

## Revised Notice of Intent to Award Grant Solicitation LPZ22

1. 2016 Challenge Grant
2. Applications Received by August 10, 2016
3. Contact:

Mia Parker  
Office on Homelessness  
Phone 850-717-4356  
[Mia.Parker@myflfamilies.com](mailto:Mia.Parker@myflfamilies.com)

4. Intended grant awards:

Applicant	Amount Awarded
Big Bend Homeless Coalition	\$ 205,500.00
Monroe County Homeless Services	\$ 258,500.00
Pinellas County Homeless Leadership Board	\$ 205,500.00
Changing Homelessness	\$ 258,500.00
Charlotte County Continuum of Care	\$ 258,500.00
Homelessness and Housing Alliance	\$ 205,500.00
Broward County Continuum of Care	\$ 205,500.00
EscaRosa Coalition on the Homeless	\$ 258,500.00
Highlands County Coalition	\$ 158,500.00
Tampa Hillsborough Homeless Initiatives	\$ 118,000.00
Hunger and Homeless Coalition of Collier	\$ 118,000.00
Coalition for the Homeless of Pasco County	\$ 158,500.00
Volusia/Flagler County Coalition for the Homeless, Inc.	\$ 205,500.00
Suncoast Partnership	\$ 158,500.00
Miami-Dade County Homeless Trust	\$ 158,500.00
Mid-Florida Homeless Coalition, Inc.	\$ 205,500.00
Home Again St. Johns	\$ 118,000.00
Treasure Coast Homeless Services Council, Inc.	\$ 258,500.00
Alachua Coalition for the Homeless	\$ 205,500.00
United Way of Suwannee Valley	\$ 205,500.00
Homeless Services Network of Central FL	\$ 205,500.00
Homeless Coalition of Polk County	\$ 158,500.00
Brevard Homeless Coalition	\$ 118,000.00
Marion County Continuum of Care	\$ 158,500.00
Palm Beach County Div. of Human Services	\$ 158,500.00
Doorways of NWFL	\$ 158,500.00

Lee County Continuum of Care	\$ 118,000.00
<b>TOTAL</b>	<b>\$ 5,000,000.00</b>

5. Anticipated effective date of grant awards: November 1, 2016

6. Notice of Appeal Rights:

If you believe the Department's decision is in error, you may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 72 hours to the address provided below shall constitute a waiver of the right to a hearing. Your written petition for an administrative hearing must be received by the Department within 72 hours of the receipt of this Notice.

You must submit your written request for an administrative hearing to the Department at the following address:

Agency Clerk  
Department of Children and Family Services  
1317 Winewood Boulevard  
Building 2, Room 204-X  
Tallahassee, FL 32399-0700

Please note that a request for an administrative hearing must comply with section 120.569(2)(c), Florida Statutes, and Rule 28-106.201(2), Florida Administrative Code. Those provisions, when read together, require a petition for administrative hearing to include:

- The name and address of the agency affected and the agency's file or identification number, if known;
- The name, address, and telephone number of the petitioner;
- The name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;
- An explanation of how the petitioner's substantial interests will be affected by the agency determination;
- A statement of when and how the petitioner received notice of the agency decision;
- A statement of all disputed issues of material facts. If there are none, the petition must so indicate;
- A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

- A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- A statement of the relief sought by the petitioner, stating precisely the action you wish the agency to take with respect to the agency's proposed action.

Section 120.569, Florida Statutes, and rule 28-106.201(4), Florida Administrative Code, require that a petition be dismissed if it is not in substantial compliance with the requirements above.