

ABILITY HOUSING, INC. - Permanent Supportive Housing Pilot Program

FY 2023-2024 City Grant Proposal Term Sheet

Grant Recipient: Ability Housing, Inc. (“Ability Housing” or “Recipient”)

Program Name: Permanent Supportive Housing Pilot (the “Program”)

City Funding Request: \$500,000

Contract/Grant Term: January 1, 2024 – December 31, 2024

Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or the attached Program budget will require City Council approval.

PROGRAM OVERVIEW:

With this direct appropriation request, Ability Housing will provide Permanent Supportive Housing, affordable housing with individualized support services, to 25 unsheltered chronically homeless individuals. An award will solely fund rental assistance, support services and move-in assistance such as deposits, and furniture.

Of the 4,227 persons on the Continuum of Care’s by-name-list of persons known to be experiencing homelessness in our community, 380 are chronically homeless, of whom 342 were unsheltered at last contact. These are among the most vulnerable of our neighbors and they are the persons costing publicly funded systems of care the most.

To address this crisis, Ability Housing, Inc. will implement a Permanent Supportive Housing (PSH) pilot to immediately house unsheltered persons experiencing chronic homelessness. Ability Housing will provide affordable housing and contract with The Sulzbacher Center to provide individualized wrap-around supports.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

1. **Housing location:** Ability Housing will secure housing for 25 chronically homeless persons, the housing will be either housing it operates or the master lease of housing owned by other entities
2. **Rental Assistance:** Ability Housing will provide rental assistance, ensuring the residents do not pay more than 30% of their income for rent and utilities; rents will not be limited to HUD Fair Market Rent rates.
3. **Support Services:** Ability Housing will contract with The Sulzbacher Center to provide individualized permanent supportive housing support services in accordance with evidence-based and best practices.
4. **Move-in Assistance:** Ability housing will provide assistance to residents, such assistance can include deposits, furniture, household necessities, etc.

PROGRAM COSTS/PAYMENT TERMS:

Ability Housing requests \$500,000 to be paid as follows:

1. \$1,000 at move-in of new resident for a total of \$25,000
2. \$1,583.33 per month per resident in housing for a total of \$475,000

The total cost of the monthly PSH provision is \$1,650 per person per month. However, Ability Housing is only requesting \$1,583.33 of this amount.

The funds will be used for a 12-month period starting when a contract is executed.

PROGRAM IMPACT & REPORTING:

The Program's goals are:

1. Move 25 unsheltered chronically homeless individuals into permanent housing; this will be measured by the number of leases executed.
2. 95% of residents will retain stable housing; this will be measured by the number of residents in stable housing after 12 months.
3. 100% of residents will be assisted with obtaining benefits for which they are eligible but not enrolled; this will be measured by an assessment determining benefits eligibility and the number of applicants offered assistance.
4. 100% of residents will be provided access to physical healthcare; this will be measured by the number of residents assisted with obtaining one or more medical appointments.
5. 100% of residents will be provided access to behavioral healthcare; this will be measured by the number of residents assisted in obtaining one or more appointments.

The reporting to the City concerning deliverables and outcomes shall be a monthly report detailing:

1. A list of individuals (first name, last initial), each with a unique identifier, that was moved into housing that month
2. A list of the individuals (first name, last initial), each with a unique identifier, remaining in stable housing
3. An explanation of any person that has not retained stable housing
4. The number of individuals provided a benefits assessment
5. The number of individuals provided assistance with submitting benefits applications
6. The number of individuals provided assistance with access to physical healthcare
7. The number of individuals provided assistance with access to behavioral healthcare

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program's needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 City Grant - Complete Program Budget Detail

Lead Agency: Ability Housing, Inc.

Program Name: Permanent Supportive Housing Pilot

Agency Fiscal Year: January 1 - December 31

Categories and Line Items	BUDGET							
	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
I. Employee Compensation								
Personnel - 01201 (list Job Title or Positions no names)								
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Employee Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Taxes and Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Employee Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
II. Operating Expenses								
Occupancy Expenses								
Rent - Occupancy -04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Expenses								
Office and Other Supplies - 05101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel Expenses								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Expenses								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Client Expenses - 08301								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other: PSH Rent Assistance & Supportive services	\$0.00	\$0.00	\$495,000.00	\$20,000.00	\$0.00	\$475,000.00	\$0.00	\$0.00
Client Other: Move-in Assistance	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00
Total Operating Expenses	\$0.00	\$0.00	\$520,000.00	\$20,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00
III. Operating Capital Outlay (OVER \$1,000)								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Capital Outlay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Expenses Total	\$0.00	\$0.00	\$520,000.00	\$20,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00
Percent of Budget	-	-	100.0%	3.8%	0.0%	96.2%	0.0%	0.0%

Last Modified: 03/16/2023

All City Grant Items listed must be included in the narrative section of the budget.