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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2026 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:	09/30/2026
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:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways
b. Employer/Taxpayer Identification Number (EIN/TIN):	59-2853138
c. Unique Entity Identifier:	P3QHBQHRD5F5
d. Address	
Street 1:	24 W. 8th Street
Street 2:	
City:	Panama City
County:	Bay
State:	Florida
Country:	United States
Zip / Postal Code:	32401
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Mr.
First Name:	Derrick
Middle Name:	
Last Name:	Honore
Suffix:	
Title:	HMIS Administrator
Organizational Affiliation:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways

Telephone Number: (850) 819-4625
Extension:
Fax Number:
Email: dhonore@doorwaysnwfl.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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Florida

15. Descriptive Title of Applicant's Project: Family Independence & Supportive Housing FY26

16. Congressional District(s):

16a. Applicant: FL-002

16b. Project: (for multiple selections hold CTRL key) FL-002

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Tracy
Middle Name:	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(850) 982-4240
Fax Number: (Format: 123-456-7890)	
Email:	director@doorwaysnwfl.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways
Prefix:	Mrs.
First Name:	Tracy
Middle Name:	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways
Telephone Number:	(850) 982-4240
Extension:	
Email:	director@doorwaysnwfl.org
City:	Panama City
County:	Bay
State:	Florida
Country:	United States
Zip/Postal Code:	32401

2. Employer ID Number (EIN): 59-2853138

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $198,000.00

(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? (For further information, see 24 CFR Sec. 4.3).	Yes
2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.	No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional 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: Tracy Peters, Executive Director

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

Date Signed: 09/30/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying 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:	Tracy
Middle Name	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(850) 982-4240
Fax Number: (Format: 123-456-7890)	
Email:	director@doorwaysnwfl.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

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

Applicant's Organization:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways
Name / Title of Authorized Official:	Tracy Peters, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways
Street 1:	24 W. 8th Street
Street 2:	
City:	Panama City
County:	Bay
State:	Florida
Country:	United States
Zip / Postal Code:	32401

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mrs.
First Name:	Tracy
Middle Name:	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(850) 982-4240
Fax Number: (Format: 123-456-7890)	
Email:	director@doorwaysnwfl.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

Authorized Representative for: Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways

Prefix: Mrs.

First Name:	Tracy
Middle Name:	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

2A. Project Subrecipients

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

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

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.

Doorways of Northwest Florida has extensive experience effectively managing Federal funds and performing the housing and supportive-service activities proposed through the FISH Rapid Re-Housing project. As the Lead Agency, Collaborative Applicant, and HMIS Lead for FL-515, Doorways coordinates the homeless response system across Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties while also serving as a direct service provider.

Doorways has extensive experience administering HUD Continuum of Care Program funding, as well as Emergency Solutions Grant (ESG) funding through the State of Florida, and ensuring compliance with applicable Federal requirements. The organization manages grant budgets and expenditures, conducts drawdowns and reimbursement processes, completes required programmatic and financial reporting, monitors performance and compliance, and provides technical assistance and oversight to funded partners. Doorways maintains financial management and internal control systems to track grant expenditures and ensure funds are used for eligible activities.

Doorways also has extensive experience operating Rapid Re-Housing activities through ESG and State of Florida Challenge funding. Through these programs, Doorways has experience providing and administering activities closely aligned with the proposed FISH project, including housing search and placement, landlord engagement, rental and financial assistance, housing-focused case management, Coordinated Entry, HMIS documentation, and ongoing housing stabilization services. This experience includes helping individuals and families experiencing homelessness obtain permanent housing and providing supportive services designed to promote long-term housing stability.

FISH will build upon this existing experience and infrastructure by providing tenant-based rental assistance and intensive housing-focused supportive services to families with minor children. The project will combine housing identification and landlord engagement with individualized Housing Stabilization and Family Thriving Plans, regular case management and home visits, budgeting and financial education, employment and benefits connections, life-skills development, and transition planning to help families maintain permanent housing after financial assistance ends.

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

Doorways of Northwest Florida has extensive experience leveraging Federal, State, local, and private-sector resources to expand housing and supportive services for individuals and families experiencing homelessness. As the Lead Agency for FL-515 and a direct service provider, Doorways coordinates multiple funding sources to address identified needs, avoid duplication of services, fill funding gaps, and maximize limited community resources.

Doorways administers HUD Continuum of Care Program funding, as well as Emergency Solutions Grant (ESG), Challenge, and TANF funding through the State of Florida. These funding streams support Rapid Re-Housing, homelessness prevention, housing-focused case management, Coordinated Entry, HMIS, outreach, and other supportive services throughout the six-county Continuum.

The current FISH pilot demonstrates Doorways' experience combining resources from multiple sectors to meet the needs of participating families. The pilot includes $60,000 in State of Florida Challenge funding specifically designated for housing assistance. Doorways also utilizes broader Challenge-funded program, service, and administrative capacity in operating its homeless response programs and has secured local foundation funding to provide beds for participating FISH families. Together, these resources allow Doorways to address both housing costs and essential household needs that cannot necessarily be supported through a single funding source.

Doorways further leverages partnerships with workforce programs, childcare and educational organizations, behavioral health providers, landlords, housing providers, and other community organizations to connect families with employment, benefits, childcare, healthcare, education, and other resources that promote long-term housing stability. Doorways' experience coordinating public and private resources positions the organization to maximize CoC Program funding while connecting FISH participants to complementary resources based on individual family needs.

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

Doorways of Northwest Florida maintains an established financial and grant management structure designed to ensure accountability, appropriate internal controls, and compliance with Federal, State, local, and private funding requirements. The organization maintains written financial management, procurement, and grant management policies that guide the administration, expenditure, and oversight of grant funds.

The Executive Director provides overall fiscal and grant oversight in coordination with financial, grants, and program staff. Grant expenditures are reviewed for allowability, appropriate allocation, consistency with approved budgets, and compliance with funding requirements. Revenues and expenditures are tracked by funding source, and grant spending is regularly reviewed against approved budgets to monitor expenditures, identify variances, and support timely and appropriate use of funds.

Doorways maintains supporting documentation for grant expenditures and completes reimbursement requests, drawdowns, financial reports, and programmatic reports in accordance with applicable grant requirements. The organization currently administers HUD Continuum of Care Planning and HMIS grants, as well as Emergency Solutions Grant (ESG), Challenge, and TANF funding through the State of Florida, and has established systems for fiscal oversight, internal controls, grant monitoring, and timely reporting. Doorways' existing FISH materials likewise describe its systems for regular drawdowns, reimbursement of eligible expenses, financial and performance reporting, fiscal oversight, internal controls, and routine monitoring.

The Board of Directors provides additional fiscal oversight through review of organizational budgets and financial reports. Doorways complies with applicable Federal and State fiscal requirements and undergoes independent financial audits as required. The organization also maintains processes for responding to monitoring findings or technical assistance recommendations and implementing corrective measures when necessary.

This financial management structure provides multiple levels of review and oversight and supports the responsible stewardship of Federal, State, local, and private resources, including the CoC Program funds requested for the FISH Rapid Re-Housing project.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? Yes

4a. Describe the unresolved monitoring or audit findings.

HUD conducted a Limited Financial Review of the CoC's SNAP grant from September 8–10, 2026. On September 30, 2026, Doorways received HUD's official closure letter and checklist via email identifying one open finding involving $120.25 in unsupported costs from a sampled voucher. Of the $23,815.50 voucher amount reviewed, HUD determined that $23,695.25 was supported. HUD requires Doorways to either provide supporting documentation demonstrating that the remaining $120.25 was an eligible grant cost or repay the unsupported amount and reuse the funds for an eligible expenditure. HUD provided 30 days from the date of the letter to complete the corrective action. Doorways is at the beginning of this 30-day corrective-action period and will timely complete the required action to resolve and close the finding.

3A. Project Detail

1. CoC Number and Name:	FL-515 - Panama City/Bay, Jackson Counties CoC
2. CoC Collaborative Applicant Name:	Homeless & Hunger Coalition of Northwest Florida Inc. DBA Doorways
3. Project Name:	Family Independence & Supportive Housing FY26
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	RRH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Bonus
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. 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.

Family Independence & Supportive Housing (FISH) is a Rapid Re-Housing project designed to help families with minor children experiencing homelessness quickly obtain permanent housing while building the skills, income, resources, and community connections necessary to maintain housing after financial assistance ends. The project is grounded in the familiar principle, “Give a person a fish and you feed them for a day; teach a person to fish and you feed them for a lifetime.” For FISH, that means addressing the family's immediate housing crisis while equipping and empowering the family to achieve long-term housing stability and greater self-sufficiency. FISH will serve eligible families across FL-515, including Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties.

Families will be referred through Coordinated Entry and receive tenant-based rental assistance combined with intensive, housing-focused supportive services. FISH will focus first on quickly resolving the family's homelessness and obtaining permanent housing, while beginning immediately to address the income, skills, resources, and other barriers that affect the family's ability to achieve long-term housing stability and self-sufficiency. Doorways will assist families with housing search, landlord engagement, housing applications and documentation, security deposits and other eligible move-in needs, and time-limited rental assistance. Once housed, families will continue receiving individualized housing-focused services designed to increase income, strengthen financial stability, build practical life and tenant skills, connect families to mainstream benefits and community resources, and prepare them to sustain permanent housing as financial assistance decreases and ends.

FISH's supportive-service model extends beyond obtaining housing. Each family will work with a case manager to develop and regularly update an individualized Housing Stabilization and Family Thriving Plan addressing barriers, strengths, measurable goals, income and employment, budgeting and financial resilience, childcare and transportation, health and family needs, education and workforce development, community supports, and preparation for maintaining housing after assistance ends. Services will include regular housing-focused case management and home visits, budgeting and financial education, employment and benefits connections, tenant education, life-skills development, monthly educational workshops, limited food assistance to support household stabilization, referrals to community resources, and transition planning.

Doorways will leverage established partnerships with landlords, workforce programs, childcare and early-learning organizations, educational and behavioral health providers, and other community resources to address family needs beyond CoC-funded activities. FISH will use HMIS and ongoing case review to monitor housing placement, housing retention, income growth, and participant progress and improve program performance.

The goal of FISH is not simply to help a family obtain housing, but to help that family build the foundation necessary to sustain it. By combining Rapid Re-Housing assistance with individualized supportive services and planning for the end of assistance, FISH is designed to increase permanent housing placements and retention, increase household income, maximize family self-sufficiency, and reduce returns to homelessness.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
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	☐	Survivors	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☒	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

1. Please indicate if the applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.

Doorways has a plan in place for the FISH Rapid Re-Housing project to achieve the identified permanent housing and employment-income outcomes. FISH is intentionally designed to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent exit with employment income. The project combines rapid placement into permanent housing with intensive, individualized services focused on housing retention, employment, income growth, and self-sufficiency.

Each participating family will develop a Housing Stabilization and Family Thriving Plan that establishes measurable goals for maintaining permanent housing, increasing household income, employment and career development, budgeting and financial stability, childcare and transportation, education and workforce development, and other barriers affecting long-term self-sufficiency. Employment-focused services will include workforce connections, resume development, interview preparation, job-search assistance, education and training opportunities, and support addressing barriers to obtaining and retaining employment.

Performance will be actively managed rather than measured only at project exit. Doorways will use HMIS and case review to monitor housing stability, employment, income growth, and progress toward individualized goals throughout participation. Project performance will be reviewed regularly to identify families who are not progressing toward housing and employment outcomes and to adjust services, referrals, and individualized strategies as needed. FISH will also emphasize accurate and timely HMIS documentation, including income and destination information at exit, so project outcomes are fully reflected in performance data.

Through this combination of permanent housing assistance, employment and income development, individualized case management, and ongoing performance monitoring, FISH is structured to meet or exceed HUD's goals of at least 50 percent of participants exiting to permanent housing within 24 months and at least 50 percent exiting with employment income.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

FISH will supplement CoC Program funding by leveraging public and private resources to address the broader needs that affect each family's ability to maintain permanent housing and achieve self-sufficiency. Through individualized case management and the Housing Stabilization and Family Thriving Plan, Doorways will assess each family's needs and connect participants to mainstream benefits for which they may be eligible, including Medicaid, SSI, SNAP, TANF, and other Federal, State, and local assistance.

Doorways will leverage workforce and employment programs to connect participants with job opportunities, resume and interview assistance, job training, education, and career-development resources designed to increase earned income. Childcare and early-learning resources will help address barriers to employment and education, while healthcare, behavioral health, transportation, and other community providers will be utilized according to each family's individual needs. FISH will also leverage established relationships with landlords, housing providers, educational organizations, and other community partners to support housing placement and long-term stability.

Public resources will be complemented by private and community support, including local foundation funding to provide beds for participating FISH families and other community resources to address essential family needs not covered by CoC Program funds. By coordinating CoC assistance with mainstream benefits, employment resources, and public and private community supports, FISH will maximize available resources while helping families increase income, reduce barriers to stability, maximize self-sufficiency, and build the financial and personal capacity necessary to maintain permanent housing after time-limited rental assistance ends.

3a. Based on selection made in the Supportive Services chart below, how will this help the participant obtain self-sufficiency and exit homlessness?

FISH supportive services are designed to help families exit homelessness, obtain and maintain permanent housing, increase income, and build the skills and resources necessary to achieve long-term self-sufficiency. Each family will develop an individualized Housing Stabilization and Family Thriving Plan identifying barriers, strengths, measurable goals, strategies, and target dates related to housing stability, employment and income, budgeting, childcare and transportation, education, health, and other needs affecting the family's ability to sustain permanent housing.

Housing search and counseling, moving assistance, utility deposits, and food assistance will help families overcome immediate barriers to obtaining and stabilizing in permanent housing. Weekly housing-focused case management will help families establish and monitor goals, connect to mainstream benefits and community resources, address barriers to employment, and prepare for the reduction and eventual end of rental assistance. Monthly life-skills training will strengthen budgeting, financial literacy, tenant skills, employment readiness, household management, and other practical skills that support independence and housing retention.

FISH will also connect families, as needed, to childcare, education, employment and job training, healthcare, behavioral health and substance use treatment, transportation, legal services, and other community resources. These services will address barriers that may interfere with employment, income growth, family stability, and successful housing retention.

Progress toward self-sufficiency will be reviewed regularly through case management and the family's individualized plan, with services and referrals adjusted as needs change. By combining immediate housing stabilization with employment and income development, practical skills, supportive services, and connections to mainstream resources, FISH will help families exit homelessness and develop the financial and personal capacity to maintain permanent housing after time-limited assistance ends.

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

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

Outpatient Health Services	Non-Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

4B. Housing Type and Location

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

Total Units: 5

Total Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	3	10	0
Single family homes/townhou...	---	2	7	0

4B. Housing Type and Location Detail

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

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

2a. Units: 3

2b. Beds: 10

3. 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 24 W. 8th Street

Street 2:

City: Panama City

State: Florida

ZIP Code: 32401

***4. 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)**

129005 Bay County, 129059 Holmes County, 129013 Calhoun County, 129045 Gulf County, 129133 Washington County, 129063 Jackson County, 122406 Panama City

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

2a. Units: 2

2b. Beds: 7

3. 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 24 W. 8th Street

Street 2:

City: Panama City

State: Florida

ZIP Code: 32401

***4. 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)**

129005 Bay County, 129059 Holmes County, 129013 Calhoun County, 129045 Gulf County, 129133 Washington County, 129063 Jackson County, 122406 Panama City

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

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

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	5	0		5
Persons ages 18-24	1	0		1
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	17	0	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										5
Persons ages 18-24										1
Children under age 18										11
Total Persons	0	0	0	0	0	0	0	0	0	17

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	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:

FISH is a Rapid Re-Housing project serving families with minor children experiencing homelessness. The project does not target participants based on veteran status, chronic homelessness, disability, substance use disorder, HIV/AIDS, mental illness, or survivor status. Because the specific subpopulation characteristics of future participants cannot be predetermined, projected participants are reported as “Persons Not Represented by a Listed Subpopulation.” Participants may have one or more of the listed characteristics when enrolled; however, FISH eligibility is not limited to or targeted toward those subpopulations.

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Rental Assistance	X
Supportive Services	X
Operating	
HMIS	
VAWA	X

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? (13 to 18 months)	No

6E. Rental Assistance Budget

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

Total Annual Assistance Request:	$112,416
Grant Term:	1 Year
Total Request for Grant Term:	$112,416
Total Units:	5

The number of beds for which funding has been requested in the Rental Assistance budget is 17.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Panama City, FL HUD Metro FMR Ar...	3	$78,480
TRA	FL - Jackson County, FL (1206399999)	2	$33,936

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

FMR: These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - Panama City, FL HUD Metro FMR Area (1200599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
0 Bedroom		x	$1,426	x	12		=	$0
1 Bedroom		x	$1,480	x	12		=	$0
2 Bedrooms	1	x	$1,682	x	12		=	$20,184

3 Bedrooms	1	x	$2,169	x	12	=	$26,028
4 Bedrooms	1	x	$2,689	x	12	=	$32,268
5 Bedrooms		x	$3,092	x	12	=	$0
6 Bedrooms		x	$3,496	x	12	=	$0
7 Bedrooms		x	$3,899	x	12	=	$0
8 Bedrooms		x	$4,302	x	12	=	$0
9 Bedrooms		x	$4,706	x	12	=	$0
Total Units and Annual Assistance Requested	3						$78,480
Grant Term							1 Year
Total Request for Grant Term							$78,480

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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

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

FMR: These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: FL - Jackson County, FL (1206399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
0 Bedroom		x	$736	x	12	=	$0
1 Bedroom		x	$814	x	12	=	$0
2 Bedrooms	0	x	$1,068	x	12	=	$0
3 Bedrooms	0	x	$1,404	x	12	=	$0
4 Bedrooms	2	x	$1,414	x	12	=	$33,936
5 Bedrooms		x	$1,626	x	12	=	$0
6 Bedrooms		x	$1,838	x	12	=	$0
7 Bedrooms		x	$2,050	x	12	=	$0
8 Bedrooms		x	$2,262	x	12	=	$0

9 Bedrooms		x	$2,475	x	12	=	$0
Total Units and Annual Assistance Requested	2						$33,936
Grant Term							1 Year
Total Request for Grant Term							$33,936

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	Moving assistance for FISH RRH families, including eligible moving costs necessary to transition participating households into permanent housing.	$2,766
3. Case Management	1.0 FTE Case Manager providing housing-focused case management to FISH RRH families, including housing stabilization planning, home visits, income and employment goals, benefits connections, resource coordination, and transition planning.	$49,234
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Groceries and food assistance for FISH RRH families to support household stabilization following placement into permanent housing.	$584
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Monthly life-skills workshops for participating families, including budgeting, financial literacy, tenant skills, employment readiness, and other skills supporting housing stability and self-sufficiency.	$6,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	Eligible utility deposits necessary to establish utility service for FISH RRH families moving into permanent housing.	$9,000
17. Operating Costs		
Total Annual Assistance Requested		$67,584
Grant Term		1 Year
Total Request for Grant Term		$67,584

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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:	$0
Estimated budget amount for VAWA Confidentiality Requirements:	$0

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:	$49,500
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$49,500

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	Government	State of Florida ...	$49,500

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	State of Florida Challenge Grant
4. Amount of Written Commitment:	$49,500

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)	$0	1 Year	$0
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$112,416	1 Year	$112,416
4. Supportive Services (Screen 6F)	$67,584	1 Year	$67,584
5. Operating (Screen 6G)	$0	1 Year	$0
6. HMIS (Screen 6H)	$0	1 Year	$0
 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			$180,000
10. Admin (Up to 10% of Sub-total in #9)			$18,000
11. HUD funded Sub-total + Admin. Requested			$198,000
12. Cash Match (From Screen 6I)			$49,500
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$49,500
15. Total Project Budget for this grant, including Match			$247,500

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Mrs.
First Name:	Tracy
Middle Name:	
Last Name:	Peters
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(850) 982-4240
Fax Number: (Format: 123-456-7890)	
Email:	director@doorwaysnwfl.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	FISH Client Parti...	09/29/2026
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: FISH Client Participation Agreement

Attachment Details

Document Description:

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: Tracy Peters

Date: 09/30/2026

Title: Executive Director

Applicant Organization: Homeless and Hunger Coalition of Northwest Florida, Inc. DBA Doorways

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	09/29/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/29/2026
1E. SF-424 Compliance	09/29/2026
1F. SF-424 Declaration	09/29/2026
1G. HUD 2880	09/29/2026
1H. HUD 50070	09/29/2026
1I. Cert. Lobbying	09/29/2026
1J. SF-LLL	09/29/2026
IK. SF-424B	09/29/2026
1L. SF-424D	09/29/2026
2A. Subrecipients	No Input Required
2B. Experience	09/30/2026
3A. Project Detail	09/29/2026
3B. Description	09/29/2026
3C. Expansion	09/29/2026
4A. Services	09/29/2026
4B. Housing Type	09/29/2026
5A. Households	09/29/2026
5B. Subpopulations	09/29/2026
6A. Funding Request	09/29/2026
6E. Rental Assistance	09/29/2026
6F. Supp Srvcs Budget	09/29/2026
VAWA Budget	No Input Required
6I. Match	09/29/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026

7A. Attachment(s)	09/29/2026
7D. Certification	09/29/2026

FISH Client Program Introduction and Participation Agreement

Family Independence and Supportive Housing

Supporting Families Today Empowering Them for Tomorrow
Helping Families Thrive Not Just Survive

Participant name _____	HMIS # _____
Case manager _____	Enrollment date _____

Welcome to FISH

FISH helps eligible families obtain or maintain safe housing while building the skills, income, resources, and connections needed for long-term stability and self-sufficiency. Depending on eligibility and available funding, assistance may include Rapid Re-Housing or Homelessness Prevention services.

FISH is a partnership. Doorways will provide support, guidance, and eligible assistance. You agree to communicate honestly, participate actively, and complete reasonable steps toward the goals developed with your case manager. Please read this agreement carefully and ask questions before signing.

What FISH May Provide

- Housing search, application, and landlord communication assistance
- Eligible security deposit, rental, arrears, or other housing assistance based on need, funding rules, and availability
- Regular housing-focused case management and home visits
- A Housing Stabilization and Family Thriving Plan developed with you
- Budgeting, credit, savings, employment, education, and benefits connections
- Referrals for childcare, transportation, healthcare, parenting, and children's needs
- Tenant education, life-skills workshops, and connections to community resources
- Transition planning and follow-up support when available

Important: Enrollment does not guarantee payment of any particular expense, amount, or length of assistance. All assistance depends on continued eligibility, documented need, funding requirements, program limits, landlord participation when applicable, and available funds.

Participant initials: _____

Your Commitment to the Program

By participating in FISH, I agree to:

☐ Participate in housing-focused case management and work with my case manager to develop, review, and update my Housing Stabilization and Family Thriving Plan. I understand that participation in these FISH-provided, non-disability-related supportive services is a condition of continued program participation. Disability-related treatment or services are not required.

☐ Attend and participate in scheduled meetings, home visits, workshops, and other agreed-upon program activities.

☐ Complete reasonable action steps within the agreed timeframes and communicate promptly if I need help or an adjustment.

☐ Work toward stable income and greater self-sufficiency through employment, education, eligible benefits, or other appropriate resources based on my circumstances and abilities.

☐ Develop and follow a realistic household budget and contribute toward housing expenses according to my individualized assistance plan.

☐ Take reasonable care of my home, follow my lease, avoid preventable lease violations, and communicate appropriately with my landlord or property manager.

☐ Treat Doorways staff, landlords, service providers, neighbors, and other participants respectfully and refrain from threats, violence, harassment, or intentionally disruptive behavior.

☐ Use program assistance only for its approved purpose and not request or accept duplicate assistance for the same expense unless it is disclosed and permitted.

☐ Plan with my case manager for the end or reduction of financial assistance and for future housing or financial emergencies.

Participant initials: _____

Communication and Appointments

I understand that regular communication is essential. I agree to:

☐ Provide current and reliable contact information and notify my case manager when my phone number, email address, mailing address, or living situation changes.

☐ Respond to reasonable calls, messages, and written requests from FISH staff within the timeframe provided.

☐ Notify my case manager as soon as possible if I cannot attend an appointment or complete an agreed action step.

☐ Allow scheduled home visits when required for case management, housing-stability monitoring, or funding compliance.

☐ Tell my case manager about barriers such as illness, employment, childcare, transportation, disability-related needs, or family emergencies so that good-cause exceptions or reasonable adjustments can be considered.

Repeated missed appointments or loss of contact without explanation may affect continued participation or assistance. Doorways will attempt to contact me and understand any barriers before making a decision whenever reasonably possible.

Participant initials: _____

Honesty and Required Information

I agree to provide complete, accurate, and timely information. This includes information about:

- The identity and composition of my household
- Where my household is staying and any change in housing status
- Income, employment, benefits, assets, and household expenses
- Rental assistance or financial help received or requested from another source

- Changes that may affect eligibility or the amount of assistance
- Eviction notices, landlord concerns, lease violations, utility notices, or other threats to housing stability

I understand that Doorways may request reasonable documentation and verify information when required. Intentionally false, incomplete, altered, or withheld information may result in denial or termination of assistance and may require repayment when required by law, contract, or funding rules.

Participant initials: _____

Financial Assistance and Housing Responsibility

☐ Financial assistance is temporary and based on an individualized assessment; it is not an entitlement.

☐ My assistance amount may increase, decrease, or end after reassessment of my income, expenses, needs, progress, eligibility, or available funding.

☐ Payments will generally be made directly to an eligible landlord, property owner, utility provider, or other approved vendor rather than to me.

☐ I remain responsible for charges not approved or paid by FISH, including any participant portion identified in my assistance plan.

☐ I will not make an unapproved side payment or agreement with a landlord that changes the rent, lease terms, household members, or amount reported to Doorways.

☐ I will notify my case manager immediately if I receive a notice affecting my housing, cannot pay my required portion, or believe I may lose my housing.

Participant initials: _____

Privacy and Information Sharing

Doorways will handle personal information according to applicable privacy requirements and agency policies. Information may be entered into the Homeless Management Information System and shared with authorized partners when permitted and necessary to coordinate services, verify eligibility, issue assistance, or meet reporting requirements. Any separate privacy notice, consent, release, or HMIS form required for these activities will be explained and completed separately.

I may ask questions about how my information is collected, used, stored, or shared.

Participant initials: _____

Safety and Respect

Doorways is committed to a safe and respectful environment. Threats, violence, harassment, fraud, deliberate property damage, or conduct that creates an immediate safety risk may lead to restrictions, an alternative method of service, or termination from the program. Emergency action may be taken when necessary to protect participants, staff, landlords, or the public.

Doorways will provide services without unlawful discrimination and will consider reasonable accommodations for individuals with disabilities. A participant may ask for an accommodation or communication assistance at any time.

Participant initials: _____

When Participation or Assistance May End

Participation or financial assistance may end when:

- Program goals have been achieved or assistance is no longer needed
- The approved period or maximum amount of assistance has been reached
- Funding is no longer available or the funding source no longer permits assistance
- The household no longer meets eligibility requirements
- The participant voluntarily withdraws
- The household moves outside the approved service area or abandons the assisted unit
- The participant repeatedly fails to communicate, participate, or complete required program activities without good cause
- The participant provides materially false information, misuses assistance, or receives prohibited duplicate assistance
- A serious safety, fraud, or program-integrity concern requires termination

Except when immediate action is necessary, Doorways will attempt to identify barriers, discuss concerns, and provide a reasonable opportunity to correct the issue before terminating participation. When required, the participant will receive notice of the decision and information about any available review, grievance, or appeal process.

Participant initials: _____

Your Rights

As a FISH participant, I have the right to:

- Be treated with dignity and respect
- Receive a clear explanation of program expectations and decisions
- Participate in developing my goals and service plan
- Ask questions and receive information in a form I can understand
- Request a reasonable accommodation or communication assistance
- Have personal information handled according to applicable privacy requirements
- Raise a concern or use the available grievance or review process without retaliation
- Decline a service or referral, understanding that declining a required program activity may affect assistance after discussion of the circumstances and any good cause

Acknowledgment and Agreement

By signing below, I confirm that:

☐ I have read this agreement, or it has been read and explained to me.

☐ I had an opportunity to ask questions and received answers I understand.

☐ I understand what FISH may provide and what is expected of me.

☐ I understand that assistance is temporary, individualized, and subject to eligibility, funding rules, program limits, and available funds.

☐ I agree to follow the responsibilities described in this agreement and in my Housing Stabilization and Family Thriving Plan.

☐ I understand that this agreement does not create a guarantee of housing, payment, or continued assistance.

DOORWAYS
OF NW FLORIDA

_____ _____
Participant signature Date

_____ _____
Printed name

_____ _____
Doorways representative signature Date

_____ _____
Printed name and title

Participant questions or requested accommodations:

_____

_____

Doorways contact information: _____