, Children and Families in Treatment (WCFT) program. With six months of comprehensive case management and aftercare services contributed as in-kind match, WOW will fund **eligible activities up to \$3,500 per household** that include: up to six months short-term and medium-term tenant-based rental assistance; and financial assistance (rental application fees; security deposits; last month's rent; utility deposits and utility payments).

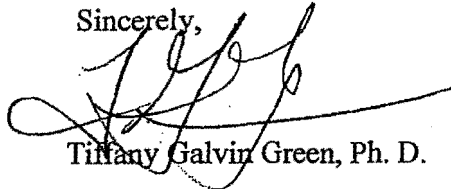
As overseen by the Emergency Services & Homeless Coalition of Jacksonville, the Continuum of Care **planning area served includes Clay, Duval and Nassau Counties**. However, the WCFT program, from which eligible families will be recruited, serves families drawn from throughout Northeast Florida and even southern Georgia. Currently, 33% of WCFT clients who would be potentially eligible for WOW are from outside Duval County, including **Clay, Nassau and St. Johns Counties** as well as **southern, rural (Jessop) Georgia**.

Staff Point of Contact:

Tiffany Galvin Green, Chief Executive Officer

Phone: (904) 899-6300 4114 | Fax: (904) 899-6380 E-mail: tiffany.green@rrhs.org

Sincerely,



Tiffany Galvin Green, Ph. D.

Chief Executive Officer

Substance Abuse, Mental Health, and HIV/AIDS Services

Some Programs Funded in Part by:

*State of Florida • City of Jacksonville • Department of Children & Families
Center for Substance Abuse Treatment (CSAT)
Center for Substance Abuse Prevention (CSAP)*

Tab 1 Summary

(1) Applicant Name: River Region Human Services, Inc. Tax ID: 59-1952727

(2) DUNS & CCR Number: 021708870 (documentation attached)

(3) Type of Organization: 501(c)(3) nonprofit (documentation attached)

(4) Mailing Address: 2055 Reyko Road, Jacksonville, FL 32207

(5) Address Where ESG-funded services will be carried out or accessed by the intended eligible households: 2981 Parental Home Road, Jacksonville, FL 32216

(6) Total budget for RRHS homeless programs: \$1,257,914 for FY 2011-2012 homeless

(7) Sources of RRHS homeless program revenue:

Grantor Agency: HUD
Grant Program Name: CHAMP
Amount of Grant Award: \$258,775

Grantor Agency: HUD
Grant Program Name: SHAP
Amount of Grant Award: \$140,025

Grantor Agency: HOPWA-SPNS
Grant Program Name: FUSE
Amount of Grant Award: \$495,672

Grantor Agency: HRSA-SPNS
Grant Program Name: PATH Home
Amount of Grant Award (subcontract with UF CARES): \$112,787

Grantor Agency: City of Jacksonville (HOPWA)
Grant Program Name: Andy's Place
Amount of Grant Award: \$236,422

Grantor Agency: City of Jacksonville (Public Service Grant)
Grant Program Name: Andy's Place
Amount of Grant Award: \$14,233

Tab 2
Project Narratives

Tab 2 Narrative for WOW ESG Application

River Region Human Services, Inc. (RRHS) requests **\$100,000** in Emergency Solutions Grant funding for the new, proposed Women Overcoming Walls (WOW) **homeless prevention** program. WOW will provide housing assistance and stabilization services to an estimated **31 eligible households** comprised of low-income women with children who are at imminent risk of homelessness. The agency will recruit WOW participants from those who successfully complete residential treatment in the RRHS Women, Children and Families in Treatment (WCFT) program. Reflecting the extension of RRHS programs and services throughout rural and urban Northeast Florida, **over one-third (35%) of WCFT women and children are from outside Duval County, including Clay and Nassau Counties.** Accordingly, requests for Local Government Certification have been submitted to the Clay County Board of Commissioners and Nassau County Board of Commissioners. Local Government Certification from Jacksonville/Duval County is included with this application, as is CoC Certification from the Emergency Services & Homeless Coalition of Northeast Florida.

As with all RRHS housing programs, WOW will implement an integrated package of six Evidence-Based Practices endorsed by the Substance Abuse & Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing & Urban Development (HUD): Housing First, Harm Reduction, Trauma-Informed Care, Motivational Interviewing, Consumer Involvement and Cultural Competence (<http://homeless.samhsa.gov/Channel/Best-Practices-for-Providers-17.aspx>). **WOW's goals and objectives are:**

Goal 1: Attain and maintain stable, affordable housing for WOW participants.

Objective 1a: At least 90% of WOW participants will successfully attain stable, affordable housing at the time of discharge from the WCFT program.

Objective 1b: At least 70% of WOW participants will maintain stable housing for at least 6 months following entry into WOW.

Goal 2: Attain and maintain household and financial stability for WOW participants.

Objective 2a: At least 90% of WOW participants will receive 6 months of comprehensive follow-up case management from the WCFT Case Manager

Objective 2b: At least 70% of WOW participants will attain a stable source of income within at least 6 months following entry into WOW.

Housing for WOW participants will be **stabilized** through the provision of short and medium term tenant based rental assistance and financial assistance **coordinated with and operated**

through the comprehensive case management and aftercare components of the WCFT program. Women and children in the WCFT program receive residential substance abuse treatment and primary medical care, individual and family counseling, parenting and life skills development, case management and linkage to mainstream benefits, as well as comprehensive recovery support and aftercare services. However, because of lack of stable income and affordable housing, over 90% of WCFT women and children who successfully complete the WCFT program have few resources and no affordable stable housing options at discharge. Tragically, after all their hard work and struggle, the recovery, health and well-being of these women and their children are again put at high risk because of their high risk of homelessness. Accordingly, as specified in WOW Policies and Procedures (Tab 5) **preference and priority** will be given to low-income women with children being successfully discharged from the WCFT program.

The remainder of this narrative addresses the elements of how the program will be operated delineated and enumerated according to the numbers assigned on pages 21-22 of the grant application guidance. Proposed WOW Policies and Procedures are located behind Tab 5.

(1) **The method by which RRHS will take applications** for assistance from eligible households is screening for eligibility and assessment of need as determined by the WOW/WCFT Case Manager. The Case Manager will screen all WCFT clients prior to their discharge date using the ESG Assessment form adapted and adopted for the HMIS overseen by the Emergency Services & Homeless Coalition of Clay, Duval and Nassau Counties (ESHC) to document the assessment and eligibility criteria as defined in 24 CFR, Part 576.

(2) Within two days of assessment, the Case Manager will **inform WOW applicants on the status of their application** in a face-to-face meeting and in writing. In the meeting, the Case Manager will also review requirements for participation in WOW and obtain clients' signatures attesting to their knowledge of and intention to comply with the requirements.

(3) **The eligible ESG-funded services and housing costs to be covered** include:

- up to six months short-term and medium-term tenant-based rental assistance;
- financial assistance, including rental application fees, security deposits not to exceed one month's rent, last month's rent, utility deposits and utility payments

(4) **The WOW/WCFT Case Manager will review and document eligibility**—in this case, at high risk of homelessness at discharge from WCFT—in compliance with 24 CFR, Part 576, including documentation in individual client records, and the ESHC HMIS. The Case Manager and other WCFT staff will also continue to appropriately document aftercare services and other assistance that clients access and receive.

(5) The WOW/WCFT Case Manager will follow criteria set forth in 24 CFR, Part 576 to **determine if the household is at-risk of losing their present housing**. However, the primary

eligibility criteria for admission to WOW will be those at risk of imminent homelessness at discharge from the WCFT program.

(6) As indicated above, **preference and priority** will be given to low-income women in recovery with children being successfully discharged from the WCFT program.

(7) The **maximum levels of rental and direct financial assistance** per WOW-eligible household will be \$3,000 for housing in a 2-bedroom apartment and \$3,500 for housing in a 3-bedroom apartment. At 31 households, the **estimated average cost per household** is \$3,225.81.

Six months of comprehensive case management, recovery support and aftercare provided by WCFT Case Managers are included as matching contributions in-kind in this grant application.

(8) The **content of each WOW applicant's case file** will include progress notes documenting successful discharge from the WCFT program, as well as documentation of eligibility in compliance with 24 CFR, Part 576. The case file and HMIS entries will also document 6 months of comprehensive case management, recovery support and aftercare services by WCFT staff as in-kind match contributions to WOW.

(9) **In case of denial of assistance, the client can file an appeal** that will be reviewed, in turn, by the WCFT Program Manager, Project Director and RRHS Vice President of Clinical Services and Vice President of Operations. All RRHS clients are informed of their rights and responsibilities, including their rights to appeal program decisions and file grievances. WCFT participants who are determined ineligible for WOW will continue to receive comprehensive WCFT aftercare services, including linkage to mainstream benefits, services and community resources as needed and desired.

(10) RRHS has participated in the community's **CoC and HMIS**, overseen by the Emergency Services & Homeless Coalition of Jacksonville (ESHG) for over a decade, since their inception. Current RRHS housing programs that participate in the HMIS include: the HOPWA-funded FUSE Special Project of National Significance (SPNS) for homeless families with a PLWHA; the PATH Home HRSA-SPNS for HIV+ homeless or unstably housed HIV+ individuals; Andy's Place with housing funded through City of Jacksonville HOPWA and Public Service Grant funds; and the HUD-funded CHAMP (Creating Housing Alternatives to Minimize Prosecution) and SHAP (Supportive Housing Alternatives Program) permanent supportive housing programs for chronically homeless, disabled individuals. Previously, RRHS successfully operated HPRP programs that also submitted data to the HMIS. In the past year, data for all 6 programs were graded at better than 95% complete and accurate. Moreover, 2012 HMIS data indicated that 88% of chronically homeless participants in RRHS HUD-funded CoC programs stayed stably housed at least 6 months, and 81% of participants in RRHS HPRP program (including women from the WCFT program) stayed stably housed for at least 6 months in 2010-2011.

(11) RRHS will track ESG-assisted households' housing status through individual client records and entry of data in the ESHC HMIS. **Other written standards required by the federal interim rule and the ESG solicitation** will also be tracked in individual client records and entry of data in the HMIS, in compliance with 24 CFR, Part 576, including 576.500 *Recordkeeping and Reporting Requirements*. ESHC conducts quality reviews of HMIS data, and RRHS supervisors, program managers, and Quality Improvement teams review client records as well as HMIS data for completeness, accuracy and contract compliance.

(12) RRHS provides a comprehensive array of programs and services to the Northeast Florida area spanning Clay, Duval, Nassau and St. John's Counties. RRHS programs include national model programs in HIV outreach, prevention, and intervention services, as well as innovative, effective, evidence-based HUD and HOPWA-funded supportive housing, case management, substance abuse and mental health assessment and treatment. **RRHS employs formerly homeless persons in many of these programs, and one formerly homeless person serves on the RRHS Board of Directors.** Although the formerly homeless person serving on the RRHS Board of Directors prefers to remain confidential, a list of the RRHS Board of Directors accompanies this application (Tab 5).

Three (3) formerly homeless persons currently employed on RRHS housing staff have signed a statement confirming their formerly homeless status (included, along with their resumes, with this application [Tab 5]): Grant Writer and Evaluator John Pauly, Ph. D., Housing Specialist Deborah Young and Peer Navigator/Recovery Peer Specialist Barbara Stafford.

Also reflecting RRHS prioritization of employing persons indigenous to the populations that it serves, RRHS is the **official training center for Certified Recovery Peer Specialists in Northeast Florida.** River Region has led the effort to get peers certified and placed in several non-profit agencies. In compliance with 24 CFR Part 576 and other federal and state regulations, RRHS has formal policies and procedures to **ensure nondiscriminatory practices**, and that its services are available to persons of any race, color, religion, gender, sex, sexual orientation, age, familial status or national origin.

Tab 3
Application Scoring Criteria

SCORING CRITERIA

Application Form: Prevention and Re-Housing

Applicants shall complete this scoring criteria form, and submit it, along with the required supporting documentation, with your grant proposal, supported with all of the required documentation specified to receive the scoring points..

If the applicant is also the designated lead agency for the continuum of care planning area, the certifications and verification of HMIS documentation data needed for the grant solicitation scoring criteria MUST be executed by and provided by another officially designated entity to act on behalf of the continuum of care. The designated lead agency, as applicant, is prohibited from certifying the scoring criteria on its own grant proposal.

Other designated, independent third party entities authorized to sign the certification and required HMIS data submissions may include the following:

1. *The Governing Board of the Continuum of Care planning area, so long as the board is not also the governing body for the lead agency entity submitting the grant proposal.*
2. *The designated third party grant review committee established by the continuum of care membership, with the chair of the committee authorized in writing to sign and verify the scoring criteria materials for the lead agency's grant proposal.*
3. *Action by the full membership for the continuum of care at a publicly noticed meeting, and documented by a formal vote of the members to certify the grant proposal to be submitted by the lead agency. This action must be documented with the written minutes of the meeting, the vote, and the clear designation of the person authorized to sign on behalf of the continuum of care.*

Check the box that applies, if you are a lead agency applicant.

NEED

- A. Unemployment rate for the county served is greater than the statewide rate for the month of May 2012. If the applicant is serving more than one county, the rate for the county in which the applicant's office is located shall be scored.

All applicants shall use the data attached table to complete the scoring below:

County served Duval, (also Clay, & Nassau)_____

May 2012 Unemployment Rate 8.4%_____

State's May 2012 Unemployment 8.5%

If the county rate is greater than 8.5%, score 1 point

Score 0 point

- B. Number of court ordered evictions for 2010-11 for the county(s) served exceeds 1000. If the applicant serves more than one county, complete the scoring based on the county in which the applicant's main office is located.

All applicants shall use the attached table to complete the scoring below:

County served Duval_____

Court ordered evictions 11,227 (number)

State's May 2012 Unemployment 8.5%

If the number of evictions is equal to or greater than 1,000, score as 1 point Score 1 point

- C. Total number of homeless persons in the CoC area (sheltered and unsheltered), as in the applicant's continuum of care area for 2012, based on the table below. Applicant must attach

their continuum of care planning area's 2012 Point in Time Chart, as submitted to HUD and the Office on Homelessness in April 2012.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Total Number of Homeless Persons – 2012		
3,500 or more persons	3 points	_____
1,000 to 3,499 persons	2 points	_____ 2 _____
Less than 1,000 persons	1 point	_____

CoC Area 2012 Total Homeless Persons 2861

NOTE: Failure to include the 2012 Point in Time Chart will result in zero points

TARGET POPULATION

D. Applicant has adopted a policy to give priority or first preference to assisting households with children in the proposed grant funded program, as evidenced by the written adopted policy.

1 point 1

Document Required: Attached adopted written policy to give preference to households with children

PAST PERFORMANCE

E. Certification from the 2012 HUD designated lead agency for the Continuum of Care, based upon and documented with HMIS data reports, that the applicant's program of assistance of the program year ending by June 30, 2012, was successful in the enabling at least 35% of the households assisted remained in permanent housing for 3 months following the date of the last assistance provided.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
<i>Prevention clients</i>		
35% or more remained in permanent housing for 3 months	1 point	_____ 1 _____
Less than 35% remained in permanent housing	0 points	_____
<i>Re-Housing clients</i>		
35% or more remained in permanent housing for 3 months	1 point	_____
Less than 35% remained in permanent housing	0 points	_____

Note: Failure to provide the certification or HMIS report will result in zero points for each scoring criteria.

ACCESS PARTNER

F. Documentation from the Department's Region/Circuit that the applicant is an ACCESS Partner

1 point 1

Document Required: Signed and dated letter from DCF Region or Circuit on DCF letterhead

Attached? X Yes _____ No

CONTINUUM OF CARE CERTIFICATIONS

- G. Applicant's proposed program is consistent with Exhibit 1 of the CoC plan, as evidenced by the signed certification letter from the designated lead agency and the excerpt from the CoC Plan.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Proposed program evidenced as consistent with CoC Exhibit 1 Plan	1 point	<u> 1 </u>
No certification letter or no Exhibit 1 Plan	0 points	<u> </u>

- H. Applicant's HMIS data quality meets or exceeds HUD standards, as evidenced by letter from lead agency of the CoC.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Applicant's HMIS data quality meets or Exceeds HUD's standards	1 point	<u> 1 </u>
HMIS data quality not certified by CoC lead agency	0 points	<u> </u>

- I. Applicant has executed written agreement with CoC lead agency to participate in the CoC's Coordinated Assessment system, as evidenced by both the certification and a copy of the executed agreement.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Applicant has written agreement to participate in coordinated assessment system	1 point	<u> </u>
CoC has no coordinated assessment system in place	0 points	<u> 0 </u>
Application lacks certification or the inclusion of the executed participation agreement	0 points	<u> </u>

- J. Lead agency certifies that the applicant has demonstrated performance in coordinating services with other homeless housing and service providers in the CoC area, as evidenced by a certification letter from the CoC lead agency.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Applicant has successfully coordinated with other homeless housing and service providers	1 point	<u> 1 </u>
Application lacks this certification from the CoC lead agency	0 points	<u> </u>

- K. Applicant is successful in enabling the clients assisted to secure mainstream benefits and resources that were not received at the time of program entry, as evidenced by both the certification of the lead agency and the HMIS report on the applicant's clients receipt of mainstream resources upon program exit.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Certified performance of applicant to assist client's to obtain mainstream benefits and resources	1 point	<u> 1 </u>
Application lacks CoC lead agency Certification	0 points	<u> </u>
Application lacks HMIS data report on participant's receipt of benefits on exit from program	0 points	<u> </u>

- L. Applicant has executed an agreement with the continuum of care coordinated assessment system to assist clients referred to the applicant fro and under its Prevention and/or Re-Housing program, as evidenced by the certification by the CoC lead agency and the executed agreement with the CoC coordinated assessment system.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Applicant has written agreement to accept client's referred from CoC coordinated assessment System for Prevention and/or Re-Housing	1 point	<u> </u>
CoC lacks the coordinated assessment system	0 points	<u> 0 </u>
Application lacks the CoC lead agency agency certification or the written agreement documentation	0 points	<u> </u>

HOMELESS PARTICIPATION

- M. The applicant currently has a homeless person as a member of the nonprofit's board of directors, or if the applicant is a unit of local government, a homeless person is a member of an advisory body overseeing the local government's grant program; as evidenced by the current roster of the applicable body and documentation of the members homeless status.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Applicant's nonprofit Board of Directors contained a homeless person	1 point	<u> 1 </u>
Local government applicant has a homeless person appointed on the advisory body overseeing the grant	0 points	<u> </u>

program

Application lacks documentation of either the make-up of the applicable policy body or documentation of the member's homeless status

0 points

- N. Homeless person is employed as a paid staff member of the prevention and re-housing program as of date of the application, or has executed a written commitment to hire a homeless person for the program, if funded, as evidenced by the name of the person employed, position held, and homeless status at time of hire, or the executed commitment to hire.

<u>Scoring Criteria</u>	<u>Score value</u>	<u>Score claimed</u>
Homeless person hired as paid staff at time application	1 point	<u>1</u>
Application lacks documentation of hiring a paid staff member	0 points	_____
Applicant commits to hire a homeless person for the grant funded program	1 point	_____
Application lacks the written signed commitment to hire the homeless	0 Points	_____

TOTAL POINTS CLAIMED

12
(Max of 19 points)

Applicant Certification

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

Tiffany Galvin Green
Name of Authorized Official

1/29/13
Date

[Signature]
Signature

Attachments

May 2012 Unemployment rate By County
FY2010-2011 Court Ordered Evictions

River Region Human Services, Inc. - 2012 Emergency Solutions Grant

State of Florida
 County Court Civil Dispositions
 Evictions
 FY 2011

Alachua	1,790	Madison	57
Baker	57	Manatee	1,592
Bay	1,003	Marion	4,174
Bradford	85	Martin	697
Brevard	3,772	Miami-Dade	21,827
Broward	19,838	Monroe	277
Calhoun	48	Nassau	153
Charlotte	578	Okaloosa	875
Citrus	751	Okeechobee	82
Clay	1,018	Orange	14,542
Collier	2,017	Osceola	1,705
Columbia	337	Palm Beach	9,425
DeSoto	68	Pasco	3,414
Dixie	26	Pinellas	6,167
Duval	11,277	Polk	3,158
Escambia	2,192	Putnam	471
Flagler	425	St. Johns	351
Franklin	22	St. Lucie	2,109
Gadsden	151	Santa Rosa	339
Gilchrist	26	Sarasota	1,493
Glades	98	Seminole	2,358
Gulf	32	Sumter	88
Hamilton	20	Suwannee	132
Hardee	39	Taylor	51
Hendry	133	Union	45
Hernando	710	Volusia	3,680
Highlands	276	Wakulla	78
Hillsborough	11,182	Walton	121
Holmes	58	Washington	71
Indian River	635		
Jackson	64	Source: "FY 2010-11 Statistical Reference Guide," Florida Office of the State Courts Administrator.	
Jefferson	24		
Lafayette	3		
Lake	3,039		
Lee	3,072		
Leon	2,972		
Levy	83		
Liberty	6		

State of Florida

Local Area Unemployment Statistics by County

(Not seasonally adjusted)

May 2012

Alachua	6.7	Madison	10.1
Baker	7.7	Manatee	8.3
Bay	7.8	Marion	9.8
Bradford	7.1	Martin	8.2
Brevard	9.0	Miami-Dade	9.8
Broward	7.3	Monroe	4.9
Calhoun	8.0	Nassau	7.3
Charlotte	8.7	Okaloosa	5.9
Citrus	9.7	Okeechobee	9.0
Clay	7.6	Orange	8.2
Collier	7.8	Osceola	9.1
Columbia	8.0	Palm Beach	8.6
DeSoto	7.9	Pasco	9.7
Dixie	10.1	Pinellas	8.2
Duval	8.4	Polk	9.2
Escambia	8.4	Putnam	10.1
Flagler	11.7	St. Johns	6.7
Franklin	6.1	St. Lucie	10.9
Gadsden	8.6	Santa Rosa	7.6
Gilchrist	8.0	Sarasota	8.5
Glades	9.0	Seminole	7.8
Gulf	8.0	Sumter	6.8
Hamilton	9.4	Suwannee	7.4
Hardee	7.2	Taylor	9.0
Hendry	11.7	Union	7.0
Hernando	10.9	Volusia	8.7
Highlands	8.1	Wakulla	7.0
Hillsborough	8.4	Walton	5.3
Holmes	6.9	Washington	8.9
Indian River	10.4	FLORIDA	8.5
Jackson	7.0		
Jefferson	7.2		
Lafayette	6.5		
Lake	8.8		
Lee	8.7		
Leon	7.1		
Levy	9.1		
Liberty	6.7		

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Labor Market Statistics Center.

**Attachment to Scoring Criteria
List of counties in Florida Defined as Rural**

The following counties were defined as Rural by the U.S. Department of Housing and Urban Development, as part of the 2010 Continuum of Care NOFA process.

Bradford	Jefferson
Calhoun	Lafayette
Citrus	Levy
Columbia	Liberty
DeSoto	Madison
Dixie	Monroe
Franklin	Okeechobee
Gilchrist	Putnam
Glades	Sumter
Gulf	Suwannee
Hamilton	Taylor
Hardee	Union
Hendry	Wakulla
Highlands	Walton
Holmes	Washington
Jackson	

Tab 4
Budget Proposal, Match and Explanation

Emergency Solutions Grant
Budget Form 2012

Prevention and Re-Housing

<u>Eligible Activity</u>		Grant \$	Match \$
1.	Rapid Re-Housing		
A.	Rental Assistance	\$ 0	\$ 0
B.	Housing Relocation and Stabilization		
i.	Financial Assistance Costs	\$ 0	\$ 0
ii.	Services Costs	\$ 0	\$ 0
2.	Homeless Prevention		
A.	Rental Assistance	\$ 80,000	\$ 0
B.	Housing Relocation and Stabilization		
i.	Financial Assistance Costs	\$ 20,000	\$ 0
ii.	Services Costs	\$ 0	\$ 100,000
3.	HMIS		
A.	Cost of contributing data to HMIS for Continuum of Care	\$ 0	\$ 0
B.	HMIS Lead Agency Costs for hosting and maintaining system	\$ 0	\$ 0
C.	Victim Services provider costs for comparable database	\$ 0	\$ 0
4.	Administrative Costs [Cap 4.5%]		
A.	Local government	\$	\$
B.	Private non-profit organization	\$ 4,500	\$ 0
TOTAL BUDGET		\$ 104,500	\$ 100,000

Attach a detailed list of the sources of the required match, including the breakdown by amount of cash match, and/or in-kind services and valuation of such in-kind match.

Emergency Solutions Grant
Budget Match List

Prevention and Re-Housing

River Region Human Services, Inc.'s in-kind match source for the Emergency Solutions Grant is the Women, Children and Family Treatment (WCFT) Grant. This is an existing resource that is federally funded by Substance Abuse and Mental Health Services Administration (SAMHSA).

Emergency Solutions Grant
River Region Human Services, Inc. Budget Narrative
Prevention and Re-Housing

Homeless Prevention

Rental Assistance - \$80,000

River Region is requesting \$80,000 in rental assistance funding for eligible program participants. The rental assistance will be utilized to provide assistance for up to six months short-term and medium-term tenant based rental assistance.

Housing Relocation and Stabilization - \$20,000

River Region is requesting \$20,000 in financial assistance funding to help program participants gain stability in their housing. The requested funding will be utilized to provide financial assistance in the form of rental application fees, security deposits not to exceed one month's rent, last month's rent, utility deposits, utility payments and moving costs.

Administrative Costs [Cap 4.5%] - \$4,500

River Region Human Services has a 25.0% federally approved indirect cost rate from the U.S. Department of Health and Human Services, which reflects direct salaries and wages excluding all fringe benefits. River Region will utilize other funding sources/in-kind funding for the excess 20.5% above the 4.5% funding available from the Department of Children and Families' Emergency Solutions Grant.

Match - \$100,000

River Region's in-kind match source for the Emergency Solutions Grant is the Women, Children and Family Treatment (WCFT) Grant. This is an existing committed resource to River Region that is federally funded by Substance Abuse and Mental Health Services Administration (SAMHSA). Existing personnel will provide stabilization through the comprehensive case management and aftercare components of the WCFT. The existing salary expense of \$109,141 paid to staff to carry out the program exceeds the funding match requirements.

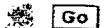
Personnel				
Title	Employee	Annual Salary	Level of Effort	Funded Amount of Salary by WCFT
Case Manager	Gina Perry	\$28,000.00	0.58	\$16,214
Case Manager	Susan Hardy	\$28,000.00	1.00	\$28,000
Outreach/Prevention Specialist	Tierra Turner	\$30,000.00	1.00	\$30,000
Driver	Danika Mitchell	\$24,960.00	0.50	\$12,480
SUBTOTAL				\$86,694
Fringe Benefits (26%)				
FICA - 7.65%				\$6,632
Unemployment - 1%				\$867
Workers Compensation - 2%				\$1,734
Health Insurance - 8%				\$6,843
Life/Disability Insurance - 2.35%				\$2,037
Retirement -5%				\$4,334
SUBTOTAL				\$22,448
Total Match Funding				\$109,141

As an agency, River Region Human Services, Inc. expects to exceed the dollar level by which an OMB Circular A-133 Audit is required during the period of the Emergency Solutions Grant.

Tab 5
Supporting Materials and Required
Certifications

Registration Summary

I want to: [Choose an option](#)



Registration Summary

Please print this summary page for your records

[Print this information](#) [Continue](#)

[-] General Vendor Information

Vendor Name: River Region Human Services, Inc.
 Short Name (Does Business As):
 Arba Network ID:
 Dun and Bradstreet Number:
 Web Site: <http://www.rrhs.org>
 Federal Tax ID Number: F591952727
 Name that appears on 1099 Form: River Region Human Services
 W9 Status: Valid W-9 on File
 DFS W9 Last Update Date: Mar 24, 2011
 Business Designation: Not-for-Profit Corporation

[-] Contacts

Name	Title	Phone	Fax	Email
ED MCCALL	VP FINANCE	904-899-6300	N/A	EMCCALL@RRHS.ORG
Tammy Morgan	Grants Accounting Manager	904-899-6300	904-899-6380	Tammy.Morgan@rrhs.org
TAMMY MORGAN	GRANTS ACCOUNTING MANAGER	904-899-6300	904-899-6380	Tammy.Morgan@rrhs.org
ED MCCALL	VP FINANCE	904-899-6300	904-359-2694	EMCCALL@RRHS.ORG
ED MCCALL	VP FINANCE	904-899-6300	904-899-6380	EMCCALL@RRHS.ORG

[-] Locations

[\[+\] RIVER REGION HUMAN SERVICES, I](#)

[Sequence 017](#)

[-] Certified Business Enterprise Info (CBE)

Minority Business Designation: Non-Minority
 Woman Owned Designation: Non-Woman-Owned
 SDVBE Owned Designation: Non-SDVBE

[-] Solicitation Selection

Registered for Solicitations: No
 Registered for VBS: No

[-] Florida Terms of Use

Accepted: 06/25/2003 by ED MCCALL

[-] Commodity Codes

No Commodity Codes Selected

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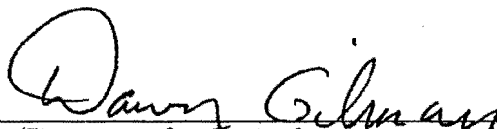
Helping Organizations Help Those In Need

Emergency Services and Homeless Coalition
of Northeast Florida
4495-304 Roosevelt Blvd #322
Jacksonville, FL 32210
904-619-3732 phone
866-371-8637 fax

CERTIFICATION OF HMIS COMPLIANCE

Participation in the homeless management information system (HMIS) is a requirement for receipt of ESG funds. HMIS requirements are outlined in the U.S. Department of Housing and Urban Development interim rule December 5, 2011. Accordingly, only applicants who commit to participate in the HMIS will be considered for ESG funding in 2012. Section 605 of the Violence Against Women Act of 2005 amended the McKinney-Vento Homeless Assistance Act prohibits victim services providers from entering personally-identifying information into an HMIS database. This law applies to providers receiving Violence Against Women Act and/or Family Violence Prevention and Services Act funding. Domestic violence services providers are not required to participate in HMIS, but shall provide aggregate service data on persons served and outcomes achieved consistent with those identified in this solicitation.

I have read the above statement regarding HMIS and agree on behalf of the applicant applying for these ESG funds, that the applicant will fully participate in HMIS and that receipt of ESG funds is contingent on HMIS participation.



(Signature of authorized representative for the applicant)

January 28, 2013

(Date)

Dawn Gilman, Executive Director

(Printed name of the above signatory)



Emergency Services and Homeless Coalition
of Northeast Florida
4495-304 Roosevelt Blvd #322
Jacksonville, FL 32210
904-619-3732 phone
866-371-8637 fax

January 25, 2013

Ms. Mia Parker
Office on Homelessness
Department of Children and Families
1317 Winewood Blvd.
Bldg. 3, Room 201
Tallahassee, FL 32399-0700

Dear Ms. Parker:

The Emergency Services of Northeast Florida, Continuum of Care number FL-510, (ESHC) certifies the following points for the Emergency Solutions Grant application for River Region Human Services:

The proposed River Region program, Woman Overcoming Walls (WOW) is consistent with Exhibit 1 of the CoC plan, as evidenced by the inclusion of a Rapid Re-housing program in the requested Tier 1 funding for FY 2012 CoC competition. The program is also consistent with the identified unmet need for this subpopulation.

ESHC certifies River Region's HMIS data quality meets or exceeds HUD standards.

The CoC currently has no coordinated assessment system in place.

The lead agency certifies that the River Region has demonstrated performance in coordinating services with other homeless housing and service providers in the CoC area.

River Region is successful in enabling the clients assisted to secure mainstream benefits and resources that were not received at the time of program entry, as evidenced by both this certification and the Annual Progress Reports submitted to HUD showing 50% of all clients had additional mainstream resources upon program exit.

Sincerely,

Dawn Gilman
Executive Director
Emergency Services & Homeless Coalition of Northeast Florida

Internal Revenue Service
District Director

Department of the Treasury

Date: OCT 17 1984

Our Letter Dated:

June 5, 1980
Person to Contact:

R. F. Van Meter/jvd
Contact Telephone Number:

(404) 221-4516

Employer Identification Number:
59-1952727

File Folder Number:
580029410

▷ River Region Human Services, Inc.
1045 Riverside Ave. Suite 300
Jacksonville, FL 32204

Dear Sir or Madam:

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

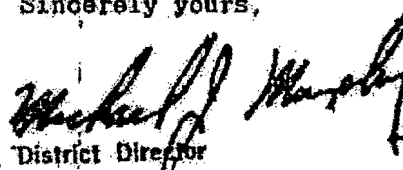
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section ____*. Your exempt status under section 501(c)(3) of the code is still in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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section ____* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section ____* organization.

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

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

Sincerely yours,


District Director

*170(b)(1)(A)(vi) & 509(a)(1)

275 Peachtree St., N.E., Atlanta, Ga. 30043

Letter 1050 (DO) (7-77)

NEIGHBORHOODS DEPARTMENT
HOUSING AND COMMUNITY DEVELOPMENT DIVISION



January 22, 2013

John Pauly, Ph.D, Evaluator and Grant Writer
River Region Human Services, Inc.
2055 Reyko Road
Jacksonville, FL 32207

Dear Mr. Pauly:

**RE: Certification of Local Government Approval for Nonprofit
Organizations**

We have reviewed your plans for participation in the Emergency Solutions Grant for the following programs:

- Women Overcoming Walls (WOW) Homeless Prevention and Rapid Re-Housing (HPRP) Program

The goals for these programs are consistent with the Consolidated Plan. The Certification is enclosed for inclusion in your application.

If additional information is required, please contact me or LaCree C. Carswell at (904) 255-8200.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine D. Spencer", is written over the typed name. To the left of the signature, there are initials "LC" written in a similar cursive style.

Elaine D. Spencer
Division Chief

Xc: File

Certification of Local Government Approval
For Nonprofit Organizations

I, Alvin Brown, Mayor _____ duly authorized to act
on behalf _____
(Name and Title)

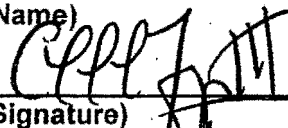
of the City of Jacksonville _____, hereby approve the
following _____
(Name of City or County Government)

emergency shelter, homeless prevention or street outreach activities proposed by

River Region Human Services, Inc., located in Jacksonville, Duval County.
(Name of Agency) (Name of City or County)

By: Alvin Brown _____

Mayor _____

(Name) _____
(Signature) 

(Date) 11/29/13

Cleveland Ferguson, III
Deputy Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of:
Executive Order No. 2012-17

Note: U.S. Department of Housing and Urban Development regulations require non-profit organizations to receive certification of local government approval prior to accepting an Emergency Solutions Grant award. This approval signifies the knowledge of the referenced program operating in the local government jurisdiction.

*This form **MUST BE** signed, dated and returned with the solicitation in order for the solicitation to be considered for funding.*

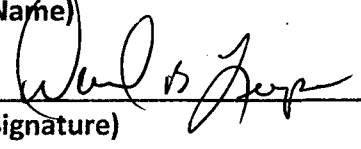
**Certification of Local Government Approval
For Nonprofit Organizations**

I, Daniel B. Leeper, Chairman _____ duly authorized to act on behalf
(Name and Title)

of the Nassau County _____, hereby approve the following
(Name of City or County Government)

emergency shelter, homeless prevention or street outreach activities proposed by

River Region Human Services, Inc. _____, located in Jacksonville, Duval County .
(Name of Agency) (Name of City or County)

By: Daniel B. Leeper _____ Chairman _____
(Name) (Title)
 _____
(Signature)
February 20, 2013 _____
(Date)

Note: U.S. Department of Housing and Urban Development regulations require non-profit organizations to receive certification of local government approval prior to accepting an Emergency Solutions Grant award. This approval signifies the knowledge of the referenced program operating in the local government jurisdiction.

*This form **MUST BE** signed, dated and returned with the solicitation in order for the solicitation to be considered for funding.*

**Certification of Local Government Approval
For Nonprofit Organizations**

I, _____ duly authorized to act on behalf
(Name and Title)

of the Clay County, hereby approve the following
(Name of City or County Government)

emergency shelter, homeless prevention or street outreach activities proposed by

River Region Human Services, Inc., located in Jacksonville, Duval County.
(Name of Agency) (Name of City or County)

By: _____
(Name) (Title)

(Signature)

(Date)

Note: U.S. Department of Housing and Urban Development regulations require non-profit organizations to receive certification of local government approval prior to accepting an Emergency Solutions Grant award. This approval signifies the knowledge of the referenced program operating in the local government jurisdiction.

*This form **MUST BE** signed, dated and returned with the solicitation in order for the solicitation to be considered for funding.*

Department of Children & Families



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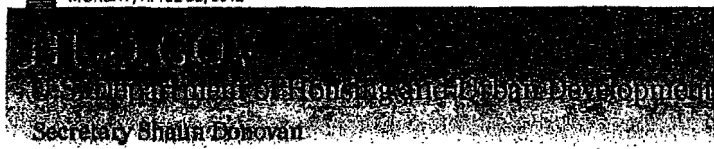
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Published Information

Partner Name: River Region Human Svcs - Parental Home Road	ACCESS Level: Assisted Service Site
Street: 2981 Parental Home Road	Customers Served: Current Client Population
City: Jacksonville	Days of Operation: Monday - Friday
ZipCode: 32218	Hours of Operation: 8am - 5pm
County: Duval	Email Address:
Telephone: 904-899-8300	Website:
Fax:	

Services Offered at Partner Site:

-  Provides informational handouts
-  Provides paper applications as requested
-  Provides access to telephones to call DCF Customer Call Center 1-866-762-2237
-  Provides computer to make application on-line
-  Provides printer for ACCESS documents
-  Fax machine to fax documents to DCF
-  Copy machine to copy application related documents
-  Ability to explain application process
-  Assist customers with submitting application
-  Ability to assist customers with completing the Webapp



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PIT Counts

Date of PIT Count

1/25/2012

Populations in this Count

- Sheltered and Unsheltered Count
- Sheltered-Only Count
- Unsheltered-Only Count

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Homeless Populations Homeless Subpopulations Notes

Persons in Households with at least one Adult and one Child	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	<input type="text" value="82"/>	<input type="text" value="103"/>	<input type="text" value="17"/>	202
Number of Persons (Adults and Children)	<input type="text" value="227"/>	<input type="text" value="299"/>	<input type="text" value="41"/>	567

Persons in Households with only Children ^a	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	<input type="text" value="20"/>	<input type="text" value="3"/>	<input type="text" value="6"/>	29
Number of Persons (Age 17 or under)	<input type="text" value="20"/>	<input type="text" value="8"/>	<input type="text" value="6"/>	34
Subtotal households with children	102	106	23	231
Subtotal persons in households with children	247	307	47	601

Persons in Households without Children	Sheltered		Safe Haven ^b	Unsheltered	Total
	Emergency	Transitional			
Number of Households	<input type="text" value="593"/>	<input type="text" value="393"/>	<input type="text" value="0"/>	<input type="text" value="1262"/>	2248
Number of Persons (Adults)	<input type="text" value="595"/>	<input type="text" value="393"/>	<input type="text" value="0"/>	<input type="text" value="1272"/>	2260

Total Households and Persons	Sheltered		Safe Haven ^b	Unsheltered	Total
	Emergency	Transitional			
Total Households	695	499	0	1285	2479
Total Persons	842	700	0	1319	2861

Help

The unsheltered point-in-time (PIT) count section should be completed only if the CoC conducted an unsheltered count in 2012.

The sheltered PIT count section should be completed using sheltered data from the count conducted during the last ten days of January 2012. This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night.

Data entered in this chart must reflect a point-in-time count that took place during the last ten days of January 2012, unless a waiver was received by HUD. CoCs that wish to perform a PIT homeless person count on a date outside of the last ten days of January must request a waiver from HUD.

Housing and Urban Development: Homelessness Data Exchange

- Persons counted in permanent supportive housing should not be included in the PIT count of homeless persons reported to HUD.
- Persons counted in any location not listed on the Housing Inventory should not be included in the PIT count of homeless persons reported to HUD (e.g. residential treatment facilities, doubled-up with family or friends).
- PIT counts of homeless persons should not include persons residing in beds/units funded by HPRP as part of a Rapid Re-Housing or Homelessness Prevention Program.
- Persons in MPRP funded hotel/motel vouchers should be counted under Emergency Shelter.
- Persons in families who are housed in programs funded with 2008 Rapid Re-Housing Demonstration (RRHD) grants should be counted in the Sheltered Transitional Housing category.

^aThis includes only persons age 17 or under, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

^bIndividuals housed in Safe Havens on the night of the count should only be recorded in the "Safe Haven" column, NOT in the emergency shelter column.

HUD HRE Resources:

Guide to Counting Sheltered Homeless People
http://www.hudhre.info/documents/counting_sheltered.pdf

A Guide to Counting Unsheltered Homeless People
http://www.hudhre.info/documents/counting_unsheltered.pdf

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MONDAY, APRIL 30, 2012

U.S. Department of Housing and Urban Development
Secretary Shaun Donovan



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PIT Counts

Date of PIT Count

1/25/2012

Populations in this Count

- Sheltered and Unsheltered Count
- Sheltered-Only Count
- Unsheltered-Only Count

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Homeless Populations Homeless Subpopulations Notes

Chronically Homeless and Veteran Subpopulations ^a	Sheltered		Unsheltered	Total
	Emergency Shelters	Safe Havens		
(Veteran and Chronically Homeless subpopulation data is required for Unsheltered persons in odd years)				
Chronically Homeless Individuals ^b	<input type="text" value="83"/>	0	<input type="text" value="271"/>	354
Chronically Homeless Families (Total Persons in Household) ^c	<input type="text" value="7"/>		<input type="text" value="6"/>	7
	Sheltered		Unsheltered	Total
	Veterans in emergency shelters, transitional housing and safe havens			
Veterans	<input type="text" value="141"/>		<input type="text" value="151"/>	292
	Sheltered		Unsheltered	Total
	Persons in emergency shelters, transitional housing and safe havens			
Other Homeless Subpopulations ^d				
(Other Homeless subpopulation data is required for sheltered persons and optional for unsheltered persons)				
Severely Mentally Ill	<input type="text" value="237"/>		<input type="text" value="182"/>	419
Chronic Substance Abuse	<input type="text" value="320"/>		<input type="text" value="176"/>	496
Persons with HIV/AIDS	<input type="text" value="52"/>		<input type="text" value="4"/>	56
Victims of Domestic Violence	<input type="text" value="233"/>		<input type="text" value="128"/>	361
Unaccompanied Child (Under 18)	<input type="text" value="22"/>		<input type="text" value="6"/>	28

Help

- The unsheltered point-in-time (PIT) count section should be completed only if you completed an unsheltered count in 2012.
- Enter the number of sheltered and unsheltered adults who belong in each subpopulation category.
- As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January.
- Only adults should be included in the counts for this chart, except for chronic homeless families and Unaccompanied Children (those under age 18) category.
- Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of chronically homeless individuals, chronically homeless families and veterans.

^aDo not count persons residing in transitional housing as chronically homeless.

^bAn unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not...

meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." Persons under the age of 18 are not counted as chronically homeless individuals.

^cA family with at least one adult member (persons 18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/safe haven during that time. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions."

^dSubpopulation rows only pertain to adults, with the exception of unaccompanied child row.

^eCount persons in emergency shelters, transitional housing and safe havens in the sheltered count.

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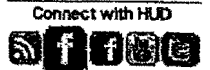
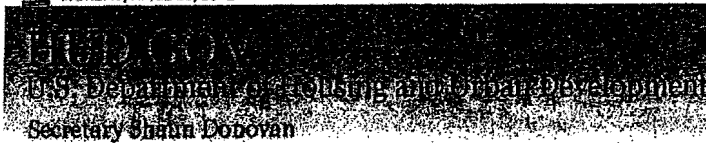
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PIT Counts

Date of PIT Count

1/25/2012

Populations in this Count

Sheltered and Unsheltered Count

Sheltered-Only Count

Unsheltered-Only Count

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[Homeless Populations](#) [Homeless Subpopulations](#) [Notes](#)

Notes

Please use the Notes section to explain Validation Warning messages that appear. This section may also be used to explain other data that you have entered.

For the 2012 PIT we changed our data validation process. Instead of relying upon the status as indicated in HMS our partners at the University of North Florida looked at additional indicators that would confirm or negate the persons status as chronically homeless. This also brought up the need for further training for all member agencies who input data into HMS. We anticipate the percentage of persons chronically homeless will rebound somewhat with the 2013 PIT due to this training.

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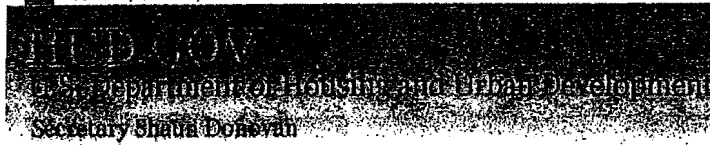
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MONDAY, APRIL 30, 2012



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[Point-in-Time \(PIT\)](#) [PIT Counts](#) [Reporting Status](#)

Reporting Status for FL-510 - Jacksonville-Duval, Clay Counties CoC

Date of Count:

Current Status	Submitted
Reports	<ul style="list-style-type: none"> Point-in-Time Summary
Last Update On	4/30/2012
Last Update By	Dawn Gilman
Submitted On	4/30/2012 ✓
Submitted By	Dawn Gilman
Validation Errors +	0 Validation Errors
Validation Warnings +	2 Validation Warnings Print
Messages +	1 Message

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Business Information Report

User Id: tammy.morgan@rrhs.org

Report Printed: Monday January 28, 2013 03:51 PM

Business Summary

Company Name:	RIVER REGION HUMAN SERVICES, INC.	D-U-N-S Number:	021708870
Physical Address:	2055 Reyko Rd Ste 101		
Physical City:	Jacksonville		
Physical State:	FL		
Physical Zip:	32207		
Website:	www.rrhs.org		
Telephone:	904 899-6300		
Fax:	9048996380		
Chief executive:	TIFFANY GALVIN GREEN, CEO		
Management Control:	1980		
Year started:	1972		
Employs:	415 (15 here)		
Financial statement date:	2011-06-30		
Sales F:	\$14,351,840		
Net Worth:	\$5,634,599		
History:	CLEAR		
Financing:	SECURED		
SIC:	8093 8069		
Line of business:	Specialty outpatient fac, specialty hospital		

Special Events

2012-12-24

The Chief Executive Officer is now Tiffany Galvin Green, CEO.

History

The following information was reported 12/24/12:

Officer(s): TIFFANY GALVIN GREEN, CEO

The Florida Secretary of State's business registrations file showed that River Region Human Services, Inc. was registered as a Non Profit Organization on August 28, 1979.

Business started 1972 by an act of council of the City of Jacksonville, Jacksonville, FL. Present control succeeded 1980.

BOYD HENDERSON. Work history is unknown.

Business address has changed from 660 Park St, Jacksonville, FL, 32204 to 2055 Reyko Rd # 101, Jacksonville, FL, 32207.

Business Registration

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF 2013-01-11

Registered Name:	RIVER REGION HUMAN SERVICES, INC.
Business type:	DOMESTIC CORPORATION
Corporation type:	NON-PROFIT
Date incorporated:	1979-08-28
State of incorporation:	FLORIDA
Filing date:	1979-08-28
Registration ID:	748673
Status:	ACTIVE
Where filed:	STATE DEPARTMENT/CORPORATION DIVISION, TALLAHASSEE, FL
Principals:	M F HENDERSON, TREA, 4455 GOODBYS HIDEAWAY DR. N., JACKSONVILLE, FL, 322170000

Operations

2012-12-24

Description: Operates a specialty outpatient facility, specialized as an alcohol clinic, a detoxification center and a drug clinic (90%). Operates a specialty hospital, specializing in drug addiction rehabilitation and alcoholism rehabilitation (10%).

Fees that are charged are based on patients ability to pay. Sells to general public. Territory: Clay, Duval and Nassau Counties, FL.

Employees: 415 which includes officer(s). 15 employed here.

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Facilities: Occupies 13,994 sq. ft. in a three story concrete block a building.
Branches: Maintain six branch locations in Jacksonville, FL.

SIC & NAICS

SIC:		NAICS:	
80930101	Alcohol clinic, outpatient	621498	All Other Outpatient Care Centers
80930102	Detoxification center, outpatient	621498	All Other Outpatient Care Centers
80930103	Drug clinic, outpatient	621498	All Other Outpatient Care Centers
80690102	Drug addiction rehabilitation hospital	622210	Psychiatric and Substance Abuse Hospitals
80690101	Alcoholism rehabilitation hospital	622210	Psychiatric and Substance Abuse Hospitals

PAYMENT SUMMARY

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

	Total Rcv'd (#)	Total Dollar Amt's (\$)	Largest High Credit (\$)	Within Terms (%)	Days Slow			
					<31(%)	31-60(%)	61-90(%)	90+(%)
Top Industries:								
Short-trlm busn credit	7	53,600	15,000	85	15	-	-	-
Misc business service	5	13,250	7,500	70	30	-	-	-
Whol medical equip	3	35,500	20,000		72	-	-	28
Whol groceries	3	35,050	20,000	50	21	29	-	-
Reg misc coml sector	1	70,000	70,000	100	-	-	-	-
Radiotelephone commun	1	15,000	15,000	100	-	-	-	-
Help supply service	1	10,000	10,000		100	-	-	-
Whol office supplies	1	10,000	10,000	50	50	-	-	-
Fire/casualty insur.	1	7,500	7,500		100	-	-	-
Department store	1	7,500	7,500	50	50	-	-	-
OTHER INDUSTRIES	27	40,350	5,000	80	20	-	-	-
Other payment categories:								
Cash experiences	10	1,700	1,000					
Payment record unknown	0	0	0					
Unfavorable comments	0	0	0					
Placed for collections:								
With D&B	0	0						
Other	0	N/A						
Total in D&B's file	61	299,450	70,000					

The highest **Now Owes** on file is \$15,000

The highest **Past Due** on file is \$15,000

The aggregate dollar amount of the 61 payment experiences in D&B's file equals 25.0% of this company's average monthly sales. In Dun & Bradstreet's opinion, payment experiences exceeding 10% of a company's average monthly sales can be considered representative of payment performance.

PAYMENT DETAILS

Detailed Payment History

Date Reported (mm/yy)	Paying Record	High Credit (\$)	Now Owes (\$)	Past Due (\$)	Selling Terms	Last Sale Within (months)
01/13	Slow 30	10,000	0	0		2-3 mos
	Slow 30	5,000	0	0	N30	4-5 mos
12/12	Ppt	15,000	15,000	0		1 mo
	Ppt	10,000	10,000	0		1 mo
	Ppt	7,500	7,500	0		1 mo
	Ppt	5,000	5,000	0		1 mo
	Ppt	5,000	5,000	0		1 mo
	Ppt	5,000	5,000	0		1 mo
	Ppt	1,000	750	0		1 mo
	Ppt	500	50	0		1 mo
	Ppt	250	250	0		1 mo
	Ppt	250	100	0		1 mo
	Ppt	250	50	0		1 mo
	Ppt	100	0	0		2-3 mos

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	Ppt	50	0	0		2-3 mos
	Ppt	50	0	0	N30	1 mo
	Ppt-Slow 30	15,000	10,000	2,500		1 mo
	Ppt-Slow 30	10,000	10,000	5,000	N30	1 mo
	Ppt-Slow 30	7,500	7,500	2,500		1 mo
	Ppt-Slow 30	7,500	5,000	0		1 mo
	Ppt-Slow 30	5,000	2,500	0	Lease Agreemnt	1 mo
	Ppt-Slow 30	1,000	1,000	0		1 mo
	Ppt-Slow 30	250	100	0		1 mo
	Ppt-Slow 30	250	100	0		1 mo
	Slow 30	500	0	0		6-12 mos
	Slow 5-30	50	0	0	N30	6-12 mos
	Slow 150	50	50	50		
11/12	Disc	500	0	0		6-12 mos
	Ppt-Slow 15	15,000	15,000	5,000		1 mo
	Ppt-Slow 60	20,000	0	0		2-3 mos
	Slow 90+	50	50	50		
10/12	Ppt	5,000	5,000	0		1 mo
	(033)	50			Cash account	6-12 mos
	(034)	50			Cash account	6-12 mos
08/12	(035)				Cash account	1 mo
06/12	Ppt	1,000	0			1 mo
	Ppt	100	0			1 mo
	Ppt	0	0			1 mo
	Ppt	0	0			1 mo
	Ppt	0	0			1 mo
05/12	Slow	7,500	7,500	7,500		1 mo
04/12	Ppt	15,000	10,000	0		1 mo
03/12	Ppt	2,500	0	0		6-12 mos
	(044)	1,000			Cash account	1 mo
	(045)	250			Cash account	1 mo
	(046)	100			Cash account	1 mo
	(047)	100			Cash account	1 mo
	(048)	50			Cash account	1 mo
02/12	Ppt	5,000	0	0	N30	1 mo
	Ppt	750	0	0		6-12 mos
	Ppt	100	0	0		6-12 mos
	(052)	50			Cash account	1 mo
	(053)	50			Cash account	1 mo
01/12	Ppt	5,000	0	0		6-12 mos
	(055) Satisfactory	70,000				6-12 mos
08/11	Ppt	100	0	0		6-12 mos
	Slow 30	15,000	15,000	15,000	N30	2-3 mos
	Slow 30	500	0	0		6-12 mos
	Slow 30-90+	20,000	5,000	5,000	N30	6-12 mos
06/11	Slow 30	100	0	0	N30	6-12 mos
05/11	Ppt	2,500	0	0		6-12 mos

Payments Detail Key: ■ 30 or more days beyond terms

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

FINANCE

2012-03-09

One-year statement comparative:

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	Fiscal Jun 30 2011
Curr Assets	3,186,838
Curr Liabs	2,560,938
Current Ratio	1.24
Working Capital	625,900
Other Assets	5,008,699
Worth	5,634,599
Sales	14,351,840
Long Term Liab	0
Net Profit (Loss)	304,738

Fiscal statement dated JUN 30 2011:

Assets	Liabilities	
Cash	1,699,252	Accts Pay 343,335
Accts Rec	1,117,776	Notes Pay 1,488,832
Inventory	37,083	Deferred Compensation Liability 246,243
Restricted Accounts Receivable	30,204	Accruals 479,173
Deferred Compensation Investments	246,243	Tenant Deposits 3,355
Prepaid	56,280	
Curr Assets	\$3,186,838	Curr Liabs \$2,560,938
Fixt & Equip	4,969,841	TOTAL NET ASSETS 5,634,599
Other Assets	38,858	
Total Assets	\$8,195,537	Total \$8,195,537

From JUL 01 2010 to JUN 30 2011 annual sales \$14,351,840. Gross profit \$14,351,840; operating expenses \$14,047,102. Operating Income \$304,738. Net Income \$304,738.

Prepared from statement(s) by Accountant: LBA Certified Public Accountants, PA, Jacksonville, FL

ACCOUNTANT'S OPINION

A review of the accountant's opinion as submitted by the subject company indicates the financial statement meets generally accepted accounting principles and the audit contains no qualifications.

Explanations:

The net worth of this company includes intangibles.

On March 9, 2012, attempts to contact the management of this business have been unsuccessful. Outside sources confirmed operation and location.

PUBLIC FILINGS

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

UCC Filings

Collateral: Negotiable Instruments Including proceeds and products - Inventory including proceeds and products - Account(s) Including proceeds and products - Fixtures including proceeds and products - and OTHERS

Type: Original

Sec. party: CNLBANK, FIRST COAST, JACKSONVILLE, FL

Debtor: RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL

Filing number: 200705253579

Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL

Date filed: 04/06/2007

Latest Info Received: 04/24/2007

Original UCC filed date:

Original filing no.:

Collateral:

Type:

Continuation

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Sec. party:	CNLBANK, FIRST COAST, JACKSONVILLE, FL
Debtor:	RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL
Filing number:	201206180151
Filed with:	SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
Date filed:	02/15/2012
Latest Info Received:	02/21/2012
Original UCC filed date:	04/06/2007
Original filing no.:	200705253579
Collateral:	Negotiable Instruments Including proceeds and products - Inventory Including proceeds and products - Assets Including proceeds and products - Account(s) Including proceeds and products - and OTHERS
Type:	Original
Sec. party:	CNLBANK, FIRST COAST, JACKSONVILLE, FL CNLBANK, FIRST COAST, JACKSONVILLE, FL CNLBANK, FIRST COAST, JACKSONVILLE, FL CNLBANK, FIRST COAST, JACKSONVILLE, FL
Debtor:	RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL and OTHERS
Filing number:	200603975516
Filed with:	SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
Date filed:	10/24/2006
Latest Info Received:	11/01/2006
Original UCC filed date:	
Original filing no.:	
Collateral:	
Type:	Continuation
Sec. party:	CNLBANK, FIRST COAST, JACKSONVILLE, FL
Debtor:	RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL
Filing number:	201105108900
Filed with:	SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
Date filed:	08/10/2011
Latest Info Received:	08/12/2011
Original UCC filed date:	10/24/2006
Original filing no.:	200603975516
Collateral:	Account(s) Including proceeds and products - Assets Including proceeds and products - General Intangibles (s) Including proceeds and products - Building materials Including proceeds and products - and OTHERS
Type:	Original
Sec. party:	CNL BANK, JACKSONVILLE, FL
Debtor:	RIVER REGION HUMAN SERVICES, INC.
Filing number:	201104406789
Filed with:	SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
Date filed:	04/13/2011
Latest Info Received:	04/27/2011
Original UCC filed date:	
Original filing no.:	
Collateral:	Account(s) Including proceeds and products - Assets Including proceeds and products - General Intangibles (s) Including proceeds and products - Building materials Including proceeds and products - and OTHERS
Type:	Original
Sec. party:	CNLBANK, JACKSONVILLE, FL
Debtor:	RIVER REGION HUMAN SERVICES, INC.
Filing number:	201103909418
Filed with:	SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
Date filed:	01/18/2011
Latest Info Received:	01/26/2011
Original UCC filed date:	
Original filing no.:	
Collateral:	Communications equipment
Type:	Original
Sec. party:	GREATAMERICA LEASING CORPORATION, CEDAR RAPIDS, IA
Debtor:	RIVER REGION HUMAN SERVICES, INC.
Filing number:	201206993977

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Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 06/22/2012
 Latest Info Received: 06/27/2012
 Original UCC filed date:
 Original filing no.:

Collateral: Vehicles
 Type: Original
 Sec. party: CNLBANK, ORLANDO, FL
 Debtor: RIVER REGION FOUNDATION, INC
 Filing number: 200901113784
 Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 08/31/2009
 Latest Info Received: 09/10/2009
 Original UCC filed date:
 Original filing no.:

Collateral: Equipment
 Type: Original
 Sec. party: DADE BEHRING, INC, NEWARK, DE
 Debtor: RIVER REGION HUMAN SERVICES, INC.
 Filing number: 20060387373X
 Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 10/11/2006
 Latest Info Received: 10/24/2006
 Original UCC filed date:
 Original filing no.:

Collateral: Equipment
 Type: Original
 Sec. party: DADE BEHRING, INC, NEWARK, DE
 Debtor: RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL
 Filing number: 200202927014
 Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 12/26/2002
 Latest Info Received: 01/14/2003
 Original UCC filed date:
 Original filing no.:

Collateral: Leased Business machinery/equipment including proceeds and products - Leased Equipment including proceeds and products - Leased Computer equipment including proceeds and products
 Type: Original
 Sec. party: CIT FINANCE LLC, JACKSONVILLE, FL
 Debtor: RIVER REGION HUMAN SERVICES, INC.
 Filing number: 201105369895
 Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 09/26/2011
 Latest Info Received: 10/13/2011
 Original UCC filed date:
 Original filing no.:

Collateral: Leased Equipment including proceeds and products - Leased Computer equipment including proceeds and products - Leased Business machinery/equipment including proceeds and products
 Type: Original
 Sec. party: CIT TECHNOLOGY FINANCING SERVICES, INC., JACKSONVILLE, FL
 Debtor: RIVER REGION HUMAN SERVICES, INC., JACKSONVILLE, FL
 Filing number: 200807862876
 Filed with: SECRETARY OF STATE/UCC DIVISION, TALLAHASSEE, FL
 Date filed: 03/14/2008
 Latest Info Received: 04/17/2008
 Original UCC filed date:
 Original filing no.:

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There are additional UCC's in D&B's file on this company available by contacting 1-800-234-3867.

There are additional suits, liens, or judgments in D&B's file on this company available by contacting.

The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this report was printed.

Government Activity

Activity summary

Borrower (Dir/Guar):	NO
Administrative debt:	NO
Contractor:	NO
Grantee:	YES
Party excluded from federal program(s):	NO

Possible candidate for socio-economic program consideration

Labor surplus area:	YES (2012)
Small Business:	N/A
8(A) firm:	N/A

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

Policies & Procedures

Women Overcoming Walls (WOW) Emergency Solutions Grant (ESG) Program

Program Description

As stated in the 2012 Emergency Solutions Grants Application Grant Application # LPZ08 offered by the Florida Department of Children and Families Office on Homelessness, "The Emergency Solutions Grant (ESG) Program is a federally funded program awarded to the State through the Department of Housing and Urban Development (HUD). The ESG program is designed as the first step in a continuum of assistance that addresses homelessness and enables the homeless population to move steadily toward independent living. The Continuum of Care model is based on the understanding that homelessness is not caused simply by a lack of shelter, but is caused by a variety of underlying human and social conditions. HUD believes the best approach for alleviating homelessness is to establish a community-based process that provides a comprehensive response to the diverse needs of homeless persons."

Women Overcoming Walls (WOW) is a homeless prevention program, as defined in 24 CFR, Part 576. WOW will provide up to six months short and medium term rental assistance and financial assistance give to eligible households comprised of low-income women with children who are at imminent risk of homelessness, recruited from those who successfully complete residential treatment in the RRHS Women, Children and Families in Treatment (WCFT) program. The Goals and Objectives of the WOW program are as follows:

Goal 1: Attain and maintain stable, affordable housing for WOW participants.

Objective 1a: At least 90% of WOW participants will successfully attain stable, affordable housing at the time of discharge from the WCFT program.

Objective 1b: At least 70% of WOW participants will maintain stable housing for at least 6 months following entry into WOW.

Goal 2: Attain and maintain household and financial stability for WOW participants.

Objective 2a: At least 90% of WOW participants will receive 6 months of comprehensive follow-up case management from the WCFT Case Manager

Objective 2b: At least 70% of WOW participants will attain and maintain a stable source of income for at least 6 months following entry into WOW.

Eligible ESG-Funded Services

In coordination and co-extensive with WCFT aftercare services, WOW clients may receive ESG-funded rental and financial assistance for up to six (6) months, to start the day of discharge from WCFT, during which WOW clients shall also receive WCFT comprehensive case management, recovery support and aftercare services. Maximum levels of rental and direct financial assistance

per WOW-eligible household shall be \$3,000 for housing in a 2-bedroom apartment and \$3,500 for housing in a 3-bedroom apartment.

Using the ESG Assessment form developed for the ESHC HMIS, the WOW/WCFT Case Manager will review and document eligibility—specifically, at high risk of homelessness at discharge from WCFT, and/or at risk of losing their current housing—in compliance with 24 CFR, Part 576, including appropriate documentation in individual client records, and the ESHC HMIS. The Case Manager and other WCFT staff will also continue to appropriately document aftercare services and other assistance that WOW/WCFT aftercare clients access and receive.

Eligible ESG-funded services and housing costs to be covered may include the following:

- up to six months short-term and medium-term tenant-based rental assistance;
- financial assistance, including rental application fees, security deposits not to exceed one month's rent, last month's rent, utility deposits and utility payments

Priority and First Preference in Eligibility Determination

Women Overcoming Walls (WOW) homeless prevention program will give priority and first preference to eligible households comprised of low-income women with children who are at imminent risk of homelessness, recruited from those who successfully complete residential treatment in the RRHS WCFT program. Eligibility shall be determined by the WOW/WCFT Case Manager in compliance with definitions and criteria delineated in **24 CFR, Part 576**.

Eligibility Screening and Assessment of Needs

The Case Manager will screen all WCFT clients prior to their discharge date using the ESG Assessment form adapted and adopted for the ESHC HMIS to document the assessment and eligibility criteria as defined in 24 CFR, Part 576.

Minimum Standards of Eligibility for WOW participants include being homeless or at-risk of homelessness according to the criteria set forth in 24 CFR 576.2, as stated below:

“§ 576.2 Definitions. At risk of homelessness means: (1) An individual or family who: (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; (ii) Does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and (iii) Meets one of the following conditions: (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; (B) Is living in the home of another because of economic hardship; (C) Has been notified in writing that their right to occupy their current housing or

living situation will be terminated within 21 days after the date of application for assistance; (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau; (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan; (2) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or (3) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him. *Consolidated plan* means a plan prepared in accordance with 24 CFR part 91....

"Homeless means: (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; (2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, needed to obtain other permanent housing; (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act

(42 U.S.C. 11434a); (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, to obtain other permanent housing.

Within two days of assessment, the Case Manager will inform WOW applicants on the status of their application in a face-to-face meeting and in writing. In the meeting, the Case Manager will also review requirements for participation in WOW and obtain client's signatures attesting to their knowledge of and intention to comply with the requirements.

Documentation of eligibility screening and assessment of needs will be included in progress notes in the individual client record as well as in the HMIS (See Documentation and Recordkeeping below for standards and guidelines).

Share of Rent & Utility Costs Eligible WOW Participants Must Pay

Eligible WOW participants with no source of income are not required to pay any share of rent and utility costs. Eligible WOW participants with income from any source are required to share the costs of rent and utility payments **not to exceed 30% of their income** in accordance with HUD standards.

Denial of ESG Assistance and Appeal of Denial

In case of denial of assistance, the client has the right to file an appeal. Appeals of denial decisions will be reviewed, in turn, by the WCFT Program Manager, Project Director and RRHS Vice President of Clinical Services and Vice President of Operations. All RRHS clients shall be informed of their rights and responsibilities, including their rights to appeal program decisions and file grievances. WCFT participants who are determined ineligible for WOW will continue to receive comprehensive WCFT aftercare services, including linkage to mainstream benefits, services and community resources as needed and desired.

In addition, as stated in 24 CFR 576 under "(e) Appeals. A person who disagrees with the recipient's (or subrecipient's, if applicable) determination concerning whether the person qualifies as a displaced person, or the amount of relocation assistance for which the person may be eligible, may file a written appeal of that determination with the recipient under 49 CFR 24.10. A low-income person who disagrees with the recipient's determination may submit a written request for review of that determination by the appropriate HUD field office

Case Management Coordination of Services

Housing for WOW participants will be stabilized through the provision of short and medium term tenant based rental assistance and financial assistance coordinated with and operated through the comprehensive case management and aftercare components of the WCFT program. Women and children in the WCFT program receive residential substance abuse treatment and primary medical care, individual and family counseling, parenting and life skills development, case management and linkage to mainstream benefits, as well as comprehensive recovery support and aftercare services.

Discharge from WOW and Post-Discharge Client Tracking

In compliance with WOW policies on maximum length of stay in the program, WOW clients will be discharged upon completion of six (6) months of WOW assistance, which should coincide with completion of the WCFT six (6) months of comprehensive case management, recovery support and aftercare services.

In compliance with the evidence-based best practices of *Housing First*, other rules for retention in WOW shall be comprised of no more and no less than the terms of a standard lease for housing. No additional programmatic and/or behavioral stipulations and/or restrictions shall be applied to WOW participants. Accordingly, WOW participants may continue to receive WOW ESG assistance even if and when they have been voluntarily or involuntarily discharged from WCFT aftercare services.

Evidence-Based Practices

WOW will implement an integrated package of six Evidence-Based Practices endorsed by the Substance Abuse & Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing & Urban Development (HUD): Housing First, Harm Reduction, Trauma-Informed Care, Motivational Interviewing, Consumer Involvement and Cultural Competence (<http://homeless.samhsa.gov/Channel/Best-Practices-for-Providers-17.aspx>). An RRHS Evaluator will measure and assess the fidelity of the WOW program to these six evidence-based practices utilizing SAMHSA Tool Kits (<http://homeless.samhsa.gov/Channel/SAMHSA-Toolkits-494.aspx>).

Documentation & Recordkeeping

Standards for documentation and recordkeeping in the WOW program shall be consistent with those set forth in 24 CFR 576.500 (b-e), which states:

“§ 576.500 Recordkeeping and reporting requirements... (b) *Homeless status*. The recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 576.2. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made. (1) If the individual or family qualifies as homeless under paragraph (1) (i) or (ii) of the homeless definition in § 576.2, acceptable evidence includes a written observation by an outreach worker of the conditions where the individual or family was living, a written referral by another housing or service provider, or a certification by the individual or head of household seeking assistance. (2) If the individual qualifies as homeless under paragraph (1) (iii) of the homeless definition in § 576.2, because he or she resided in an emergency shelter or place not meant for human habitation and is exiting an institution where he or she resided for 90 days or less, acceptable evidence includes the evidence described in paragraph (b) (1) of this section and one of the following: (i) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker; or (ii) Where the evidence in paragraph (b)(2)(i) of this section is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in paragraph (b)(2)(i) and a certification by the individual seeking assistance that states he or she is exiting or has just exited an institution where he or she resided for 90 days or less. (3) If the individual or family qualifies as homeless under paragraph (2) of the homeless definition in § 576.2, because the individual or family will imminently lose their housing, the evidence must include: (i) (A) A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance; or the equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law; (B) For individuals and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals, evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance; or (C) An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance. The intake worker must record the statement and certify that

it was found credible. To be found credible, the oral statement must either: (I) be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance and documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement; or (II) if the intake worker is unable to contact the owner or renter, be documented by a written certification by the intake worker of his or her due diligence in attempting to obtain the owner or renter's verification and the written certification by the individual or head of household seeking assistance that his or her statement was true and complete; (ii) Certification by the individual or head of household that no subsequent residence has been identified; and (iii) Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing. (4) If the individual or family qualifies as homeless under paragraph (3) of the homeless definition in § 576.2, because the individual or family does not otherwise qualify as homeless under the homeless definition but is an unaccompanied youth under 25 years of age, or homeless family with one or more children or youth, and is defined as homeless under another Federal statute or section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the evidence must include: (i) For paragraph (3) (i) of the homeless definition in § 576.2, certification of homeless status by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under the Runaway and Homeless Youth Act (42 U.S.C. 5701 *et seq.*), the Head Start Act (42 U.S.C. 9831 *et seq.*), subtitle N of the Violence Against Women Act of 1994 (42 U.S.C. 14043e *et seq.*), section 330 of the Public Health Service Act (42 U.S.C. 254b), the Food and Nutrition Act of 2008 (7 U.S.C. 2011 *et seq.*), section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), or subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*), as applicable; (ii) For paragraph (3) (ii) of the homeless definition in § 576.2, referral by a housing or service provider, written observation by an outreach worker, or certification by the homeless individual or head of household seeking assistance; (iii) For paragraph (3) (iii) of the homeless definition in § 576.2, certification by the individual or head of household and any available supporting documentation that the individual or family moved two or more times during the 60-day period immediately preceding the date of application for homeless assistance, including: recorded statements or records obtained from each owner or renter of housing, provider of shelter or housing, or social worker, case worker, or other appropriate official of a hospital or institution in which the individual or family resided; or, where these statements or records are unobtainable, a written record of the intake worker's due diligence in attempting to obtain these statements or records. Where a move was due to the individual or family fleeing domestic violence, dating violence, sexual assault, or stalking, then the intake worker may alternatively obtain a written certification from the individual or head of household seeking assistance that they were fleeing that situation and that they resided at that address; and (iv) For paragraph (3) (iv) of the homeless definition in § 576.2, written diagnosis from a professional who is licensed by the state to diagnose and treat that condition (or intake staff-recorded observation of disability that within 45 days of date of the application for assistance is confirmed by a professional who is licensed by the state to diagnose and treat that condition); employment records; department of corrections records; literacy, English proficiency tests; or other reasonable documentation of the conditions required under paragraph (3) (iv) of the homeless definition.(5) If the individual or family qualifies under paragraph (4) of the homeless definition in § 576.2, because the individual or family is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, then acceptable evidence includes an oral statement by

the individual or head of household seeking assistance that they are fleeing that situation, that no subsequent residence has been identified and that they lack the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other housing. If the individual or family is receiving shelter or services provided by a victim service provider, the oral statement must be documented by either a certification by the individual or head of household; or a certification by the intake worker. Otherwise, the oral statement that the individual or head of household seeking assistance has not identified a subsequent residence and lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain housing must be documented by a certification by the individual or head of household that the oral statement is true and complete, and, where the safety of the individual or family would not be jeopardized, the domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening condition must be verified by a written observation by the intake worker or a written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking. (c) *At risk of homelessness status.* For each individual or family who receives Emergency Solutions Grant (ESG) homelessness prevention assistance, the records must include the evidence relied upon to establish and verify the individual or family's "at risk of homelessness" status. This evidence must include an intake and certification form that meets HUD specifications and is completed by the recipient or subrecipient. The evidence must also include: (1) If the program participant meets the criteria under paragraph (1) of the "at risk of homelessness" definition in § 576.2: (i) The documentation specified under this section for determining annual income; (ii) The program participant's certification on a form specified by HUD that the program participant has insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to attain housing stability and meets one or more of the conditions under paragraph (1) (iii) of the definition of "at risk of homelessness" in § 576.2; (iii) The most reliable evidence available to show that the program participant does not have sufficient resources or support networks; e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition. Acceptable evidence includes: (A) Source documents (e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears); (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, public administrator, relative) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria under paragraph (1) (ii) of the definition of "at risk of homelessness" in § 576.2; or (C) To the extent that source documents and third-party verification are unobtainable, a written statement by the recipient's or subrecipient's intake staff describing the efforts taken to obtain the required evidence; and (iv) The most reliable evidence available to show that the program participant meets one or more of the conditions under paragraph (1) (iii) of the definition of "at risk of homelessness" in § 576.2. Acceptable evidence includes: (A) Source documents that evidence one or more of the

conditions under paragraph (1) (iii) of the definition (e.g., eviction notice, notice of termination from employment, bank statement); (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, owner, primary leaseholder, public administrator, hotel or motel manager) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or more of the criteria under paragraph (1) (iii) of the definition of "at risk of homelessness"; or (C) To the extent that source documents and third-party verification are unobtainable, a written statement by the recipient's or subrecipient's intake staff that the staff person has visited the applicant's residence and determined that the applicant meets one or more of the criteria under paragraph (1) (iii) of the definition or, if a visit is not practicable or relevant to the determination, a written statement by the recipient's or subrecipient's intake staff describing the efforts taken to obtain the required evidence; or (2) If the program participant meets the criteria under paragraph (2) or (3) of the "at risk of homelessness" definition in § 576.2, certification of the child or youth's homeless status by the agency or organization responsible for administering assistance under the Runaway and Homeless Youth Act (42 U.S.C. 5701 *et seq.*), the Head Start Act (42 U.S.C. 9831 *et seq.*), subtitle N of the Violence Against Women Act of 1994 (42 U.S.C. 14043e *et seq.*), section 330 of the Public Health Service Act (42 U.S.C. 254b), the Food and Nutrition Act of 2008 (7 U.S.C. 2011 *et seq.*), section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) or subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*), as applicable. (d) *Determinations of ineligibility.* For each individual and family determined ineligible to receive Emergency Solutions Grant (ESG) assistance, the record must include documentation of the reason for that determination. (e) *Annual income.* For each program participant who receives homelessness prevention assistance, or who receives rapid re-housing assistance longer than one year, the following documentation of annual income must be maintained: (1) Income evaluation form containing the minimum requirements specified by HUD and completed by the recipient or subrecipient; and (2) Source documents for the assets held by the program participant and income received over the most recent period for which representative data is available before the date of the evaluation (e.g., wage statement, unemployment compensation statement, public benefits statement, bank statement); (3) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available; or (4) To the extent that source documents and third party verification are unobtainable, the written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation."

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 an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature

Tiffany Galvin Green, Ph. D.

Name of Authorized Individual

2055 Reyko Rd., Suite 101, Jacksonville, FL 32207

Address of Organization

January 28, 2013

Date

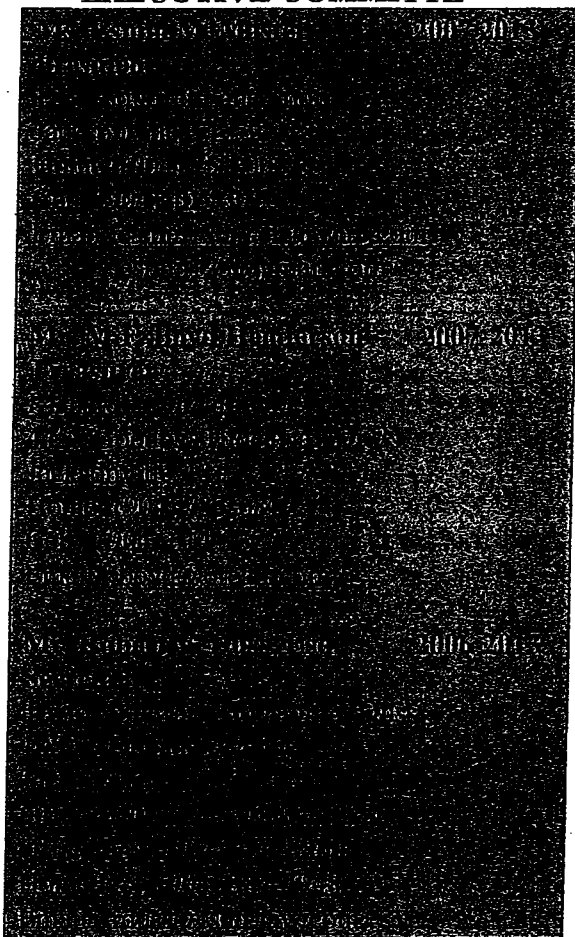
#LPZ09

Application or Contract Number

River Region Human Services, Inc.

Board of Directors FY 12-13

EXECUTIVE COMMITTEE



Bishop James E. Parris, Jr., R.A., A.I.A
The Parris Company 2006-2013
1766 W. 17th Street
Building #2
Jacksonville, FL 32209
Cell: (904) 568-6588
Email: jparrisc@bellsouth.net

Ms. Deborah Eunpu 2011 - 2013
4604 W. Catbrier Court
St. Johns, FL 32259
Cell: (904) 318-6557
Business: (904) 697-3148
Debe324@live.com (home)
deunpu@nemours.org (work)

Margaret T. Johnson 2011 - 2013
3841 Habersham Forest Drive
Jacksonville, FL 32223
Home: (904) 292-4392
Cell: (904) 993-6252
Fax: (904) 292-4155
Email: mgalet@bellsouth.net

Mr. Richard Danford, Ph.D 2007-2013
903 W. Union Street
Jacksonville, FL 32204
Home: (904) 745-5866
Work: (904) 366-3466
Cell: (904) 612-2494
Email: r.danford@jaxul.org

Kay Fullwood, ARNP 2013-2015
2345 Luana Drive East
Jacksonville, FL 32246
Cell: (904) 707-0447
Fax: (904) 646-4507
Home: (904) 641-3338
Email: Kayfully@comcast.net

Barry A. Whilden
Cecil W. Powell & Company 2006-2013
219 Newnan Street
PO Drawer 41490
Jacksonville, FL 32203-1490
Office: (904) 353-3181 ext. 238
Direct Line: (904) 256-0097
Fax: (904) 353-5722
Home: (904) 731-5299
Cell: (904) 571-0378
Email: bwhilden@CWPOWELLINS.COM

Mr. Andrew Coleman, III 2006-2013
Coleman Mortuary, Owner
PO Box 12086
Jacksonville, FL 32209
Office: (904) 768-0507
Cell: (904) 949-2428
Fax: (904) 766-5514
Email: abcIII@hotmail.com

River Region Human Services, Inc. - 2012 Emergency Solutions Grant



River Region Human Services, Inc.

2055 Reyko Road, Suite 101 • Jacksonville, Florida 32207 • 904-899-6300 • Fax 904-899-6380

February 8, 2013

Tom Pierce
Office on Homelessness
Florida Department of Children & Families
Tallahassee, FL 32399

Mr. Pierce:

This signed letter attests to and confirms the formerly homeless status of three (3) employees on the housing staff of River Region Human Services, Inc. Grant writer and evaluator Dr. John Pauly was homeless in 2004. Housing Specialist Deborah Young was homeless 1995-1997 and 2001-2003. Network Peer Navigator/Recovery Peer Specialist Barbara Stafford was homeless 2001-2003. Altogether, Dr. Pauly, Ms. Young and Ms. Stafford have been employed by River Region for over 15 years combined.

Sincerely,

John Pauly, Ph. D.
Grant Writer & Evaluator

Deborah Young
Housing Specialist

Barbara Stafford, CRPS
Network Peer Navigator/Certified Recovery Peer Specialist

Substance Abuse, Mental Health, and HIV/AIDS Services

*Some Programs Funded in Part by:
State of Florida • City of Jacksonville • Department of Children & Families
Center for Substance Abuse Treatment (CSAT)
Center for Substance Abuse Prevention (CSAP)*

River Region Human Services, Inc. – 2012 Emergency Solutions Grant

Tab 6
Completeness Checklist

Application Completeness Checklist

Prevention and Re-Housing Shelter Facilities Street Outreach

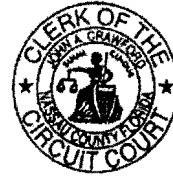
Applicants must complete a checklist using this form to help assure that all required documents are contained in their grant application. The completed checklist shall be included in the submission in Tab 6.

<u>Application Content Item</u>	<u>Complete</u>	<u>Tab</u>	<u>Page(s) Number</u>
1. Original Application, plus 3 copies	x		
2. Transmittal Letter, Signed by Authorized Organization Official	x		2
3. Organization Information	x	1	3
Addressed all items, 1 to 8?	x	1	3
Attached supporting documents	x	5	44
4. Project Narrative	x	2	4
Addressed all items, 1 to 11?	x	2	4
5. Application Form: Scoring Criteria	x	3	8
▪ Addressed all criteria, 1 to 7?	x	3	8
▪ Attached supporting documentation?	x	5	38
• Certification signed by Authorized Official?	x	3	24
6. Budget and Match Forms	x	4	26
Forms completely filled out?	x	4	28
Budget narrative included?			

7. Evidence of MyFloridaMarketPlace registration?	x	5	30
8. Certification of HMIS Compliance?	x	5	32
9. If applicant is nonprofit, Certification of Local Government Approval?	x	5	35
10. If applicant is nonprofit, evidence of IRS 501(c)(3) status?	x	5	34



JOHN A. CRAWFORD
Clerk of the Circuit Court / Comptroller
Ex-Officio Clerk to the Board of County Commissioners
Nassau County



March 1, 2013

John Pauly, Ph.D.
Grant Writer and Evaluator
River Region Human Services, Inc.
2055 Reyko Road, Suite 101
Jacksonville, FL 32207

Re: Emergency Solutions Grant

Dear Mr. Pauly:

During a regular session of the Nassau County Board of County Commissioners held February 20, 2013 the Board approved and authorized the Chairman to sign above referenced document. I have enclosed an original document for your records.

Thank you for your assistance in this matter. If I can be of any service to you please do not hesitate to let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Crawford".

John A. Crawford
Ex-Officio Clerk

/bkl
enclosure