

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.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to 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.
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 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 2023 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: 09/25/2023

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:** Brevard Homeless Coalition, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 47-1533071
- c. Unique Entity Identifier:** C2JCKD4VNF13

d. Address

Street 1: 6939 N Wickham Rd
Street 2:
City: Melbourne
County: Brevard
State: Florida
Country: United States
Zip / Postal Code: 32940

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: Ashley
Middle Name:
Last Name: Miller
Suffix:
Title: Contracts and Programs Director
Organizational Affiliation: Brevard Homeless Coalition, Inc.
Telephone Number: (321) 258-6640
Extension:

Fax Number: (321) 258-6640

Email: ashley@brevardhomelesscoalition.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6700-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: WAYS for Life Youth Housing FY2023

16. Congressional District(s):

16a. Applicant: FL-008

16b. Project: FL-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 08/31/2025

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: Mrs.

First Name: Amber

Middle Name:

Last Name: Carroll

Suffix:

Title: Executive Director

Telephone Number: (321) 285-6640
(Format: 123-456-7890)

Fax Number: (321) 285-6640
(Format: 123-456-7890)

Email: amber@brevardhomelesscoalition.org

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

Date Signed: 09/25/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Brevard Homeless Coalition, Inc.

Prefix: Mrs.

First Name: Amber

Middle Name:

Last Name: Carroll

Suffix:

Title: Executive Director

Organizational Affiliation: Brevard Homeless Coalition, Inc.

Telephone Number: (321) 285-6640

Extension:

Email: amber@brevardhomelesscoalition.org

City: Melbourne

County: Brevard

State: Florida

Country: United States

Zip/Postal Code: 32940

2. Employer ID Number (EIN): 47-1533071

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$50,541.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
State of Florida, Department of Children and Families, 2415 N. Monroe St. Suite 400, Tallahassee, FL 32303	Staffing Grant	\$107,142.85	Cover the costs of Lead Agency Staffing and Office Expenses
Board of County Commissioners of Brevard County, Florida, 2725 Fran Jamieson Way, Building B, Viera, Florida 32940	D5 Revenue Replacement Agreement - ARPA funds	\$31,000.00	Coove the cost of annual lease, rental payments, utilities and basic maintenance

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? 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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Amber Carroll, Executive Director

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

Date Signed: 09/25/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I 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.

X

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: Mrs.

First Name: Amber

Middle Name

Last Name: Carroll

Suffix:

Title: Executive Director

Telephone Number: (321) 285-6640
(Format: 123-456-7890)

Fax Number: (321) 285-6640
(Format: 123-456-7890)

Email: amber@brevardhomelesscoalition.org

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

Date Signed: 09/25/2023

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:

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: Brevard Homeless Coalition, Inc.

Name / Title of Authorized Official: Amber Carroll, Executive Director

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

Date Signed: 09/25/2023

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: Brevard Homeless Coalition, Inc.

Street 1: 6939 N Wickham Rd

Street 2:

City: Melbourne

County: Brevard

State: Florida

Country: United States

Zip / Postal Code: 32940

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.

First Name: Amber

Middle Name:

Last Name: Carroll

Suffix:

Title: Executive Director

Telephone Number: (321) 285-6640
(Format: 123-456-7890)

Fax Number: (321) 285-6640
(Format: 123-456-7890)

Email: amber@brevardhomelesscoalition.org

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

Date Signed: 09/25/2023

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: Brevard Homeless Coalition, Inc.

Prefix: Mrs.

First Name: Amber

Middle Name:

Last Name: Carroll

Suffix:

Title: Executive Director

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

Date Signed: 09/25/2023

1L. SF-424D

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

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

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: \$50,541

Organization	Type	Sub-Award Amount
Ready for Life Brevard, Inc. nka WAYS for Life,...	M. Nonprofit with 501C3 IRS Status	\$50,541

2A. Project Subrecipients Detail

a. Organization Name: Ready for Life Brevard, Inc. nka WAYS for Life, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 84-3366048

d. Unique Entity Identifier: EGYBWW2MWVV5

e. Physical Address

Street 1: 1401 Guava Ave.

Street 2: Second Floor

City: Melbourne

State: Florida

Zip Code: 32935

f. Congressional District(s): FL-008
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$50,541

j. Contact Person

Prefix: Ms.

First Name: Pamela
Middle Name:
Last Name: Bress
Suffix: Esq.
Title: Executive Director
E-mail Address: pam.bress@waysforlife.org
Confirm E-mail Address: pam.bress@waysforlife.org
Phone Number: 321-204-4478
Extension:
Fax Number:

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.

A 501(c)(3) organization incorporated in 2015, The Brevard Homeless Coalition, Inc. (applicant) started as Brevard County's Lead Agency for the Continuum of Care, contracted with the Department of Children and Families to provide homeless services in Brevard County. The Brevard Homeless Coalition has demonstrated a strong organizational history of excellent performance and experience in fulfilling the goals and activities of local, state, and federal funds. The Brevard Homeless Coalition recognizes the interconnections of state and private services needed to address homelessness and to implement a system that delivers a cohesive and comprehensive resolution to ending homelessness both on a household and systemic level. This includes braiding federal funding with local resources. As the Lead Agency for the Continuum of Care, we have a commitment to collaborating with partners in our community with strong track records of financial management and comply with all rules of grant funding.

Sub History: On 12/26/2018, after visiting one of her young clients in jail, Pamela Bress, senior staff attorney at Brevard County Legal Aid, decided to tackle the problems her clients faced as they aged out of foster care. Ms. Bress believed that if her 20-year-old client had lived in a safe place and had access to supportive services, she would not have been involved in the criminal justice system and would not have lost her two sons to foster care. Through her research, Ms. Bress became affiliated with a venture in Pinellas County called Ready for Life (RFL) that has a 15-year track record of success in helping young adults as they make the challenging transition from foster care to adulthood. With permission from RFL Pinellas, Ready for Life Brevard (RFLB) was incorporated in 2019 and opened its agency doors in 01/2020. In 08/2022, RFLB re-branded to become WAYS for Life, Inc (WAYS). The mission of WAYS is to provide wraparound youth services for young adults formerly in foster care and those experiencing homelessness. WAYS' target population is youth ages 15-25 who are homeless, former foster youth, or unaccompanied youth.

Sub Experience: Over the past three years, WAYS has assisted more than 330 at-risk youth and over 120 of their dependent children. Working in tandem with the Housing Authority of Brevard County, dozens of WAYS members are recipients of a coveted Foster Youth to Independence Housing Choice Voucher (FYI voucher) with several additional youths currently in the application process. In the second quarter of 2020, WAYS (formerly known as Ready for Life Brevard) was second in the nation for the number of successful housing placements utilizing the FYI vouchers. WAYS' outcome data includes: *55 youth transitioned from homelessness to housing *196 youth received support through the Career Pathways Program *54 youth received support obtaining identification and transportation *66 Youth participated in the onsite GED FastTrack Program *92 Youth participated in health & wellness activities such as mentoring, mental health therapy, art therapy, sailing, etc. *95 Youth received free legal services

Over the past three years, WAYS received federal funding through the Attorney General's Office Victims of Crime Act (VOCA) grant and multiple Community Development Block grants from Brevard County for the above services and programs which reflect WAYS' ability to utilize federal funds and perform the activities as proposed.

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

The Brevard Homeless Coalition recognizes the interconnections of state and private services needed to address homelessness and to implement a system that would deliver a more cohesive and comprehensive resolution to ending homelessness both on a household and systemic level. This includes braiding federal, state, local and private sector funds. By strategically working with member organizations, we have leveraged CDBG, ESG-CV, and Emergency Housing Vouchers together to maximize resources and outcomes. With guidance from HUD Technical Assistance, from Homebase, we have effectively redesigned and implemented a new governance structure. This shift in our governance structure created a CoC Advisory Council, made up of decision makers in the following sectors: government (county and city), housing services providers, community services representatives, public housing authorities, the school district, mental/behavioral/substance use/health providers, the business community, and more. We have the influence needed in our Continuum of Care to leverage sources of funding from a variety of sectors. During the past three years, Subrecipient WAYS has become a vital resource for homeless youth and youth aging out of foster care in Brevard. The agency receives referrals from nonprofit partners on a daily basis and in three years has tripled in size, both with the number of individuals being served as well as the funding needed to successfully maintain its programs and services. While the agency is financially solvent, the rapid expansion and ongoing referrals to WAYS seem to constantly challenge the agency's ability to set aside six months of cash reserves. Since the agency's first year of operations was during the COVID-19 pandemic, fundraising events were grossly limited until the pandemic subsided in 2023. WAYS is fortunate to have numerous community supporters who collectively give over \$100,000 in unrestricted agency cash annually. The monthly WAYS Hero Hearts Club generates over \$40,000 each year. WAYS has a diversified funding stream which includes donations from corporations, foundations, individuals, grants, in-kind donations including food, supplies, and rent from the Housing Authority of Brevard County where the WAYS' drop-in is located. WAYS has over 80 volunteers who donate thousands of hours per year.

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

The BHC is governed by a Board of Directors whose purpose is to ensure the financial viability and integrity of BHC. The Board is responsible to monitor the quality of services and financial soundness of the corporation. The Board commits itself and its members to ethical and lawful conduct including proper use of authority when acting as a Board member. The BHC uses accrual basis accounting for the entire fiscal year. Fiscal records are maintained for cash, payroll, payables, fixed assets, general ledger activity with computerized accounting software. Records are retained following the records retention procedure and satisfy the administrative, fiscal, legal and historical needs of the agency. The BHC has established written procedures for internal controls. These controls are designed to prevent loss of funds due to fraud, error, misrepresentation, or imprudent actions. Financial statements are prepared monthly. The Statement of Activities displays at a minimum budget versus actual revenue and expense activity for the month and year to date. Financial statements are distributed and reviewed by the Executive Director and the Executive Finance Committee to the BHC Board on a monthly basis. The Executive Director reports to the Board of Directors, which is comprised of notable business executives, community leaders, local government, housing authorities, homeless advocates, and more.

Salaries for WAYS (Sub) staff are comprised of units of service allocated between the Youth Program, Every Mother's Advocate Program, and GED FastTrack Program. Within these programs are various program components such as case management units, peer specialists, transportation, etc. As a service provider, salaries comprised 49% of expenses in 2022. All staff fill out a daily time sheet and submit it at the end of the month to the WAYS operations manager. Anyone who is approved to work on a federal grant also submits a separate time sheet that accounts for the percentage of time they worked on that specific grant (for example, VOCA). If this request is approved, individuals working on this project will complete a separate time sheet specific to the time spent on this project. Operations expenses such as rent, internet, insurance, computer expenses, office supplies, etc. are allocated proportionally to each program according to the portion of the program that is part of the overall agency budget. For purposes of this grant, the number of case management units of service will be tracked in HMIS for each staff person including administrative staff providing services to this program. Expenses such as renting a home to house WAYS members in conjunction with utility expenses for that home will be clearly identified and attributed to the Youth Housing program costs as individual budget line items. WAYS' Board of Directors meets every month to review WAYS' financial management. The Board has an Executive Finance Committee comprised of the Board president and treasurer, the executive director, and the certified QuickBooks bookkeeper who meet the week before the monthly meeting to create financial reports which the Board reviews first thing at the monthly Board meeting. WAYS retains a CPA firm to prepare and file its 990 tax return.

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

3A. Project Detail

1. **CoC Number and Name:** FL-513 - Palm Bay, Melbourne/Brevard County CoC
2. **CoC Collaborative Applicant Name:** Brevard Homeless Coalition, Inc.
3. **Project Name:** WAYS for Life Youth Housing FY2023
4. **Project Status:** Standard
5. **Component Type:** Joint TH & PH-RRH
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
10. **Is this project applying for Rural costs on screen 6A?** No

3B. Project Description

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

WAYS for Life believes that safe, affordable housing is a critical component when examining a person's social determinants of health. WAYS for Life Youth Housing helps youth find a safe place to stay while providing wraparound supportive services to prepare youth to secure permanent, independent housing as quickly as possible. WAYS for Life currently assists youth in securing temporary and permanent housing through other providers. Often the available housing is not close to the WAYS drop-in center and youth need transportation to receive WAYS ongoing services. This project will fund one rented home managed by WAYS for Life near the WAYS wraparound center. The home would house four or more youths at a time, with the goal of moving each individual to permanent housing within six months. While the focus will be on housing single youths, those with dependent children or significant partners will not be excluded from occupancy consideration. This project will also provide partial funding of wraparound services needed for homeless and at-risk youth including a devoted care team member who will personally oversee each individual's transition plan at the WAYS House as each member works to become self-sufficient and find independent housing. The care team member will refer each resident of the house to the WAYS' drop-in center for additional wraparound services as outlined below. Re-housing will include initial utility hook-up fees to get members established in their new homes. WAYS' multifaceted approach to addressing wellness for at-risk and homeless youth includes a focus on social determinants of health as follows: Economic Stability: WAYS connects members to career programs, resolves employment barriers, and assists with applications for public benefits. Education: The WAYS Educational Learning Lab provides tutoring and a licensed GED FastTrack course as well as career exploration, technical training, and employment assistance. Social and Community Context: WAYS offers mentors and peer social activities that foster social connections. Health and Healthcare: WAYS provides psychosocial rehabilitative services, mental health therapy, group therapy, and a Healthcare Navigator who connects members to insurance and healthcare services as well as completing applications for public benefits such as social security disability income, and supplemental nutrition assistance through SNAP. WAYS also provides nutrition counseling, cooking classes, and a well-stocked food pantry that includes personal care items as well as formula and diapers for babies. Neighborhood and Surrounding Environment: WAYS' Housing and Legal Specialist assists with transitioning members to stable housing arrangements. Additionally, the majority of the members who arrive at WAYS do not have any identifying documents and need supportive assistance, including transportation and legal support, to acquire items like a birth certificate, social security card, and photo ID. 90% do not have a driver's license when they arrive and need ongoing support to learn to drive and ultimately acquire their license. All of these services will be available to youth who will reside at the WAYS Youth Housing which will be located close to the WAYS' drop-in center.

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	30			
Begin program participant enrollment	45			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	45			
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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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 checked="" 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"/>

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? Yes
 (Click 'Save' to update)

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.

Youth who age out of foster care or who are unaccompanied youth often lack life skills and need supportive transitional housing to stabilize and prepare for permanent housing. The project proposes to rent a single-family home with an assigned case manager who will provide case management services to the residents of the home. The house will be located close to the WAYS' drop-in center where each resident of the WAYS' House can access multiple free wraparound services and programs all under one roof.

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

WAYS' target population is youth aged 18-24 who have aged out of foster care or who are experiencing homelessness. The target population's needs vary widely, but the predominant theme includes wraparound support and guidance to develop the skills to succeed at living independently. Upon intake, WAYS addresses all social determinants of health and helps the individual youth to find housing and employment and create their Individual Success Plan. This Plan includes SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) that become an integral part of the member's transition to successful independent living. Progress on the individual plan can be viewed by each Care Team member assisting the WAYS youth. Life skills such as budgeting are often included in the Plan.

For former foster youth and those aging out, WAYS helps members apply for an FYI Voucher in partnership with the Housing Authority of Brevard County. For homeless youth, WAYS attempts to find immediate placement with emergency housing partners including Community of Hope (which provides one two-bedroom unit for WAYS' use) or Housing for the Homeless. These partners also help WAYS with RRH when members are ready for independent housing. Other partners supporting WAYS with RRH include Wings of Grace Ministries, Housing Authority of Brevard County, and independent landlords. WAYS prioritizes youth with special needs or dependent children as housing opportunities become available. Transitional Housing funds will be used to expand housing options by adding the WAYS House as a new TH property to assist more youth during the grant period. RRH funds will help WAYS to quickly get members into housing with our current and future partners.

The WAYS Housing and Legal Specialist helps each homeless member to identify and resolve their barriers to housing which may include criminal history, lack of identification, poor credit, and other barriers. WAYS commits to each landlord to provide ongoing case management to help ensure successful housing placements and commits to resolving unsuccessful placements to the landlord's satisfaction. This sometimes includes intentional damages caused by a WAYS member or violations of lease agreements. The overarching goal for all participants including the landlords is for members to have long-term success in their permanent housing arrangement. For youth with intellectual disabilities, WAYS works to secure a Guardian Advocate and Representative Payee if needed to assist the youth member with managing their finances and helping with other personal needs. For youth with dependent children, WAYS offers a court-approved program called Every Mother's Advocate which provides one-on-one mentoring with structured parenting lessons. The WAYS Care Team assists with helping members secure child care so they may work and come to WAYS for other services. Determining the right housing for each individual depends on their varying needs. Those who have employment and identification often can go directly into RRH. Those who have been homeless for an extended period of time or have numerous personal needs often go to TH while they prepare for long-term housing success.

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.

- **Obtaining and Increasing Employment Income:** WAYS has a robust Educational Learning Lab that includes a 5-week GED FastTrack program as well as individual tutors, mentors, and a Career Pathways Ready for Work Program. The Career Pathways Coordinator works to assist each member with identifying their employment barriers as well as their current strengths and long-term employment goals. Wraparound assistance is then provided to help each member progress toward their long-term employment goals while currently working to support themselves.
- **Mainstream services assistance:** To increase non-employment income, the WAYS Healthcare Navigator assists members with applications for SNAP and provides support to keep their food stamp accounts current. Upon intake, individuals who may be eligible for Social Security Income immediately begin working with one of the staff attorneys to create their SSI application and gather any needed supportive information for the application.
- **Social Services assistance:** The Every Mother’s Advocate Coordinator assists with helping members who have dependent children find affordable child care and apply for ELC. The Coordinator also pairs the young parent with a mentor who provides a 10-week one-on-one parenting class. WAYS for Life also has a food and personal needs pantry onsite at the wraparound center. The pantry includes dry and canned goods as well as fresh bakery items, frozen and fresh meats, meal prep kits, toiletries, and personal care items including formula and diapers for those with young dependent children.
- **Healthcare Benefits and Resources:** WAYS contracts with a Healthcare Navigator, Allyson Holley, who is a retired special educator with a master's degree, is a Guardian ad Litem, and has over thirty years of experience working with youth. Ms. Holley is licensed in health insurance in Florida and completes the Affordable Care Act annual training each year for both individuals and the Small Business Healthcare Options Program (SHOP). Ms. Holley plays a critical role at WAYS assisting each member with securing Medicaid if they qualify or applying for health insurance through the Marketplace if they do not currently have it. As an important part of the Care Team, the Healthcare Navigator also helps secure appointments as needed and provides transportation and accompaniment to appointments if requested by members to close gaps in access to care. Furthermore, WAYS partners with numerous providers in the community to meet health needs including Brevard Health Alliance, partner dentists, and Beachside Recovery Interventions and Consulting (BRIC). Specifically, BRIC provides individual mental health therapy, and group therapy, and works closely with members struggling with trauma or substance use.
- Ms. Holley meets with new members weekly but also provides ongoing services to existing members as needed including annual follow-ups to ensure benefits are received and renewed. The Navigator and two WAYS staff members intend to complete SOAR certification in the coming months.
- In addition to the WAYS van which is used by Care Team staff to transport members for various purposes (job interviews, medical appointments, etc.), WAYS also provides bus passes, volunteer drivers, issues bicycles, and covers Uber expenses when alternative transportation is unavailable for important appointments.

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total	
Total Units:	1	8	9	
Total Beds:	4	10	14	
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Shared housing	1	4	0
---	Scattered-site ap...	8	10	0

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes
private rooms per household?

2. Housing Type: Shared housing

3. What is the funding source for these units and CoC
beds?
(If multiple sources, select "Mixed" from the
dropdown menu)

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

a. Units: 1

b. Beds: 4

5. 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: 1401 Guava Ave.

Street 2:

City: Melbourne

State: Florida

ZIP Code: 32935

6. 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)

121926 Melbourne, 129009 Brevard County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?

2. Housing Type: Scattered-site apartments (including efficiencies)

3. What is the funding source for these units and beds? Mixed Funding
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: CoC, Section 8, PBV's, Private Donations

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

a. Units: 8

b. Beds: 10

5. 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: 1404 Guava Ave
Street 2:
City: Melbourne
State: Florida
ZIP Code: 32935

6. 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)

129009 Brevard County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	6		8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24	2	6		8
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
Total Persons	6	6	0	12

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										2
Children under age 18										4
Total Persons	0	0	0	0	0	0	0	0	0	6

Click Save to automatically calculate totals

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										
Persons ages 18-24										6
Total Persons	0	0	0	0	0	0	0	0	0	6

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										
Total Persons	0			0	0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

Youth aged out of foster care, unaccompanied youth, etc...

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? 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:

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

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

6C. Leased Units

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

Total Annual Assistance Requested:	\$23,052
Grant Term:	1 Year
Total Request for Grant Term:	\$23,052
Total Units:	1

The number of beds for which funding has been requested in the Leased Units budget is 4.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
FL - Palm Bay-Mel...	1	\$23,052	\$23,052

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Palm Bay-Melbourne-Titusville, FL MSA (1200999999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$611		x	12	=	\$0
0 Bedroom		x	\$815		x	12	=	\$0
1 Bedroom		x	\$984		x	12	=	\$0
2 Bedroom		x	\$1,196		x	12	=	\$0
3 Bedroom		x	\$1,596		x	12	=	\$0
4 Bedroom	1	x	\$1,921	\$1,921	x	12	=	\$23,052
5 Bedroom		x	\$2,209		x	12	=	\$0
6 Bedroom		x	\$2,497		x	12	=	\$0
7 Bedroom		x	\$2,785		x	12	=	\$0
8 Bedroom		x	\$3,074		x	12	=	\$0
9 Bedroom		x	\$3,362		x	12	=	\$0
Total units and annual assistance requested:	1							\$23,052
Grant term:								1 Year
Total request for grant term:								\$23,052

Click the 'Save' button to automatically calculate totals.

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	A part-time case manager at a cost of \$18,618.00 per year will help residents develop an individual service plan with the goal being a path to permanent housing stability, and will coordinate services, assist with securing federal, state and local benefits, monitor and evaluate resident progress, and provide information and referrals to other providers.	\$18,658
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	WAYS will pay the utility deposits for residents of the WAYS' House who move into permanent housing	\$3,200
17. Operating Costs		
Total Annual Assistance Requested		\$21,858
Grant Term		1 Year
Total Request for Grant Term		\$21,858

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	Annual HMIS software cost	\$1,040
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$1,040
Grant Term:		1 Year
Total Request for Grant Term:		\$1,040

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$12,707
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$12,707

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Unrestricted Agen...	\$8,000
Cash	Private	Unrestricted Agen...	\$2,000
Cash	Private	Unrestricted Agen...	\$2,707

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Unrestricted Agency Cash - Rental Assistance
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$8,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Unrestricted Agency Cash - Moving Costs
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$2,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Unrestricted Agency Cash - Transportation
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$2,707

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$23,052	1 Year	\$23,052
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$21,858	1 Year	\$21,858
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$1,040	1 Year	\$1,040
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$45,950
10. Admin (Up to 10% of Sub-total in #9)			\$4,591
11. HUD funded Sub-total + Admin. Requested			\$50,541
12. Cash Match (From Screen 6I)			\$12,707
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$12,707
15. Total Project Budget for this grant, including Match			\$63,248

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Non...	09/14/2023
3) Other Attachment(s)	No	WAYS Match Letter	09/25/2023
2) Other Attachment(s)	No	Housing & Healthc...	09/22/2023

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: WAYS Match Letter

Attachment Details

Document Description: Housing & Healthcare Leverage

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

- 5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.
- 6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.
- 7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.
- 8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Amber Carroll

Date: 09/25/2023

Title: Executive Director

Applicant Organization: Brevard Homeless Coalition, Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/15/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/15/2023
1E. SF-424 Compliance	09/15/2023
1F. SF-424 Declaration	09/15/2023
1G. HUD 2880	09/15/2023
1H. HUD 50070	09/15/2023
1I. Cert. Lobbying	09/15/2023
1J. SF-LLL	09/15/2023
1K. SF-424B	09/15/2023
1L. SF-424D	09/15/2023
2A. Subrecipients	09/21/2023
2B. Experience	09/22/2023
3A. Project Detail	09/15/2023
3B. Description	09/25/2023
3C. Expansion	09/15/2023
4A. Services	09/25/2023
4B. Housing Type	09/25/2023
5A. Households	09/21/2023
5B. Subpopulations	09/15/2023
6A. Funding Request	09/15/2023
6C. Leased Units	09/15/2023
6F. Supp Srvcs Budget	09/25/2023
6H. HMIS Budget	09/21/2023
VAWA Budget	No Input Required
6I. Match	09/21/2023
6J. Summary Budget	No Input Required

7A. Attachment(s)	09/25/2023
7D. Certification	09/25/2023

IRS 501 C3 Determination Letter & Subsequent Proof of Name Change to WAYS for Life

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

DEPARTMENT OF THE TREASURY

Date: NOV 21 2019

READY FOR LIFE BREVARD INC
C/O PAMELA BRESS
1430 SARNO ROAD
MELBOURNE, FL 32935-0000

Employer Identification Number:
84-3366048
DLN:
26053712003159
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 11, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

READY FOR LIFE BREVARD INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on June 20, 2022, to Articles of Incorporation for READY FOR LIFE BREVARD, INC. which changed its name to WAYS FOR LIFE, INC., a Florida corporation, as shown by the records of this office.


I further certify the document was electronically received under FAX audit number H22000213104. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N19000010832.

Authentication Code: 222A00013895-062122-N19000010832-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-first day of June, 2022




Secretary of State

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION
OF
READY FOR LIFE BREVARD, INC.**

Pursuant to the provisions of Section 617.1006, Florida Statutes, this Florida not for profit corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The Document Number of this corporation is N19000010832.
2. Article I is hereby restated as follows:

The name of this corporation shall be WAYS for Life, Inc. and its principal place of business shall be located at 1401 Guava Ave, 2nd Floor, Melbourne, FL 32935 with a mailing address of 1401 Guava Ave, 2nd Floor, Melbourne, FL 32935.

3. The foregoing Amendment was approved by the shareholders of the corporation. The number of votes cast for the amendment by the shareholders was sufficient for approval.

Signed this 2 day of June, 2022.

Ready for Life Brevard, Inc., a Florida not for profit corporation

By: 
Julia Irvin, President

THIS INSTRUMENT PREPARED BY:
DALE A. DETTMER, ESQ.
304 S. Harbor City Boulevard
Melbourne, Florida 32901
(321) 723-5646
Florida Bar Number: 172988



June 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WAYS FOR LIFE, INC.
1430 SARNO ROAD
MELBOURNE, FL 32935

Re: Document Number N19000010832

The Articles of Amendment to the Articles of Incorporation for READY FOR LIFE BREVARD, INC. which changed its name to WAYS FOR LIFE, INC., a Florida corporation, were filed on June 20, 2022.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H22000213104.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Jasmine N Horne
Regulatory Specialist II
Division of Corporations

Letter Number: 222A00013895



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

Detail by FEI/EIN Number

Florida Not For Profit Corporation
WAYS FOR LIFE, INC.

Filing Information

Document Number	N19000010832
FEI/EIN Number	84-3366048
Date Filed	10/11/2019
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	06/20/2022
Event Effective Date	NONE

Principal Address

1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Changed: 01/15/2022

Mailing Address

1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Changed: 01/15/2022

Registered Agent Name & Address

BRESS, PAMELA M
1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Address Changed: 01/15/2022

Officer/Director Detail

Name & Address

Title President

IRVIN, JULIA
400 TROTTER LANE #201
MELBOURNE, FL 32940

Title Treasurer

SOLOWAY, LISA
1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Title Secretary

Gornto, Mark
1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Title VP

Farmer, Betsy
1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Title Director

Bress, Pam, Esq.
1401 Guava Ave.
2nd Floor
MELBOURNE, FL 32935

Annual Reports

Report Year	Filed Date
2021	02/04/2021
2022	01/15/2022
2022	08/09/2022

Document Images

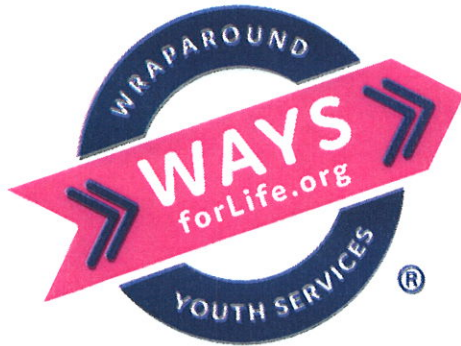
08/09/2022 -- AMENDED ANNUAL REPORT	View Image in PDF format
06/20/2022 -- Amendment and Name Change	View Image in PDF format
01/15/2022 -- ANNUAL REPORT	View Image in PDF format
02/04/2021 -- ANNUAL REPORT	View Image in PDF format
03/08/2020 -- ANNUAL REPORT	View Image in PDF format
10/11/2019 -- Domestic Non-Profit	View Image in PDF format

1/1/23, 3:23 PM

Detail by FEI/EIN Number

--

Florida Department of State, Division of Corporations



September 25, 2023

To: Brevard Homeless Coalition

Re: Availability of Agency Matching Funds for 2023 Universal Request for Proposal

This letter confirms that WAYS for Life, Inc. has sufficient agency non-restricted matching cash funds committed to the agency that exceed the required amount of \$12,707.00 which is needed for the WAYS Youth Housing Project. WAYS is committed to using the \$12,707.00 in cash unrestricted funds to provide services and support to the WAYS Youth Housing Project to resolve the youth homeless crisis impacting Brevard County, Florida.

During the 2024-2025 grant cycle from September 1, 2024, through August 31, 2025, WAYS for Life, Inc. expects to provide the following unrestricted cash match amounts to the WAYS Youth Housing Project:

- \$8,000.00 - Leasing and Utility Expenses for WAYS' Youth House
- \$2,000.00 - Assistance with moving costs
- \$2,707.00 - Transportation

The \$12,707.00 cash match amount will be available and set aside for the project on or before September 1, 2024, and will be used for the WAYS Youth Housing Project from September 1, 2024 through August 31, 2025.

Sincerely,

Pamela M. Bress, Esquire, Executive Director

BrevardHEALTH Alliance

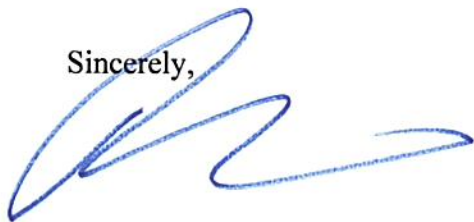
September 14, 2023

Dear Ms. Bress,

Brevard Health Alliance, as the Federally Qualified Health Center Primary Health Care Services Provider in Brevard County, is pleased to provide this letter of support for Brevard Homeless Coalition and WAYS for Life's application for their Joint Transitional Housing – Rapid Rehousing project, "Youth Housing" in the FY2023 HUD CoC-Program Competition. WAYS for Life, formerly known as Ready for Life Brevard, is a nonprofit organization and drop-in center for youth ages 15-25 in Brevard County, Florida. They provide Wraparound Youth Services (WAYS) to help teens and young adults avoid and exit homelessness and crime. WAYS works with youth to find resources and creative solutions to issues such as housing, legal, employment, education, transportation, health care, wellness, and counseling, and understand that until immediate basic needs are met, it is nearly impossible to contemplate the future.

The Brevard Health Alliance is pleased to continue our work and partnership with the Brevard Homeless Coalition and WAYS for Life to provide primary care medical services at sliding fee scale rate based on family size and income. The value of committed healthcare resources being provided to the "Youth Housing" project is \$20,000. These services will be available at the start of the project term and will stop at the end of the term (9/1/2024-8/31/2025). Project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

Sincerely,



Austin Helton
CEO

Advancing Community Health

4315 WOODLAND PARK DRIVE MELBOURNE, FLORIDA 32904

321.241.6868 | 321.241.6890 Fax

WWW.BREVARDHEALTH.ORG | @BREVARDHEALTHALLIANCE



Commissioners
Brian Nemeroff, Chair
Martin Hindsley, Vice-Chair
Jon Turla
Phyllis Principe
Chief Executive Officer
Michael L. Bean

Dear Ms. Bress,

The Housing Authority of Brevard County (HABC), as the leading Public Housing Authority (PHA) in Brevard County, is pleased to provide this letter of support for the Brevard Homeless Coalition and WAYS for Life's application for their Joint Transitional Housing – Rapid Rehousing project, "Youth Housing" in the FY2023 HUD CoC-Program Competition. WAYS for Life, formerly known as Ready for Life Brevard, is a nonprofit organization and drop-in center for youth ages 15-25 in Brevard County, Florida. They provide Wraparound Youth Services (WAYS) to help teens and young adults avoid and exit homelessness and crime. WAYS works with youth to find resources and creative solutions to issues such as housing, legal, employment, education, transportation, health care, wellness, and counseling, and understand that until immediate basic needs are met, it is nearly impossible to contemplate the future.

The HABC is pleased to continue our work and partnership with the Brevard Homeless Coalition and WAYS for Life by keeping six units in our Aurora Palms apartment complex in Melbourne, Florida set aside for homeless unaccompanied youth and youth who age out of foster care who qualify for the Foster Youth to Independence (FYI) Housing Choice Voucher. Our four-year collaboration with WAYS for Life has had a huge impact on our community. Together we have obtained more than 20 FYI vouchers for homeless youth and then helped them find permanent housing. We also worked together to provide emergency shelter for 25 homeless youth and 12 of their children by collaborating with another community partner who owns an apartment complex walking distance to WAYS for Life. The WAYS for Life drop-in center is located on the second floor of the HABC office building. Being in the same building, coupled with our positive working relationship, makes our collaboration very effective for addressing the problems of the homeless youth in Brevard County, Florida.

Kind Regards,

A handwritten signature in blue ink, appearing to read 'Michael L. Bean', is written over a white background.

Michael L. Bean
Chief Executive Officer

