

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 10/04/2021

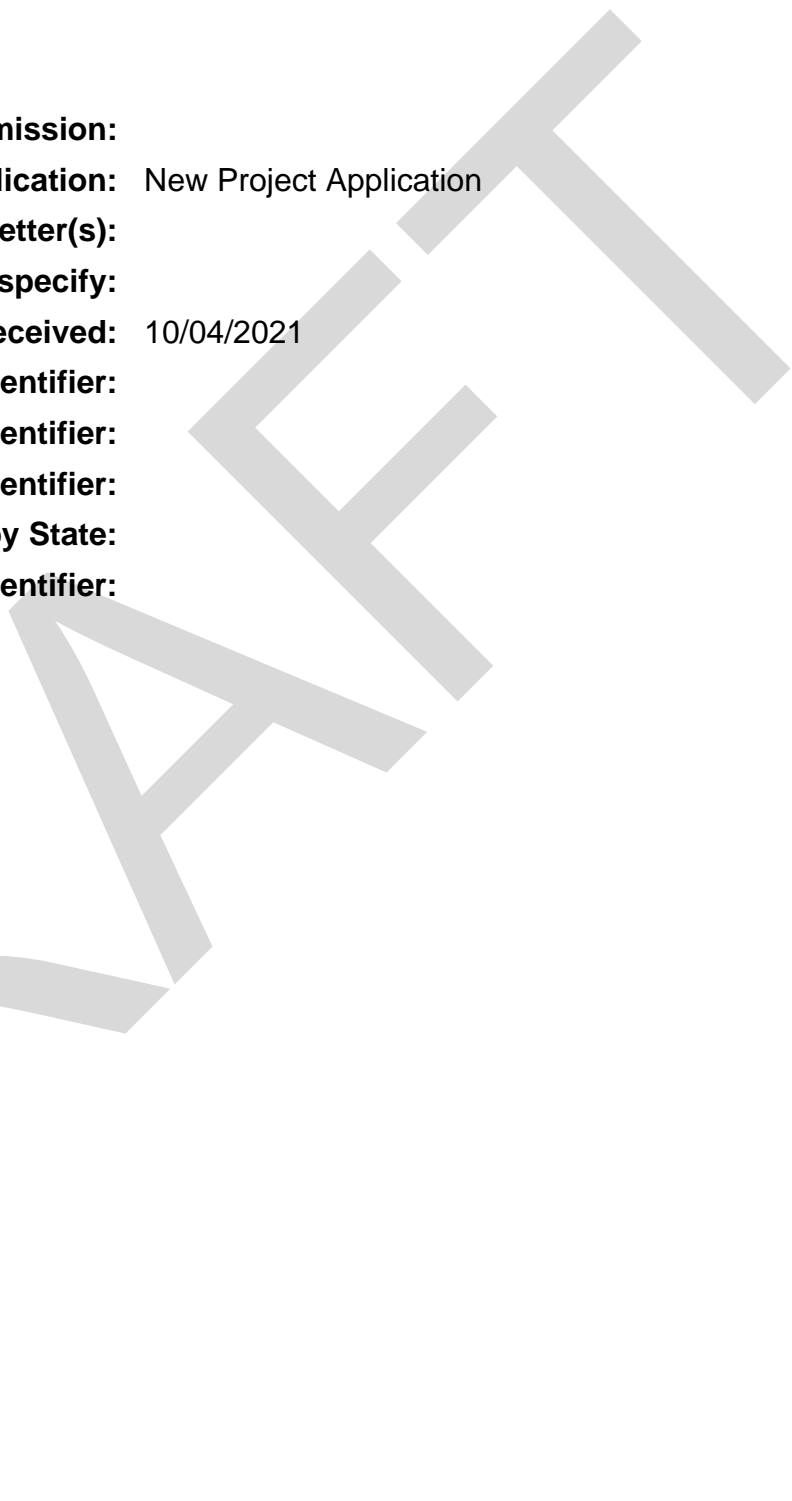
**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**



## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Interfaith Emergency Services, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-2349840

	<b>c. Organizational DUNS:</b>	841043532	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 435 NW 2nd Street

**Street 2:**

**City:** Ocala

**County:** Marion

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 34475

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Jessica

**Middle Name:**

**Last Name:** Rodriguez

**Suffix:**

**Title:** Director of Ministries

**Organizational Affiliation:** Interfaith Emergency Services, Inc.

**Telephone Number:** (352) 629-8868

**Extension:** 201  
**Fax Number:** (352) 629-5771  
**Email:** [jessica.rodriguez@iesmarion.org](mailto:jessica.rodriguez@iesmarion.org)

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## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Florida  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Permanent Supportive Housing

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

**16a. Applicant:** FL-003, FL-005, FL-011

**16b. Project:** FL-011  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 12/01/2021

**b. End Date:** 11/30/2022

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

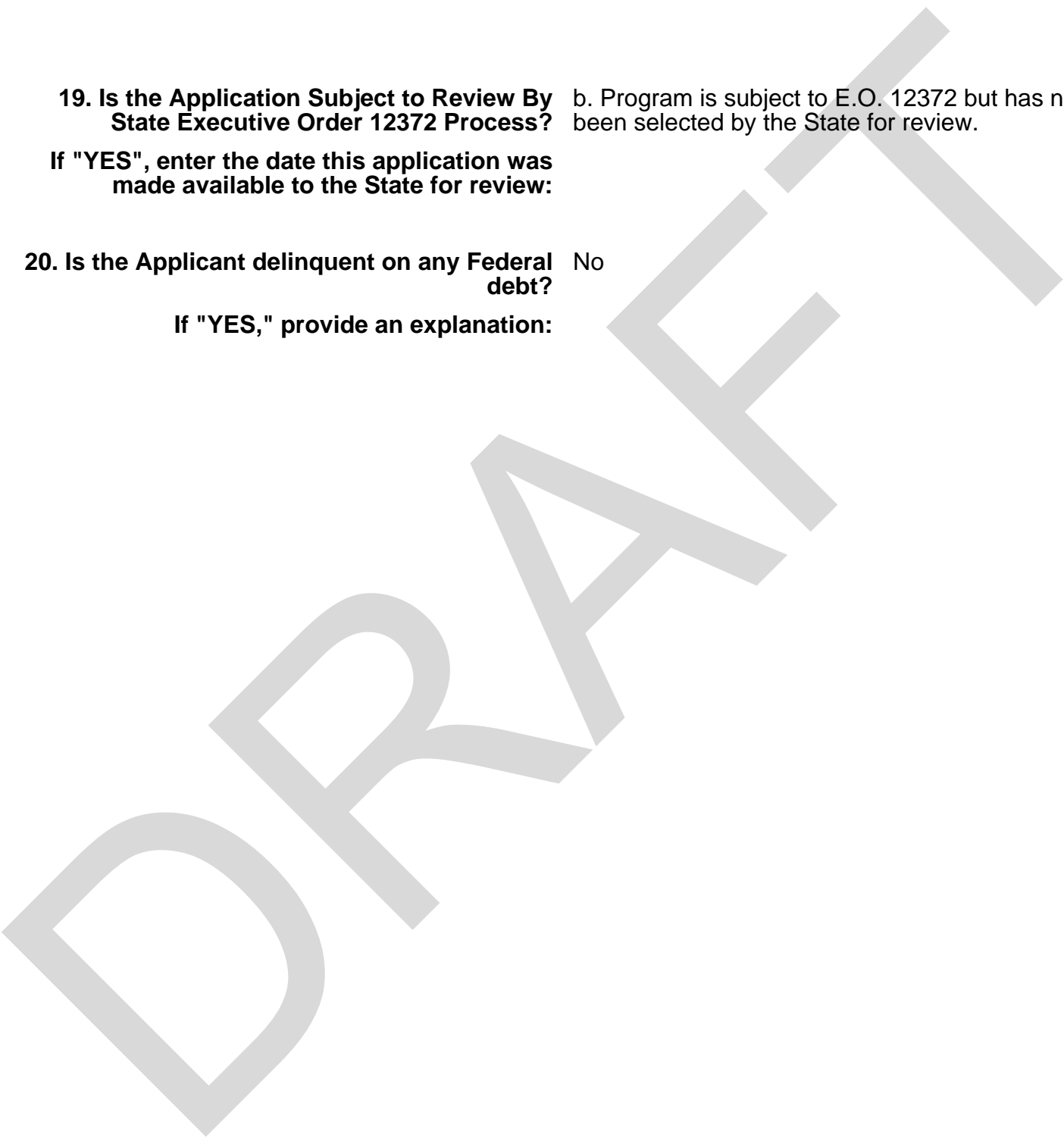
## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

**20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:



## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Karla

**Middle Name:**

**Last Name:** Grimsley

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (352) 629-8868  
(Format: 123-456-7890)

**Fax Number:** (352) 629-5771  
(Format: 123-456-7890)

**Email:** karla@iesmarion.org

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

**Date Signed:** 10/04/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Interfaith Emergency Services, Inc.

**Prefix:** Ms.

**First Name:** Karla

**Middle Name:**

**Last Name:** Grimsley

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** Interfaith Emergency Services, Inc.

**Telephone Number:** (352) 629-8868

**Extension:** 219

**Email:** karla@iesmarion.org

**City:** Ocala

**County:** Marion

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 34475

**2. Employer ID Number (EIN):** 59-2349840

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

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project: \$84,936.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** No

**Certification**

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Karla Grimsley, Chief Executive Officer

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

**Date Signed:** 10/04/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Interfaith Emergency Services, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

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

### 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Karla

**Middle Name**

**Last Name:** Grimsley

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (352) 629-8868  
**(Format: 123-456-7890)**

**Fax Number:** (352) 629-5771  
**(Format: 123-456-7890)**

**Email:** karla@iesmarion.org

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

**Date Signed:** 10/04/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

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

**Applicant's Organization:** Interfaith Emergency Services, Inc.

**Name / Title of Authorized Official:** Karla Grimsley, Chief Executive Officer

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

**Date Signed:** 10/04/2021

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Interfaith Emergency Services, Inc.  
**Street 1:** 435 NW 2nd Street  
**Street 2:**  
**City:** Ocala  
**County:** Marion  
**State:** Florida  
**Country:** United States  
**Zip / Postal Code:** 34475

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

I certify that this information is true and complete.

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Karla

**Middle Name:**

**Last Name:** Grimsley

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (352) 629-8868  
**(Format: 123-456-7890)**

**Fax Number:** (352) 629-5771  
**(Format: 123-456-7890)**

**Email:** karla@iesmarion.org

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

**Date Signed:** 10/04/2021



# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** Interfaith Emergency Services, Inc.

**Prefix:** Ms.

**First Name:** Karla

**Middle Name:**

**Last Name:** Grimsley

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 10/04/2021

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## 1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application?  No

No SF-424D is required. Select "Save and Next" to move to the next screen.

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## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

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## 2B. Experience of Applicant, Subrecipient(s), and Other Partners

### 1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Interfaith has been in operation for 38 years and has proven to be fiscally responsible through annual financial audits. Interfaith has consistently managed balanced annual budgets in excess of \$1,000,000. In 2017 Interfaith began receiving federal funds through the Emergency Solutions Grant and has successfully administered the funds for the benefit of Marion County residents. This organization has demonstrated responsible budgeting, accounting and reporting both financially and in regard to program outcomes. To date, we have administered \$552,824 over a 5-year span and have been awarded an additional \$551,250 through the Emergency Solutions Grant for the upcoming year. These funds have been utilized for rapid-rehousing, homeless prevention and most recently, outreach to the chronically homeless. Interfaith is financially stable and the leadership is confident that we are in a strong position to expand our services in the area of permanent supportive housing. For the past 6 years we have operated a privately funded permanent supportive housing program consisting of 8 beds. Through this program we have successfully ended homelessness for 10 women who were previously chronically homeless due to mental illness or intellectual disabilities. This small program has given us the experience and the passion to replicate this success on a larger scale.

Additionally, Interfaith Emergency Services received federal funding for three other successful projects: a \$128,000 renovation project to repair and improve our homeless shelter for women, children and families in 2011; a \$430,000 expansion project for a men's half-way house (Recovery House) in 2012; and a \$142,000 public bathroom renovation to provide showers to individuals experiencing homelessness in 2017. Interfaith successfully administered these funds for their intended purpose according to funding regulations and provided all required documentation and accounting.

Interfaith utilizes HMIS as well as internal data collection to track outcomes for all provision of services and reviews data regularly.

Interfaith has a strong donor base and has diversified our revenue sources to generate over \$1,300,000 in 2018 and \$2,000,000 in 2020. Therefore, Interfaith has the private dollars to leverage federal funding and has the cash-flow that enables the organization to operate under a reimbursement method of grant funding. These funds come from private donors, corporations, churches, civic organizations, as well as revenue from an endowment fund and a Thrift Store. The range of other services we provide add additional leverage including grocery assistance, clothing assistance, hygiene items, medication assistance, mental health counseling, and thrift store that can offset the cost of furnishings.

Interfaith has also proven success in Human Resources management which is

vital to providing services to vulnerable populations. With 39 paid employees Interfaith has the management structure to provide the necessary oversight and support to sustain a productive workforce. We adhere to responsible and fair hiring practices and then strive to provide a work environment that allows staff to use their innate strengths as they grow professionally through education and experience. Additionally, Interfaith has been providing case-management for homeless clients for several years. In 2019 our success rate of shelter residents transitioning out of our homeless shelter into permanent housing was 88% which is high for this area. This is attributed to proper case-management and the wrap around support services are able to offer clients.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Interfaith operated solely on private funds for 3 decades and built a financial foundation and a strong program providing for basic needs of individuals of no or low-income. Once Interfaith began receiving federal funding in the form of ESG, the organization was in a financial position to leverage funding approximately dollar per dollar by providing infrastructure (offices, desks, equipment, etc.) as well as the other social services provided to support our ESG funded program and more importantly, the ESG clients. For example, for every client experiencing homelessness Interfaith provides additional (or matching) support services such as hygiene items, clothing, bedding, food, medication, mental health counseling and other basic needs. Additionally, our private dollars raised annually is approximately \$900,000 and these dollars fund the management and overhead so that every federal dollar can be utilized to directly assist the clients in need rather than overhead and infrastructure. We also leverage federal dollars through our community partners. We often utilize volunteers or civic organizations to offset overhead expenses such as lawn-maintenance, land-scaping, painting and facility repairs. By using volunteers for many of our operational functions we can do more with every dollar raised or granted. Because of our success in this area we operate with only 6% of our total funding going to overhead expenses per our annual audit.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Interfaith employs a CEO who oversees the finances for the organization's operation. Interfaith also employs a Director of Finance who provides the record-keeping and accounting for the organization using QuickBooks Premier 2019 for Nonprofits. Additional oversight is provided by a 16-member Board of Directors that reviews the organizational financials monthly. A more in-depth monthly review is provided by a sub-group (Finance Committee) that serves at the pleasure of the Board of Directors. Interfaith also hires Morgan Stanley to manage an endowment under the direction of a different sub-group (Endowment Committee). All accounts are reconciled and reviewed monthly. Practices and procedures have been put into place to limit the risk of fraud and to ensure accountability such as dual signers on checks and dual approval for credit card purchases.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** No

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### 3A. Project Detail

**1. CoC Number and Name:** FL-514 - Ocala/Marion County CoC

**2. CoC Collaborative Applicant Name:** Marion County Homeless Council, Inc.

**3. Project Name:** Permanent Supportive Housing

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Select the type of PH project:** PSH

**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

**9. Will this project include replacement reserves in the Operating budget?** No

### 3B. Project Description

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

Interfaith's Permanent Supportive Housing Program's goal is to end homelessness for adult individuals who have experienced chronic homelessness per HUD's definition, due to mental illness or intellectual disabilities. The target population for this program is the most vulnerable adult individuals experiencing homelessness that are unlikely to remain successfully housed without perpetual support services. This program will adhere to the Housing First Model that provides housing to individuals without program requirements; while providing oversight and case-management to the degree the participants are willing to engage. Individuals housed will be referred through Coordinated Entry local "By-Name" List and prioritization will be given to those who have been homeless for the longest duration. This program will be housed in an apartment complex currently under acquisition and will be a mixed use complex providing low-income housing to families that qualify (below the 50% median area income level) with 5 units designated for permanent supportive housing. With this mixture of tenants we hope to create a vital community for all tenants. The tenants in the PSH units will be provided with wrap around services and dedicated case-management to support stable housing and the well-being of the participants. The project will also incorporate partnerships from local churches, civic groups and businesses to provide additional support, mentoring and relationships to help tenants acclimate to being part of a larger community. As the PSH provider, Interfaith will provide the oversight and case-management while referring clients to partner agencies that can enhance their lives, well-being and meet critical needs. Interfaith will ensure that clients have access to services by providing transportation as well as guidance on this and other necessary life-skills. By providing safe and appropriate housing without putting undo financial burden on participants and offering a wide range of ongoing support services, Interfaith will end chronic homelessness for some of Marion County's most vulnerable citizens.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	7			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	15			

Leased or rental assistance units or structure, and supportive services near 100% capacity	45		
Closing on purchase of land, structure(s), or execution of structure lease	0		
Start rehabilitation	0		
Complete rehabilitation	0		
Start new construction	0		
Complete new construction	0		

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**Other:** Intellectual Disabilities

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
------------------------------------	-------------------------------------

Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**5d. Will the project follow a "Housing First" approach? (Click 'Save' to update)** Yes

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** Yes

**6a. Explain how and why the project will implement this requirement.**

Each program participant will be assigned a specific apartment based on the available units and beds, therefore, that is where they will be required to live if they elect to participate in the permanent supportive housing program. The program is limited to 5 units with a total of 11 beds located in one complex and there are no other permanent supportive housing options available in our county to offer them a choice of location or unit. There is no requirement for them to stay in any unit if at any time they elect to move out.

**7. Will more than 16 persons live in a single structure?** No

**100% Dedicated or DedicatedPLUS**

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

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

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

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

**8. Is this project 100% Dedicated or DedicatedPLUS?** 100% Dedicated

### 3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No  
renewal project?

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## 4A. Supportive Services for Participants

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

Due to technical problems with this page, this description is attached in a PDF labeled 4A. Supportive Services for Participants #1

### 2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Interfaith has established relationships with many of the local service providers in Marion County. As such, this program will rely on community partners to provide many of the critical wrap-around services necessary to keep participants healthy, happy and stably housed. As individuals become housed, Interfaith will work with local church partnerships, Pay it Forward and partner Thrift Stores to help furnish and decorate the units. The assigned tenants will be invited to participate if they so choose to give them a sense of ownership and personalization in their new home. Once housed, other basic needs will be addressed and referrals will be made to Hope Clinic or Heart of Florida to establish a primary care provider; Interfaith Center for Life for medication assistance if needed; Interfaith Center for Life, Beacon Point or the Centers for mental health services as needed; FreeDOM Clinic for vision and/or dental services as needed. If participants have medical benefits, all efforts will be made to get them established with licensed providers. Once basic health and human needs are addressed, the case-manager will work with participants to determine personal goals or desires and make referrals accordingly. Based on the individual, referrals will be made to Career Source, Day-Labor Programs, Association for Persons with Disabilities, Urban League, Wear Gloves, Marion Technical College, TLC and/or ORA Club. The program will also incorporate opportunities for participants to volunteer either at Interfaith or other local non-profits or businesses. The ultimate goal for each program participant is to establish a well-balanced life with opportunities to be part of a larger community. Through a variety of partnerships across the community, Interfaith hopes to restore dignity and self-worth to participants, for whom these were lost through the difficult circumstance of extended homelessness. Beyond making the necessary referrals, the case-manager will be responsible to the participants to assist them with getting to and from their specific destinations. The program will strive to assist every participant in efforts to keep them from isolating in their home, however it must be noted that by adhering to the housing first model, participants will not be penalized or lose their housing if they elect to forego recommendations or assistance from the case-manager. The dedicated case-manager for this program will be expected to make every effort with participants as well as attend regular COC meetings, and any other community meetings that can expand his or her knowledge of available services that may benefit program participants. All referrals and efforts made with participants will be

documented in HMIS.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Weekly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Applicant	Monthly
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	Weekly
Utility Deposits	Applicant	As needed

**Identify whether the project will include the following activities:**

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



**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

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

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



## 4B. Housing Type and Location

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

**Total Units:** 5

**Total Beds:** 11

**Total Dedicated CH Beds:** 11

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Shared housing	---	5	11	11

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

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

**2a. Units:** 5

**2b. Beds:** 11

**3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 11

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

### 4. Address:

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

**Street 1:** 2328 NE 14th Sreet

**Street 2:**

**City:** Ocala

**State:** Florida

**ZIP Code:** 34471

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

129083 Marion County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	0	5	0	5

	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Characteristics</b>				
<b>Persons over age 24</b>	0	11		11
<b>Persons ages 18-24</b>	0	0		0
<b>Accompanied Children under age 18</b>	0		0	0
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	0	11	0	11

**Click Save to automatically calculate totals**



## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11			3		2		2	9	
Persons ages 18-24										
<b>Total Persons</b>	11	0	0	3	0	2	0	2	9	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2023?** Yes

**2. What type of CoC funding is this project applying for in this CoC Program Competition?** CoC Bonus

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



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

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

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

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)** No

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$59,784
<b>Total Units:</b>			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	FL - Ocala, FL MSA (1208399999)	5	\$59,784

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## Rental Assistance Budget Detail

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** FL - Ocala, FL MSA (1208399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	0 x	\$519 x	12	\$0
0 Bedroom	x	\$692 x	12	\$0
1 Bedroom	x	\$757 x	12	

<b>2 Bedrooms</b>	4	x	\$939	x	12	=	\$45,072
<b>3 Bedrooms</b>	1	x	\$1,226	x	12	=	\$14,712
<b>4 Bedrooms</b>		x	\$1,356	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,559	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,763	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,966	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,170	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,373	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	5						\$59,784
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$59,784

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

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## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	0.5 FTE dedicated Case Manager @ \$18/hr	\$20,152
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$20,152
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$20,152

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

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$17,940
Total Amount of In-Kind Commitments:	\$15,000
Total Amount of All Commitments:	\$32,940

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Program Participants that have income will pay a program fee of \$230 per month to offset the cost of utilities, internet and basic maintenance. Interfaith anticipates that approximately half of the clients will have income during the first year of residency, so the estimated program income is based on 5 clients at \$230/month for 12 months. Of course this is contingent on the program's ability to collect said fees. Back-fees will not be required of those housed while awaiting benefits or other income.

1b. Estimate the amount of program income that will be used as Match for this project: \$13,800

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Private	community contrib...	\$15,000
Cash	Private	Interfaith Genera...	\$17,940

## Sources of Match Detail

**1. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** community contributions  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$15,000

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

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Interfaith General Budget - donor funded  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$17,940

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$59,784	1 Year	\$59,784
4. Supportive Services	\$20,152	1 Year	\$20,152
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$79,936
8. Admin (Up to 10%)			\$5,000
9. Total Assistance Plus Admin Requested			\$84,936
10. Cash Match			\$17,940
11. In-Kind Match			\$15,000
12. Total Match			\$32,940
13. Total Budget			\$117,876

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Determination...	09/28/2021
3) Other Attachment(s)	No	4A Supportive Ser...	10/04/2021
2) Other Attachment(s)	No	Financial Audit	09/28/2021

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## Attachment Details

**Document Description:** IRS Determination Letter

## Attachment Details

**Document Description:** 4A Supportive Services for Participants

## Attachment Details

**Document Description:** Financial Audit

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## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	--	10/04/2021

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## Attachment Details

### Document Description:

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## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Karla Grimsley

**Date:** 10/04/2021

**Title:** Chief Executive Officer

**Applicant Organization:** Interfaith Emergency Services, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X

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

**Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

DRAFT

## 8B. Submission Summary

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

DRAFT

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/03/2021
<b>1E. SF-424 Compliance</b>	09/27/2021
<b>1F. SF-424 Declaration</b>	09/27/2021
<b>1G. HUD 2880</b>	09/27/2021
<b>1H. HUD 50070</b>	09/27/2021
<b>1I. Cert. Lobbying</b>	09/27/2021
<b>1J. SF-LLL</b>	09/27/2021
<b>1K. SF-424B</b>	09/27/2021
<b>1L. SF-424D</b>	09/27/2021
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	10/03/2021
<b>3A. Project Detail</b>	10/01/2021
<b>3B. Description</b>	10/04/2021
<b>3C. Expansion</b>	10/01/2021
<b>4A. Services</b>	10/04/2021
<b>4B. Housing Type</b>	10/01/2021
<b>5A. Households</b>	10/04/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/01/2021
<b>6E. Rental Assistance</b>	10/04/2021
<b>6F. Supp Srvcs Budget</b>	10/04/2021
<b>6I. Match</b>	10/04/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/04/2021

**7A. In-Kind MOU Attachment**

Please Complete

**7D. Certification**

10/04/2021

**Notes:**

7A. In-Kind MOU Attachment list contains 1 incomplete item.

DRAFT

**Internal Revenue Service**

**Date:** November 13, 2000

Interfaith Emergency Services, Inc.  
P.O. Box 992  
Ocala, FL 34478

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Person to Contact:**  
Mary Freudenberg #31-03512  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 9:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
59-2349840

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter, reflecting a new address. This letter will take the place of the copy you requested. We have updated our system to reflect the change indicated above.

Our records indicate that a determination letter issued in August 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Interfaith Emergency Services, Inc.  
59-2349840

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

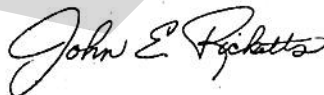
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services



## 4A – Supportive Services for Participants - #1

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

The purpose of the program is to provide housing opportunities to individuals who have been chronically homeless for an extraordinary amount of time by adhering to the housing first model. Once tenants are assigned to these Permanent Supportive Housing units through the CoC Coordinated Entry process, each will be offered a private bedroom in a shared apartment unit. Program participants will have a dedicated case-manager which will check in with them daily at first and then weekly or more frequently based on the individual needs of each participant. Apartments will be fully furnished and move-in ready. Per the housing first model, the program does not require that the participants have income. The eligibility criteria includes a verified or documented handicap so all participants should qualify for benefits, however, it is anticipated that not all will have benefits in place upon taking residence. This will be one of the primary goals for case-management initially. The case manager will assist participants with application and/or appeal processes, get them to necessary evaluations, meetings or hearings and monitor their cases closely. While awaiting benefits, Interfaith will provide all basic needs including but not limited to food, clothing, and hygiene items. For participants receiving benefits or other income, the Case Manager will assist with budgeting and money management (unless there has been a payee assigned). Case management will also include referrals for other critical services such as medical, medication assistance, mental health counseling, career and/or life skills assistance, job searching and applications. Interfaith will provide mental health counseling services that focuses on treating past trauma for every willing participant. Interfaith has recognized an increase in the success and well-being of shelter residents and the women in our other permanent supportive housing program since adding this service. Due to the anticipated income limits of participants, the program will only charge the tenants a \$230 monthly program fee in lieu of rent. Participants will be offered a 12-month lease agreement, renewable each year. The program is designed to allow participants to use the majority of their income to take care of their basic needs of food, hygiene items, phones, clothing, etc. and become as self-sufficient as possible. The case-manager will work with clients to teach them how to navigate transportation whether it be using an uber (for appointments outside city limits) or public transportation. The program will also enlist support from local churches and/or civic club members to build relationships or mentorships with tenants to expand their network of support and community. Through the minimal financial requirement placed on tenants coupled by intense support and wrap-around services, the program anticipates successful long-term housing for all participants. Participants will not lose their housing for any reason other than severe violation of their standard lease agreement. Through close-monitoring, access to support services and crisis intervention, every effort will be made to continue this housing for each resident.

INTERFAITH EMERGENCY SERVICES, INC.

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2019

	<u>Page</u>
Independent Auditors' Report	1
Statement of Financial Position	2
Statement of Activities	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6-11

# DAY & DAY, P.A.

Certified Public Accountants

Member

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

2801 S.W. COLLEGE ROAD

SUITE #13

OCALA, FLORIDA 34474

(352) 237-6161

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Interfaith Emergency Services, Inc.

We have audited the accompanying financial statements of Interfaith Emergency Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2019 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

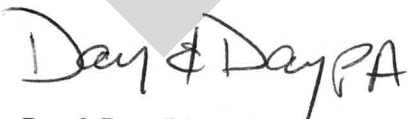
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Interfaith Emergency Services, Inc. as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Day & Day, PA  
August 21, 2020

**INTERFAITH EMERGENCY SERVICES, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**December 31, 2019**

**Assets**

**Current Assets**

Cash and cash equivalents	\$ 1,015,286
Inventory	13,501
Investments	1,215,308
Other assets	<u>8,951</u>

**Total Current Assets** 2,253,046

**Fixed Assets**

Property and equipment, net of accumulated depreciation	<u>1,961,496</u>
---	------------------

**Total Fixed Assets** 1,961,496

**TOTAL ASSETS** \$ 4,214,542

**Liabilities and Net Assets**

**Current Liabilities**

Accounts payable and accrued expenses	\$ <u>31,191</u>
---------------------------------------	------------------

**Total Current Liabilities** 31,191

**Net Assets**

Without donor restrictions:	
Net investment in property and equipment	1,961,496
Undesignated	<u>886,602</u>
Total without donor restrictions	2,848,098
With donor restrictions	<u>1,335,253</u>

**Total Net Assets** 4,183,351

**TOTAL LIABILITIES AND NET ASSETS** \$ 4,214,542

Read accompanying notes

**INTERFAITH EMERGENCY SERVICES, INC.**  
**STATEMENT OF ACTIVITIES**  
For the year ended December 31, 2019

<b>SUPPORT AND REVENUES</b>	<b>Without Donor Restriction</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Public donations	\$ 861,533	\$ 552,840	\$ 1,414,373
In-kind donations	1,817,060	-	1,817,060
Hospital district grant	-	158,500	158,500
Government grants	-	182,006	182,006
Thrift store sales	308,177	-	308,177
Investment income	236,472	-	236,472
Net assets released from restriction	<u>372,890</u>	<u>(372,890)</u>	<u>-</u>
Total Support and Revenues	<u>3,596,132</u>	<u>520,456</u>	<u>4,116,588</u>
 <b>EXPENSES</b>			
Program services:			
Community programs	3,045,101	-	3,045,101
Retail	218,111	-	218,111
Total program services	<u>3,263,212</u>	<u>-</u>	<u>3,263,212</u>
Supporting services:			
Management & general	172,693	-	172,693
Fundraising	62,645	-	62,645
Total supporting services	<u>235,338</u>	<u>-</u>	<u>235,338</u>
Total Expenses	<u>3,498,550</u>	<u>-</u>	<u>3,498,550</u>
 Change in Net Assets	 97,582	 520,456	 618,038
Net Assets, Beginning of Year	<u>2,750,516</u>	<u>814,797</u>	<u>3,565,313</u>
 Net Assets, End of Year	 <u>\$ 2,848,098</u>	 <u>\$ 1,335,253</u>	 <u>\$ 4,183,351</u>

Read accompanying notes

**INTERFAITH EMERGENCY SERVICES, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
For the year ended December 31, 2019

	Program Services		Supporting Services		Total
	Community Programs	Retail	Management and general	Fundraising	
Salaries	\$ 434,386	\$ 134,623	\$ 100,596	\$ 36,712	\$ 706,317
Payroll taxes	35,861	10,462	8,006	2,859	57,188
<b>Total salaries and related expenses</b>	<b>470,247</b>	<b>145,085</b>	<b>108,602</b>	<b>39,571</b>	<b>763,505</b>
Auto and transportation	18,869	11,269	-	-	30,138
Communication	10,215	1,266	1,566	-	13,047
Food and supplies	211,813	-	-	-	211,813
In-kind expenses	1,817,060	-	-	-	1,817,060
Insurance	27,475	8,348	9,932	234	45,989
Maintenance and repairs	63,125	6,300	-	-	69,425
Medical assistance	172,943	-	-	-	172,943
Miscellaneous expenses	48,609	10,396	4,649	21,800	85,454
Pension	4,815	752	1,692	1,040	8,299
Printing and supplies	14,871	2,531	2,373	-	19,775
Professional fees	-	2,194	20,029	-	22,223
Rent assistance	21,016	-	-	-	21,016
Special assistance	46,349	-	-	-	46,349
Utilities	55,136	21,832	10,496	-	87,464
<b>Total expenses before depreciation</b>	<b>2,982,543</b>	<b>209,973</b>	<b>159,339</b>	<b>62,645</b>	<b>3,414,500</b>
Depreciation	62,558	8,138	13,354	-	84,050
<b>Total Expenses</b>	<b>\$ 3,045,101</b>	<b>\$ 218,111</b>	<b>\$ 172,693</b>	<b>\$ 62,645</b>	<b>\$ 3,498,550</b>

Read accompanying notes

**INTERFAITH EMERGENCY SERVICES, INC.**  
**STATEMENT OF CASH FLOWS**  
**For the year ended December 31, 2019**

**CASH FLOWS FROM OPERATING ACTIVITIES**

Increase in net assets	\$ 618,038
Adjustments to reconcile change in net assets to cash provided by operating activities:	
Depreciation	84,050
(Increase) decrease in operating assets	
Inventory	103,138
Investments	(315,250)
Prepaid expenses	2,681
Increase (decrease) in operating liabilities	
Accounts payable and accrued expenses	8,853
	8,853

**NET CASH PROVIDED BY OPERATING ACTIVITIES** 501,510

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchase of fixed assets	(308,047)
	(308,047)

**NET CASH USED BY INVESTING ACTIVITIES** (308,047)

**CASH FLOWS FROM FINANCING ACTIVITIES**

**NET INCREASE IN CASH AND CASH EQUIVALENTS** 193,463

**BEGINNING CASH AND CASH EQUIVALENTS** 821,823

**ENDING CASH AND CASH EQUIVALENTS** \$ 1,015,286

Read accompanying notes

**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Note 1 - Summary of Significant Accounting Policies**

**Reporting Entity**

Interfaith Emergency Services, Inc. (Interfaith) is a not-for-profit corporation founded by Marion County, Florida churches to minister to the needs of people in crisis. These needs are met by providing a community food pantry, a community clothing closet, a temporary shelter for the homeless, and financial assistance for the purchase of prescription medication, rent, utilities, and transportation. Interfaith is an autonomous organization governed by a local volunteer Board of Directors.

**Financial Statement Presentation**

The financial statements of the organization have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles. In accordance with relevant standards, the net assets of the organization and changes therein are classified and reported as follows:

- Net assets without donor restrictions - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of Interfaith Emergency Services, Inc.'s management and the board of directors.
- Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by passage of time. Other restrictions are perpetual by nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

**Recognition of Donor Restricted Contributions**

Unconditional contributions are recognized as revenue when pledged and recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets are reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a restriction expires, that is, when a stipulated time restriction or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported on the statement of activities as net assets released from restrictions.

**Cash and Cash Equivalents**

Cash and cash equivalents consist of funds in eight accounts, one of which is interest bearing. The organization considers cash in banks, cash on hand, and other highly liquid investments with an original maturity of three months or less to be cash and cash equivalents. All accounts are unprotected beyond the FDIC and SIPC limitations.

**Inventory**

Inventory consists of food and other donated items that are on hand as of December 31, 2019 and is valued at the fair market value of the items donated.



**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Investments**

In conformity with relevant standards, investments in marketable securities with readily determinable fair value and all investments in debt securities are reported at their fair values in the Statement of Financial Position. Unrealized gains and losses are included in the change of net assets.

**Furniture, Equipment, and Improvements**

Furniture, equipment, and improvements are recorded at cost, or in the case of donated items, at the fair market value on the date received. Depreciation is recorded using the straight line method over the anticipated useful lives of the assets, ranging from three to seven years for furniture and equipment, and seven to thirty years for improvements.

**Expense Allocation**

Expenses are allocated to each program or activity based on direct expenditures incurred. Any expenditure not directly chargeable is allocated based on management's decision on a basis consistent with prior years. The expenses that are allocated based on time and effort include: certain salaries, communication, and utilities.

**Income Taxes**

Interfaith is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida laws. Interfaith has been classified as an organization that is not a private foundation under Section 509(a)(2) of the Internal Revenue Code and donors may deduct contributions as provided in Section 170 of the Code.

It is the policy of management to evaluate its tax positions on an ongoing basis and to disclose any such positions it believes would have a material impact on the financial statements and related notes. Management believes that no such required disclosures exist.

The Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before 2016. The Organization would recognize interest accrued related to unrecognized tax benefits in interest expense and penalties, if any, in operating expenses.

**Estimates**

The preparation of financial statements in conformity with generally accepted accounting principals requires estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Donated Services and Materials**

A substantial amount of services are contributed to the organization to help carry out its activities. The value of services donated by volunteers in the form of labor hours is not recorded in the accompanying financial statements since they do not meet the requirements for recognition. The value of food and other personal items that are donated and distributed is estimated by Interfaith using the number of cases handled multiplied by an estimated value per case to arrive at a total value. The amount included in the financial statements for donated items is \$1,817,060 for 2019.

**Compensated Absences**

The organization provides and accrues vacation pay and sick pay for its employees. Vacation pay must be taken during the year in which it accrues and sick leave, although carried over, is not vested at termination, therefore there is no accrued liability at year end for compensated absences.

**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Subsequent Events**

The organization has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through August 21, 2020, the date the financial statements were available to be issued.

**Adoption of New Accounting Standard**

In 2019, the Organization adopted the new accounting standards related to accounting for revenue and contracts with customers: *FASB Accounting Standards Updates (ASU) 2014-09 Revenue from Contracts with Customers* and *2018-08 Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The Organization's revenue is primarily derived from contributions; the Organization has implemented the provisions of ASU 2018-08 applicable to contributions received in the accompanying financial statements under a modified prospective basis. The adoption of these standards did not have a significant impact on the financial statements.

**Note 2 - Restrictions on Assets**

All net assets with donor restrictions are a result of contributions with donor restricted uses. They include funds given for normal emergency assistance to individuals or families in need and are to be expended in the normal course of business. Interfaith also received funds from the Marion County Board of County Commissioners in the form of a Community Development Block Grant intended for facility improvements. The improvements must be used for the intended purposes for fifteen (15) years. As of December 31, 2019, restricted net assets are as follows:

Emergency Assistance	\$	575,651
CDBG Funds		<u>759,602</u>
	\$	<u><u>1,335,253</u></u>

**Note 3 – Other Assets**

Other assets are as follows as of December 31, 2019:

Prepaid Insurance	\$	5,350
Security Deposits		<u>3,601</u>
	\$	<u><u>8,951</u></u>

**Note 4 - Property and Equipment**

Property and equipment consists of the following as of December 31, 2019:

Real estate and improvements	\$	2,479,010
Furniture, equipment, and vehicles		301,391
Work in progress		<u>46,745</u>
		2,827,146
Accumulated depreciation		<u>(865,650)</u>
	\$	<u><u>1,961,496</u></u>

**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Note 5 - Pension Plan**

The Organization has a Simplified Employee Pension Plan. The Plan states that the Organization will match employee contribution up to 3% of wages. During the year eight employees were eligible to participate in the Plan. Contributions for the year total \$8,299 for 2019.

**Note 6 – Accounts Payable and Other Current Liabilities**

Accounts payable and other current liabilities consist of the following as of December 31, 2019:

Accounts payable	\$	4,220
Payroll taxes payable		6,060
Sales tax payable		2,101
Accrued payroll		18,810
	\$	<u>31,191</u>

**Note 7 – Investments**

Investments are stated at fair value. Fair values at December 31, 2019 are summarized as follows:

Certificates of deposit	\$	131,057
Stocks		876,729
Exchange-traded funds		106,236
Corporate fixed-income bonds		101,286
	\$	<u>1,215,308</u>

The investments in the index and mutual funds are exposed to a variety of uncertainties, including interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is possible that changes in the values of these investments could occur in the near term. Such changes could affect the amounts reported in the financial statements of the Organization.

The net investment income at December 31, 2019 consists of the following:

Interest and dividends	\$	35,540
Unrealized gain on investments		202,063
Realized loss on investments		(1,131)
	\$	<u>236,472</u>

**Note 8 – Liquidity and Availability of Resources**

The Organization has \$1,750,043 of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures. As part of Interfaith Emergency Services, Inc.'s liquidity management, it structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Note 8 – Liquidity and Availability of Resources (continued)**

The financial assets consist of:

Financial assets, at year end	\$	2,347,233
Donor-imposed purpose restrictions		<u>(597,190)</u>
Financial assets available to meet cash needs for general expenditures within one year	\$	<u>1,750,043</u>

**Note 9 - Concentration of Credit Risk**

The organization conducts its operations in North Central Florida and is solely dependent on the region's economy for its revenues. Interfaith Emergency Services, Inc. maintains its deposit accounts at financial institutions. The balance, at times, may exceed federally insured limits which are \$250,000 for each financial institution. At December 31, 2019 these limits were exceeded by \$413,248.

**Note 10 – Fair Value of Financial Instruments**

Fair value of assets measured on recurring basis at December 31, 2019 are as follows:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments - certificates of deposit funds	\$ 131,057	\$ 131,057	\$ -	\$ -
Investments - stocks	876,729	876,729	-	-
Investments - ETFs	106,236	106,236	-	-
Investments - corporate bonds	101,286	101,286	-	-
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Total	\$ <u>1,215,308</u>	\$ <u>1,215,308</u>	\$ <u>-</u>	\$ <u>-</u>

The fair value accounting literature established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 consist of unobservable inputs and have the lowest priority. Fair values for investments are determined by reference to quoted market prices and other relevant information generated by market transactions.

**NOTES TO FINANCIAL STATEMENTS**  
**INTERFAITH EMERGENCY SERVICES, INC.**  
**For year ended December 31, 2019**

**Note 10 - Supplemental Cash Flow Information**

The Organization paid the following amounts for interest and income taxes for the year ended December 31, 2019:

Interest	\$ <u>          -</u>
Income taxes paid	\$ <u>          -</u>

**Note 11 – Subsequent Events**

Subsequent to year-end, The World Health Organization declared COVID-19 a pandemic. The extent of COVID-19's effect on the Organization's operational and financial performance will depend on future developments, including the duration, spread and intensity of the pandemic, all of which are uncertain considering the rapidly evolving circumstances. The ultimate effects of the pandemic could have a material adverse effect of the Organization's activities, results of operations, financial condition and cash flow.

## Explanation of In-Kind Match

**Amount = \$15,000**

As part of our mission Interfaith Emergency Services operates a food pantry, free clothing boutique and free hygiene items to clients of low or no income. These resources come to Interfaith regularly through in-kind donations from individuals, Feeding America, and community food & hygiene drives. At times of low inventory, staple items are purchased with funds from Interfaith's general operating budget.

These resources will be offered to participants of the Interfaith Permanent Supportive Housing Program as needed. While participants with income and/or benefits will be encouraged to use their personal resources for these needs, it is estimated that at least 5 clients per month will rely on these services for an average of \$250 worth of food, clothing and/or hygiene items. Cleaning products will also be provided to help residents with their house-keeping needs. While the actual rate of services provided to all 11 potential participants of the program may be higher, this is a fair estimate of the in-kind donations that will be devoted to supporting this housing program. Because these resources come from a community of donors there is no MOU for this in-kind support.

5 Clients @ \$250/month = \$1,250 per month = **\$15,000 per 12 months.**