Appendix F

USDA Soil Survey Search Results
## Map Unit Legend

<table>
<thead>
<tr>
<th>Map Unit Symbol</th>
<th>Map Unit Name</th>
<th>Acres in AOI</th>
<th>Percent of AOI</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Immokalee soils and Urban land</td>
<td>4.7</td>
<td>31.7%</td>
</tr>
<tr>
<td>29</td>
<td>Tavares soils and Urban land, 0 to 5 percent slopes</td>
<td>0.4</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Totals for Area of Interest</strong></td>
<td></td>
<td><strong>5.2</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Appendix G
Site Visit Photos
Site Photos – June 30, 2009
3615 37th Street South, St. Petersburg, Florida

Left: View of the subject site’s primary entrance/driveway and the east side of the on-site structure.

Right: View of north side of on-site structure.

Left: View of west side of the on-site structure (location of kitchen oil/water separator)

Right: View of south driveway and south wall of the on-site structure.
Site Photos – June 30, 2009
3615 37th Street South, St. Petersburg, Florida

Left: View of potential location of former propane tank (due to proximity to kitchen)
Right: Interior view of on-site structure.

Left and Right: Interior views of on-site structure.
Appendix H
Geophysical Investigation Results (figure only)
EXPLANATION

20° CONTOUR OF EM RESPONSE (IN MILLI-VOLTS)

EM DATA STATION

FIGURE 1

FORMER ITALIAN AMERICAN LODGE SITE
ST. PETERSBURG, FLORIDA

RESULTS OF GEOPHYSICAL SURVEY
CARDNO TBE
CLEARWATER, FLORIDA

PROJECT: 5959
DATE: 3/26/09

SCALE (IN FEET)

0  15  30

NORTH
Appendix I

Interview Questionnaire – Current Site Owner
All Appropriate Inquiry - Interview Questionnaire

The new All Appropriate Inquiry rule (40 CFR Part 312) requires that certain inquiries be made to past and present owners, operators and occupants (§312.23) to help evaluate the environmental conditions of the property. This questionnaire has been developed to facilitate the interview process and is intended to be completed prior to the environmental professional’s site visit. Please answer all questions to the best of your ability.

Site/Project Name: Phase 1 ESA

Address: 3615 37th Street South, St. Petersburg

Person completing interview: S. Losseter telephone interview with Mr. Tony Celone 7/29/09 @ 11:15 a.m.

Rep. of Current Owner ☒ Current Occupant ☐ Adjacent Property Owner/Occupant ☐ Past Owner ☐ Past Occupant ☐

1. What is the current use(s) of the property? List all on-site businesses and contact information for each owner or operator.

   Vacant

2. List the known uses/occupants of all adjacent properties.

   North: church
   East: Wal-Mart (new construction)
   West: retention pond: residential
   South: Wal-Mart owned drainage easement and residential

3. Do you know the past uses of the property? ☐ Y ☐ N List: (i.e. - undeveloped prior to 1940, agricultural 1940 to 1968, shopping center 1968 to present).

   before it was a lodge - no development

4. What have adjacent properties been used for in the past?

   unknown
5. List the total acreage of the property and square footage of each building present on site. n/a

6. When was each structure built? What was there before construction? n/a (=> unknown)

7. What is the heating source of each building? central heat/air

8. Was the fuel source for the building(s) ever heating oil? □ Y □ N □ Unk

9. What is the water source for the property? □ Public Supply □ Well □ Unk

10. What is the sanitary service for the property? □ Public Sanitary Sewer □ Septic System □ Unk

11. Has there ever been a septic system on the property? □ Y □ N □ Unk

12. Are any wells present on-site? □ Y □ N □ Unk reclaimed water for irrigation

13. Are floor drains present on-site? □ Y □ N □ Unk

14. Where do the drains discharge? □ N/A grease trap

15. Are any sumps, sand traps, grease traps or oil-water separators present now or historically on-site? □ Y □ N □ Unk

16. Are there transformers, hydraulic lifts or other potentially PCB-containing equipment at the site? □ Y □ N □ Unk

17. If so, has the PCB content been tested? □ Y □ N □ Unk n/a

18. Have areas of the property been used as borrow pits? □ Y □ N Explain:

19. Have area of the property been filled with debris or fill of unknown origin? □ Y □ N Explain:

20. Is there now or has there been automobile/equipment repair, a parts washer or degreaser present at the property? □ Y □ N Explain:
21. Are hazardous substances or petroleum products stored, generated, treated or disposed at the property? □ Y  □ N  Explain/List: ________________________________

22. Are there now or have there been underground storage tanks (USTs) present on the property? □ Y  □ N  Explain/List: ________________________________

23. How many USTs are/were present? (Please provide the contents, age, location, size for each) □ N/A  ________________________________

24. Are the USTs in service, closed-in-place or removed? Please provide applicable closure/removal reports or current tightness testing results) □ In Service  □ Removed  □ Closed-in-Place □ N/A  ________________________________

25. Are there now or have there been aboveground storage tanks (ASTs) present on the property? □ Y  □ N  Explain/List: propane tank - no longer there  ________________________________

26. How many ASTs are/were present? (Please provide the contents, age, location, size for each) □ N/A  small commercial kitchen - sized  propane tank  ________________________________

27. Are the ASTs in service, or removed? Please provide applicable closure/removal reports or current tightness testing results) □ In Service  □ Removed □ N/A

28. Were chemicals such as solvents, petroleum products, inks, paints, oils, pesticides or oils used in the past? □ Y  □ N  Explain: ________________________________
29. Do you know of specific chemicals that are present or once were present at the property or adjacent properties? □ Y ☐ N List: _____________________________

____________________________________

30. Were hazardous substances or petroleum products stored, generated, treated or disposed at the property? □ Y ☐ N Explain/List: _____________________________

____________________________________

31. Do you know of spills or other chemical releases that have taken place at the property or adjacent properties? □ Y ☐ N Explain: _____________________________

____________________________________

32. Do you know of any environmental cleanups that have taken place at the property or adjacent properties? □ Y ☐ N Explain: _____________________________

____________________________________

33. Has the property been the recipient of any notices or other correspondence from any government agency relating to past or present violations of environmental laws, rules or codes? □ Y ☐ N Explain: _____________________________

____________________________________

34. Do you know of any obvious indicators that point to the presence or likely presence of contamination at the property or adjacent properties? □ Y ☐ N Explain: _____________________________

____________________________________

35. Are you aware of any environmental cleanup liens or pending enforcement actions against the property that are filed or recorded under federal, tribal, state or local law? □ Y ☐ N Explain: _____________________________

____________________________________

36. Are you aware of any Activity and Use Limitations (AULs), such as engineering controls, land use restrictions or institutional controls that are in place at the site and/or have been filed or recorded in a registry under federal, tribal, state or local law? □ Y ☐ N Explain: _____________________________

____________________________________

37. Do you have any other information that might indicate potential environmental concerns associated with the subject or adjacent properties? □ Y ☐ N Explain: _____________________________

____________________________________
Exhibit 5 Provision of supportive services and proposed facility.

(a) A detailed description of whether the housing is intended to serve persons with physical disabilities, developmental disabilities, chronic mental illness or any combination of the three.

The housing provided through this project is intended solely for adults with a chronic and persistent mental illness. These individuals' primary diagnoses are schizophrenia or major mood disorders. Most have a long history of psychiatric hospitalization. Many also have substance abuse problems. Persons with chronic mental illness make up one of the largest single segments of the homeless population. Many others are at risk of becoming homeless if it were not for the residential and support services provided by agencies such as Boley Centers. The development of permanent, independent housing units provides opportunities for clients who desire and need less restrictive housing options than group homes or supervised apartments.

The policy at Boley Centers is to only accept persons into permanent, independent housing who meet the following admission and referral criteria:

- Applicant must be at least 18 years of age.
- Applicant must have a primary diagnosis of mental illness.
- Applicants with multiple disabilities will be considered if the psychiatric disability is the primary diagnosis.
- Applicant must have the ability to control problematic symptomatology as a result of medication compliance and effective coping abilities; applicant cannot be a danger to self, others or property; and applicant can have no recent history of violent behavior.
- Applicant must demonstrate a desire for Boley Centers' housing as evidenced by the submission of an application.
- Applicant must have the daily living skills to care for him or herself adequately in an unsupervised setting.
- Applicant must be capable of self-preservation in case of fire.

This project will be restricted to persons with a severe and chronic mental illness who meet the occupancy criteria listed above. Referrals will primarily come from Boley Centers' existing clients who are in supervised apartments or group homes or will be persons living in the community who require case management and who have a need for safe, affordable and supported housing. Other possible sources of referrals include Department of Children and Families, community mental health clinics, homeless outreach programs and inpatient psychiatric facilities. Boley Centers follows all of HUD's rules and regulations regarding waiting lists, accepting applications, etc.

Any qualified person with a mental illness who can benefit from the housing and/or services will be eligible for this program.

(b) Boley Centers is not requesting approval to limit occupancy.
(c) Supportive Service needs of the persons with disabilities that the housing is expected to serve.

The characteristics of persons with severe and chronic mental illness are severe, persistent and disabling. Symptoms of schizophrenia include disordered thinking, evidenced by incoherent speech and rapid shifts of ideas from one topic to another. Often the individual experiences delusions, such as the conviction that other people can hear the individual's thoughts. This disease is marked by perceptual difficulties, e.g. the inability to know what is real and what is not. Frequently there are hallucinations such as hearing or seeing things that are not there. The person suffering from schizophrenia displays emotional disturbances, including the absence of feeling, a sense of remoteness, and inappropriate reactions such as laughing in the face of a sad episode.

Symptoms of major mood disorders (bipolar and major depression) include severe depression which is manifested by a plunge in mood that ultimately overwhelms the entire personality and causes the individual to be incapable of taking care of normal routines of daily living. Persons with depression feel helpless and hopeless, lose all semblance of self-esteem, feel self-recrimination and guilt, and are unable to work or play. Delusions and hallucinations may fill their mind's void. About 15 percent of depressed people attempt suicide. Persons with bipolar disorder exhibit severe depression mixed with periods of mania or exaggerated highs. Persons in a manic state tend to be talkative, restless, boastful, aggressive and often destructive. They develop a false sense of well being. Their thoughts become disconnected. Usually, most manic individuals plummet back to the depressed stage.

In addition to the more obvious symptoms described above, symptoms known as negative symptoms are also prevalent among this population. These negative symptoms are manifested by self-isolation, impoverished speech, inability to interact with others and lack of emotion. These negative symptoms result in the inability to function in a normal environment and the inability to perform basic skills such as keeping oneself and one's living area clean. Both schizophrenia and mood disorders have a genetic basis and are related to disturbances in the chemistry of the brain.

Based on the severe, persistent and disabling characteristics displayed by the chronic mentally ill as described above, the special service needs of this population are:

- **Psychiatric** - People with mental illnesses are in need of ongoing psychiatric evaluation and medication monitoring to control their symptomatology and related side effects.
- **Medical** - Many people with mental illnesses have not received adequate medical care because of their long-term institutionalization, poverty or difficulty in proper diagnosis due to their inability to articulate medical problems.
- **Housing** - Many persons with mental illness have difficulty obtaining and maintaining affordable, safe and decent housing because they have limited incomes and limited support
systems as a result of behaviors directly related to their disability. Persons with mental illness make up a significant portion of the homeless population.

- **Supportive Housing Services** - Many persons with mental illness have difficulty maintaining independent living because of difficulty with basic adult daily living skills. Supportive Housing staff address this need by providing assistance and instruction in daily living skills such as housekeeping, cooking, nutrition, laundry, personal hygiene, medication management and crisis intervention.

- **Vocational** - Studies show that people with a psychiatric disability take longer to find jobs than others and are unlikely to retain the jobs they do find. This population has an 85% unemployment rate. Persons with chronic mental illness need a variety of supportive employment services to prepare for and achieve stable work. Vocational opportunities aid in the transition to independent living.

- **Community Support** - People with psychiatric disabilities have difficulties developing and maintaining the skills needed to function independently in the community. Community reintegration programs are needed to provide skills training in health care issues, substance abuse awareness, human sexuality, transportation resources, communication skills, stress management, budgeting, adult education, and work maturity and pre-employment. Additionally, these programs offer a social support network and assistance with the development of leisure activities.

- **Resource Management** - Because of the depth and diversity of the problems of persons with severe and persistent mental illness, resource management is a critical need. Resource management provides assessment, planning, linkage, coordination, and advocacy services to ensure that each person's goals and needs are identified and all supports, services and treatment are obtained to meet these goals.

- **Transportation** - Most persons with chronic mental illness do not drive due to their disability. They require training, information and resources to utilize available public and private transportation options.

**(d) A list of community service providers with letters of intent to provide services to proposed residents from as many potential providers as possible.**

All residents in this project will be assigned to a Boley Centers' Supported Housing staff who will link the resident with all services identified, needed and/or requested. The residents will not be responsible for acquiring their own supportive services but may do so if they wish. In the event a resident wishes to obtain their own services or utilize a service of another agency the following agencies have alternative services available:

- **Suncoast Centers** - a mental health clinic which provides psychiatric care, case management, day treatment, outpatient counseling and limited job placement.
Directions for Mental Health - a mental health clinic which provides psychiatric care, case management, day treatment, outpatient counseling and limited job placement.

Vincent House – a psycho-social rehabilitation program that operates a “clubhouse” model of pre-vocational and transitional employment services.

Pinellas Emergency Mental Health Services: provides crisis intervention and in-patient hospitalization.

Pinellas County Department of Health and Human Services: provides medical and dental treatment including medications, etc.

Letters are attached.

(e) The evidence of each service provider’s capability and experience in providing such supportive service.

Boley Centers, Inc. is able to provide virtually all of the supportive services necessary to successfully maintain persons with mental illness in this supported housing project. Boley Centers has been a part of the social service network in Pinellas County for 39 years. It provides vocational, residential, case management, supported housing, psychiatric, transportation and social services to individuals with long-term and severe psychiatric disabilities through its network of housing options, vocational and skills training programs. At any time Boley Centers provides services to 900 adult men and women who have a psychiatric disability. This number includes specialized programs for people who have mental illnesses and co-occurring substance abuse problems, people who are homeless and who have a mental illness, and adolescents who are severely emotionally disabled. Boley Centers has been accredited by CARF since 1988.

Boley Centers has provided housing and supportive services to minority and non-minority persons with chronic mental illness in Pinellas County for 39 years. Boley Centers is committed to providing services to individuals with mental illness and will provide these services to the residents of this project on a long term basis. Boley Centers has enjoyed numerous accomplishments and awards during its history of providing services. Some of the more recent achievements are described below.

• Boley Centers operates a multi-level residential program with over 522 beds in facilities licensed as group homes, supervised apartments and independent housing.

• Boley Centers has a proven ability to acquire publicly funded properties which allows Boley Centers to own the properties leased to the clients at rates which the client can afford. Boley Centers has received over $27 million for property acquisition and rehabilitation since 1984 from Community Development Block Grants, HUD and donations. These monies were received due to Boley Centers excellent record and reputation in residential services to the psychiatrically disabled. Boley Centers has developed eleven 811 projects consisting of 177 apartments. These projects were funded via HUD 811 funding, Federal Home Loan Bank of Atlanta, and City of St. Petersburg.
HOME funds. On the day each project received its certificate of occupancy, 100% of the units were leased. An additional 39 units are under development.

- Boley Centers has received three HUD “Best Practice” award for its homeless programs.

- Boley Centers' Community Housing Development Organization, Pinellas Affordable Living, Inc. (PAL, Inc.) was awarded a Low Income Housing Tax Credit loan, a SAIL loan, City CDBG and City HOME loan for a total of $1,488,525 to construct an eighteen multi-unit apartment complex for low and very low income families. Two of the eighteen units are set aside for Boley Centers' consumers. The facility opened in December 1999. Additionally, PAL, Inc. obtained two Federal Home Loan Bank of Atlanta’s Affordable Housing Program grants to construct one ten unit apartment program and rehabilitate one forty-three unit apartment complex. Ten percent of all units will be set aside for severely mentally ill individuals at 30% of their income. Pinellas Affordable Living, Inc.'s mission is to provide truly integrated housing by developing housing for low-income families and identifying 10 percent of the units for individuals with severe and persistent mental illness.

- In 1988, Boley Centers began a Homeless Mentally Ill Program. This program was supported by a five-year grant from the McKinney Foundation and was renewed in 1993 for five years and in 1997 for an additional three years. Since then Boley Centers has opened 55 additional units of permanent housing and Two Safe Havens that provide 45 units of housing for people who are chronically homeless. An additional 24 units of permanent housing are under development.

- In 1990, Boley Centers opened a residential facility for dually diagnosed individuals (persons with severe mental illness and substance abuse problems). This program is funded through the Department of Children and Families and operates with a capacity of 20.

- Boley Centers has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the past 21 years. In 2006, Boley Centers was re-accredited for another three years—the maximum allowed—in all areas of application. All of Boley Centers’ housing, vocational, Case Management, Florida Assertive Community Treatment Team, youth and psycho-social rehabilitation services were accredited.

- In 1994, Boley Centers began a Supported Housing services which provides supported housing services for individuals living in the community. Individuals with mental illness are placed into a living arrangement of their choice and provided supports and services needed to maintain independent living. The target population for this program is individuals who reside in the state hospital.

- The majority of the rehabilitation day treatment services occurs at a beautiful property acquired in 1991 (Koenig Center). This facility is situated on seven acres and overlooks the bay. A CDBG grant plus sale of the waterfront property for use as a park provided the major portion of funds needed for renovation.
Boley Centers has operated a Supported Employment Program for its clients since 1987. In 1998, Boley Centers was asked by the Department of Vocational Rehabilitation to take over another agency’s contract because of their failure to obtain employment outcomes. Boley Centers has met all employment outcomes for the past twenty one years. Currently, the program serves over 2000 clients and averages 70 new placements per year. On the average, over 1,500 client hours are spent on the job in supported employment each month.

Boley Centers has been asked to participate in The Mental Health Treatment Study (MHTS) sponsored by the Social Security Administration, and being administered by Westat, a large research company located in Rockville, Md. Boley Centers will be one of 21 agencies participating throughout the United States, and was recommended based on our experience and reputation in providing Supported Employment services. The study is being conducted to examine the value of eliminating programmatic work disincentives, establishing an accurate diagnosis, and delivering appropriate mental health and employment supports for Social Security Disability beneficiaries with a primary impairment of schizophrenia or affective disorder.

A resident may wish to receive supportive services from one of the two community mental health clinics that serve Pinellas County, Suncoast Center in St. Petersburg or Directions for Mental Health in Clearwater. Both agencies have been providing outpatient counseling, psychiatric services and case management to people with mental illness since 1983 and are accredited by the Commission on Accreditation of Rehabilitation Facilities. Boley Centers has worked closely with these two mental health clinics since their inception and provides services to over 350 of their clients each year.

Vincent House, a local clubhouse, provides peer support and a place for consumers to enjoy social activities and obtain employment opportunities.

Personal Enrichment through Mental Health Services, (PEMHS) provides crisis intervention in the event a consumer is in need of inpatient treatment. PEMHS is accredited by the Joint Commission on Healthcare Organizations (JCHO).

Any other services (such as medical, dental, shopping, etc.) are arranged for by the resident’s case manager or Supported Housing staff through non-specialized community resources.

(f) Extent of State and local agency involvement in project.

Annually, Boley Centers receives $6 million from the Department of Children and Families and $286,000 from the Pinellas County Department of Social Services to provide rehabilitation and treatment services to persons with severe and persistent mental illness. The Department of Vocational Rehabilitation contracts with Boley Centers to provide vocational services. This contract is for approximately $780,000 annually. Boley Centers’ 2009/2010 annual operating budget is over $16.5 million and is comprised of money from a variety of grants, insurance billing, fees and other contracts.
The Department of Children and Families has committed $85,008 annually, to provide services to the residents of the project. See attached letter of commitment.

Boley Centers is committed to providing the supported services described in this section. These services are necessary in order to maximize the successful independent living opportunities for persons with chronic mental illness.

Boley Centers is committed to being the sole service provider. The Department of Children and Families strongly supports this project, recognizes that this project is consistent with the State and local plans concerning residential facilities and is committed to working with Boley Centers to insure that participants receive the supportive services necessary to maintain themselves in these residences. The Department of Children and Families has been contracting with Boley Centers to provide residential and supportive services to the mentally ill residents of Pinellas County since 1979. Their philosophy is one of client choice and serving individuals in the least restrictive environment possible. They recognize that in order to keep severely mentally ill people living independently in the community, services and supports must be provided.

In the event a resident wishes to arrange for their own services through the private sector or through one of the local mental health clinics, Boley Centers staff will assist them in making these arrangements. Letters from Boley Centers' supporters, local mental health clinics and the Department of Children and Families have been attached to this application, along with the State's approval of the supportive services plan and the City of St. Petersburg's Certification of Consistency.

(g) Attached is a letter providing:
   (i) Description of the Supportive Services that will be made available to the residents
   (ii) Assurance that the Supportive Services will be based on the resident's individual needs
   (iii) Commitment to make support services available for the life of the project

(h) How residents are afforded employment opportunities

Boley Centers has been providing vocational services to individuals with severe and persistent mental illness since 1970. Boley Centers' Vocational Program provides a full array of vocational rehabilitation services for disabled and disadvantaged clients. The services include Vocational Evaluation, Work Adjustment, Skills Training, Job Development, Job Placement, Job Coaching (Supported Employment) and follow-along services. These services are provided by trained professional staff with the goal of aiding the client in obtaining substantial gainful employment. All residents of the proposed project will have full access to these services.

Intake and Evaluation - Prior to entering Boley Centers' Vocational Services, Boley Centers' staff conduct an intake interview. The interview, in addition to gathering basic demographic information, includes an assessment of the clients’ strengths, challenges and preferences, their social and vocational histories, needed medical/dental services, other supports or skills necessary for the individual to obtain and maintain employment.
Rehabilitation Plan - As a result of the individual’s assessment, the client and the client’s vocational staff meet to complete a rehabilitation plan. The plan identifies the individual’s employment goals, the services the client will need to obtain those goals, the individual staff or program who will provide the services and the time frames for completing each objective. The plan will be updated as each objective is met or as the client enters new stages of the rehabilitation process.

Work Evaluation - A program designed to determine a disabled individual's vocational potential and feasibility for employment, training and/or further education. The evaluation process assesses the individual's physical capacity, learning styles, work habits, productivity level, academic achievement, aptitudes, interests, occupational awareness, and social skills by utilizing a wide array of tests and equipment. This array includes on-site job stations for the purpose of situational assessments, work samples, psychometric testing, interviews, observations and vocational exploration. Also considered are medical, psychiatric, and social assessments.

The length of services is determined on an individual basis with the referring counselor and consumer. The average evaluation is 10 working days.

Findings and recommendations are discussed in a final staffing scheduled after the completion of the evaluation. These are summarized into a list of assets, barriers, possible job alternatives and, if appropriate, other services which may be beneficial for the individual. If the individual appears to be ready and able to work, specific recommendations will be provided regarding the type of job or training that might be pursued. If the individual does not appear to be ready for work, staff will identify the reasons why and how these barriers can be overcome or accommodated. Staff will also attempt to identify community services from which the individual might benefit. These findings and recommendations are also summarized into a comprehensive final report which is sent to the referring counselor.

Work Adjustment - The Work Adjustment Program is a time-limited program designed to assist individuals in achieving their chosen vocational goals. The settings of the Boley Production Work Site and community work are utilized to assist individuals in understanding the meaning, value and demands of working. These individuals are encouraged to learn or reestablish skills, positive attitudes, personal characteristics favorable to employment, and successful work behaviors which expand functional abilities. These services may encompass environmental accommodations.

Job Development/Job Placement - Once a client is ready to become competitively employed in the community, the client is referred to Boley Centers' Supported Employment unit and is assigned to an Employment Specialist. The Employment Specialist works with the client on identifying the kind of work and workplace best suited to the client. Once this is identified, the Employment Specialists works with employers in the community to obtain a job. The Employment Specialist helps the client throughout the application and interview stages until the job is obtained.
Job Coaching - Once the client has obtained the position, the Employment Specialist works side by side with the client to train them on how to do the job. The Employment Specialist stays on the job with the client until the client is competent and comfortable in the position. At this time the Employment Specialist "fades", only providing the support the client needs to maintain the job. In the event of a problem or crisis, the Employment Specialist works with the client and the employer until the situation is stabilized.

Follow-Along - Support to maintain the client on the job is provided long term via a Follow-Along Coach. This staff continues to ensure the client is not having employment problems by meeting with the client, a minimum of twice a month. Other follow-along, support services include a monthly Job Keepers club, a social club designed for peer support for working clients.

(i) **Whether the project will include a manager’s unit.**

The project will not contain a manager’s unit.

(j) **Statement that the Sponsor will not condition admission or occupancy on the resident’s acceptance of supportive services.**

No resident will be denied admission or occupancy based on their desire not to receive supportive services.

In the event a resident is willing to accept services, the resident entering this project will be assessed for his or hers individual strengths, needs and desires by the supported housing staff. Individual plans are completed in partnership with each resident, outlining the services that the individual needs and wishes to receive. Boley Centers is committed to the concept of consumer rights and individual choice.
July 14, 2009

Mr. Gary Macmath, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Gary:

Suncoast Centers is aware of your application to the US Department of Housing and Urban Development to construct a 14 unit apartment complex that will provide housing for people with a mental illness. I support your application. The people we serve are in desperate need of safe, decent, affordable housing.

In the event a resident does not want Boley Centers to provide their services and prefers to receive services from our agency, Suncoast Centers will provide them with the services for which they are eligible. These include case management, drop in center activities and psychiatric care.

Sincerely,

Barbara Daire
President/CEO
July 13, 2009

Mr. Gary MacMath, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Mr. MacMath:

Directions for Mental Health supports your application to the US Department of Housing and Urban Development to construct a 14 unit apartment complex that will provide housing for people with a mental illness. Many of the people Directions serves are in desperate need of safe, decent, affordable housing.

In the event a resident does not want Boley Centers to provide their services and prefers to receive services from our agency, Directions will provide them with the services for which they are eligible. These include services in our state directed catchment area.

Sincerely,

David J. Lomaka
President & CEO
August 4, 2009

Mr. Gary MacMath, President/CEO
Boley Centers, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Mr. MacMath:

Vincent House, a clubhouse community certified by the International Center for Clubhouse Development (ICCD), is pleased to endorse the application submitted by Boley Centers to the Department of Housing and Urban Development for construction award apartments for people who are living with a mental illness. I understand that this funding will enable your agency to build an independent living facility to provide additional housing opportunities within the community for people living with a mental illness.

Inadequate housing for people with disabilities is a major problem in our area. There are still too many people with a mental illness who are in need of a safe, clean, affordable place to live. This type of residential program offers an effective solution to the housing dilemma faced by many of our members.

As you know, Vincent House and Boley Centers have a shared clientele. Many of our members receive other services from your organization. We have worked cooperatively with Boley Centers in mutual referrals and sharing of information. Because of our relationship, we are favorably impressed with your programs and proven ability in providing successful support services through your residential, vocational, case management and rehabilitation programs. Your efforts in our community are widely recognized and well received.

Recognizing the unmet needs of so many people at risk of spending many years in a more restrictive setting or in severely inadequate housing, may we wish you every success in you effort to secure the HUD grant opportunity.

Sincerely,

Elliott Steele
Executive Director
July 15, 2009

Exhibit 5d

Mr. Gary MacMath, President & CEO
Boyle Centers for Behavioral Health Care, Inc.
445 – 31st Street North
St. Petersburg, FL 33713

Dear Mr. MacMath:

Personal Enrichment through Mental Health Services, Inc. (PEMHS) is in full support of your application for Housing and Urban Development (HUD) 811 grant to provide supported housing for disabled persons.

As a social service agency heavily involved with services to persons in similar need, we have worked most cooperatively with Boyle Centers in mutual referrals and sharing of information. In this process, we have become familiar with Boyle’s proven track record in providing successful residential, vocational, case management, day treatment and rehabilitation programs to individuals with a psychiatric disability residing in the Pinellas County community.

PEMHS realizes the community’s urgent need for safe, decent and affordable housing for persons with severe and persistent mental illness. The development of these permanent housing complexes will allow these persons with severe and persistent mental illness with community living choices which are less restrictive and less service intensive than group homes or supervised apartments.

PEMHS commends Boyle Center’s leadership in providing minority and non-minority consumer’s choice of services, least restrictive service settings and integrated services.

Recognizing the unmet needs of so many of these people who are at risk of spending many years more in a restricted institutional setting or in severely inadequate community residences, may we wish you every success in your efforts to provide supported housing to these disabled persons.

Sincerely,

Thomas C. Wedekind, ACSW, CBHE
Executive Director

Serving Floridians Since 1981

11254 58th Street North, Pinellas Park, FL 33781-2213
(727) 545-5477 • (727) 545-6464 fax • www.pemhs.org
July 13, 2009

Mr. Gary MacMath, President/CEO
Boley Centers for Behavioral Health Care, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Gary:

I understand that Boley Centers is applying to the US Department of Housing and Urban Development for funds to construct a HUD 811 project. I strongly support your proposal.

Affordable housing for the people we serve is becoming non-existent in the area’s current housing market. A one-bedroom apartment costs more than our average client’s entire monthly income. Subsidized, affordable housing is the only way that the people we serve – people who are disabled by mental illnesses – can live independently.

Boley Centers is an agency with an excellent reputation for providing high quality services and housing for people with mental illnesses.

I understand that this year’s application will be strengthened by commitment of service funds. I can assure you that it is the intent of the Department of Children and Families to provide funding for services for the residents of the HUD 811. Services will be provided by Supported Housing Specialists along with routine psychiatric services. The cost of these services is estimated to be per client per year for the Supported Housing services (3 hours per week for 52 weeks @ per hour) and per year for the psychiatric care (0.25 hour per month @ per hour). This represents a financial commitment of annually.

I hope you are successful with your application.

Sincerely,

Jeff Watts
Regional Adult Mental Health Director
Substance Abuse and Mental Health Program Office
October 9, 2009

Mr. Gary MacMath, President/CEO
Boley Centers for Behavioral Health Care, Inc.
445 31st Street N.
St. Petersburg, FL 33713

Dear Gary:

I understand that Boley Centers is applying to the US Department of Housing and Urban Development for funds to construct a HUD 811 project. I strongly support your proposal.

Affordable housing for the people we serve is becoming non-existent in the areas current housing market. A one-bedroom apartment costs more than our average client’s entire monthly income. Subsidized, affordable housing is the only way that the people we serve – people who are disabled by mental illnesses – can live independently.

Boley Centers is an agency with an excellent reputation for providing high quality services and housing for people with mental illnesses.

I understand that this year’s application will be strengthened by commitment of service funds. I can assure you that it is the intent of the Department of Children and Families to provide funding for services for the residents of the HUD 811. Services will be provided by Supported Housing Specialists along with routine psychiatric services. The cost of these services is estimated to be $500 per client per year for the Supported Housing services (3 hours per week for 52 weeks @ $25 per hour) and $750 per year for the psychiatric care (.25 hour per month @ $3,000 per hour). This represents a financial commitment of $1,250 annually. We expect to support this project for many years, but at this time can provide a one year commitment of $1,250.

I hope you are successful with your application.

Sincerely,

Jeffrey Watts
SunCoast Region Adult Mental Health Director
Substance Abuse and Mental Health Program Office
October 15, 2009

Ferdinand R. JuLuke Jr., Director
Multifamily Housing Division
U.S. Department of Housing and Urban Development
301 W. Bay Street, Suite 2200
Jacksonville, FL 32202

Dear Mr. JuLuke:

Boley Centers will make available to the residents of the proposed HUD 811 project the following support services:

- **Psychiatric Services** - include an initial assessment, a monthly medication review (if the client is taking psychotropic medication) and an annual psychiatric evaluation. More frequent services may be requested by the individual client. Psychiatric services are provided at the primary day treatment location (Koenig Center). Medical services are primarily made through referrals to local doctors, clinics (public and private) and hospitals.

- **Supported Housing Services** - including in home skills training, medication monitoring, help with shopping, cleaning, cooking, making and getting to appointments, crisis intervention, counseling and other needs identified on the resident’s plan.

- **Vocational Services** - are provided based on the current ability and desire of the client. The frequency of service for those attending the vocational program is based on an agreement between the vocational support staff and the client. Vocational services primarily occur at the Boley Centers’ Vocational Services Center or at job placements in the community.

- **Community Support Programs** - include community reintegration programs that provide experiences and structured activities designed to assist these individuals in obtaining skills which will allow them to establish themselves successfully in the community. These services identify the individuals interests and abilities and link the individual to community agencies and supports which provide normalized social and
vocational outlets. The community agencies include recreation centers, volunteer programs and local educational institutions. Additionally, day treatment programs provide formalized on-site instruction in the areas of health care issues, substance abuse awareness, human sexuality, transportation resources, communication skills, stress management, budgeting, adult education, and work maturity and pre-employment skills. Community support services are provided with the intensity and frequency agreed upon between the client and the treatment team when completing their service plan. Community reintegration, day treatment and social rehabilitation services primarily occur at the Koenig Center in St. Petersburg.

- **Case Management Services** - are provided to clients who have a need for such services. Once a need is established, the services provided are dependent upon the needs of the client. The case manager meets with the client a minimum of once a month and ensures the client is linked to all needed services.

- **Transportation Services** - are offered to clients who are not able to get to supportive services on their own.

These supportive services will be provided to the residents based on their individual needs. Each resident will participate in a needs assessment which will result in a service plan identifying the individual’s goals, needs, needed services and frequency of the service. The Supported Housing staff and the resident will jointly agree on the service plan.

The resident’s acceptance of support services will not be a condition of their occupancy.

**Boley Centers commits to ensuring that these support services are provided to the residents of the project for the life of the project.**

Sincerely,

Gary MacMath
President/CEO
**ATTACHMENTS FORM**

**Instructions**: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important**: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

<table>
<thead>
<tr>
<th>Attachment Number</th>
<th>File Name</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Exhibit1HUD92016-ca.pdf</td>
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</tr>
<tr>
<td>2)</td>
<td>EXHIBIT2.doc</td>
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<tr>
<td>3)</td>
<td>exhibit3.doc</td>
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<tr>
<td>4)</td>
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<tr>
<td>5)</td>
<td>Exhibit5Attachments.pdf</td>
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<td>6)</td>
<td>PhaseEnvironmental.pdf</td>
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<tr>
<td>7)</td>
<td>Exhibit5Provision of Support</td>
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<td>8)</td>
<td>Exhibit5Attachment.pdf</td>
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<td>15)</td>
<td></td>
<td>Add Attachment, Delete Attachment, View Attachment</td>
</tr>
</tbody>
</table>
Survey on Ensuring Equal Opportunity For Applicants

Purpose:
The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey
If you are applying using a hard copy application, please place the completed survey in an envelope labeled “Applicant Survey.” Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

<table>
<thead>
<tr>
<th>Applicant's (Organization) Name: Aoley Centers, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's DUNS Name: 021709480</td>
</tr>
<tr>
<td>Federal Program: Section 811 Supportive Housing for Persons with Disabilities</td>
</tr>
<tr>
<td>CFDA Number: 14.14</td>
</tr>
</tbody>
</table>

1. Has the applicant ever received a grant or contract from the Federal government?
   - Yes  ☒  No  ☐

2. Is the applicant a faith-based organization?
   - Yes  ☐  No  ☒

3. Is the applicant a secular organization?
   - Yes  ☒  No  ☐

4. Does the applicant have 501(c)(3) status?
   - Yes  ☒  No  ☐

5. Is the applicant a local affiliate of a national organization?
   - Yes  ☐  No  ☒

6. How many full-time equivalent employees does the applicant have? (Check only one box).
   - 3 or Fewer  ☐  15-50  ☐
   - 4-5  ☐  51-100  ☐
   - 6-14  ☐  over 100  ☐

7. What is the size of the applicant's annual budget? (Check only one box.)
   - Less Than $150,000  ☐
   - $150,000 - $299,999  ☐
   - $300,000 - $499,999  ☐
   - $500,000 - $999,999  ☐
   - $1,000,000 - $4,999,999  ☐
   - $5,000,000 or more  ☒
Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.
Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Information

* Duns Number: 021793480

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

   * Applicant Name: Boley Centers, Inc.

   * Street1: 445 31st Street N.

   * City: St. Petersburg

   * County: 

   * State: FL: Florida

   * Zip Code: 33713

   * Country: USA: UNITED STATES

   * Phone: (727) 821-4819 ext 5709

2. Social Security Number or Employer ID Number: [Blacked Out]

3. HUD Program Name:

Supportive Housing for Persons with Disabilities

4. Amount of HUD Assistance Requested/Received: $1,816,277.00

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

   * Project Name: Broadwater Place

   * Street1: 3615 37th Street S

   * City: St. Petersburg

   * County: 

   * State: FL: Florida

   * Zip Code: 33711

   * Country: USA: UNITED STATES

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

   Yes [ ] No [ ]

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

   Yes [ ] No [ ]

If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.
Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

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

Department/State/Local Agency Name:

* Government Agency Name:

State of Florida, Department of Children and Families

Government Agency Address:

* Street1: 4193 North Florida Avenue, Suite 1000
Street2: 
* City: Tampa
County: 
* State: FL: Florida
* Zip Code: 33612
* Country: USA: UNITED STATES

* Type of Assistance: Cash

* Amount Requested/Provided: $ 95,000.00

* Expected Uses of the Funds:

Social Services

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1: 
Street2: 
* City: 
County: 
* State: 
* Zip Code: 
* Country: 

* Type of Assistance: 

* Amount Requested/Provided: 

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment
Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

| * Alphabetical list of all persons with a | * Social Security No. | * Type of Participation in | * Financial Interest in |
| reportable financial interest in the project or | or Employee ID No. | Project/Activity | Project/Activity ($ and %) |
| activity (For individuals, give the last name first) | | | |

(Note: Use Additional pages if necessary)

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 penalties not to exceed $10,000 for each violation.

I certify that this information is true and complete.

* Signature: 

Veri Flanagan

* Date: (mm/dd/yyyy) 

12/04/2009
Facsimile Transmittal

1251916855 - 1157

* Name of Document Transmitting: Nothing faxed with this application

1. Applicant Information:

* Legal Name: Boley Centers, Inc.

* Address:
  - Street 1: 445 31st Street N.
  - Street 2: 
  - City: St. Petersburg
  - County: 
  - State: FL; Florida
  - Zip Code: 33713

* Country: USA; UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 021709480
  - CFDA No.: 14.181
  - Title: Supportive Housing for Persons with Disabilities
  - Program Component:

3. Facsimile Contact Information:

Department: 
Division: 

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: 
* First Name: Jeri
Middle Name: 
* Last Name: Flanagan
Suffix: 
* Phone Number: (727) 431-4819
Fax Number: 

* Email: jeriflanagan@boleycenters.org

* 6. What is your Transmittal? (Check one box per fax)


* 7. How many pages (including cover) are being faxed? 

Form HUD-36011 (10/12/2004)
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application:
   - New
   - Continuation
   - Revision
   - Other (Specify)

3. Date Received: 12/04/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:
   59-1290089

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Boley Centers, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   59-1290089

   c. Organizational DUNS:
   021709480

   d. Address:

      - Street1: 443 31st Street N.
      - Street2:
      - City: St. Petersburg
      - County:
      - State: FL: Florida
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 33713

   e. Organizational Unit:

      - Department Name:
      - Division Name:

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

      - Prefix:
      - First Name: Jeri
      - Middle Name:
      - Last Name: Flanagan
      - Suffix:
      - Title: Director, Development

      Organizational Affiliation:

      - Telephone Number: (727) 821-4819 ext 5709
      - Fax Number: (727) 822-6240
      - Email: jeriflanagan@boleycenters.org
## Application for Federal Assistance SF-424

**Version 02**

### 9. Type of Applicant 1: Select Applicant Type:
- M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)

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

### 11. Catalog of Federal Domestic Assistance Number:
- 14.191

<table>
<thead>
<tr>
<th>CFDA Title</th>
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<tr>
<td>Supportive Housing for Persons with Disabilities</td>
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### 12. Funding Opportunity Number:
- FR-5300-N-19

<table>
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<tr>
<td>Section 811 Supportive Housing for Persons with Disabilities</td>
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</table>

### 13. Competition Identification Number:
- G411-19

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<thead>
<tr>
<th>Title</th>
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</tbody>
</table>

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- St. Petersburg, Pinellas County, Florida

### 15. Descriptive Title of Applicant’s Project:
- Independent Living Units for People Disabled by Mental Illness

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant
   * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: 02/01/2010
   * b. End Date: 02/01/2012

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2009
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   Yes ☐ No ☒
   Explanation:

21. "By signing 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
   ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: 
First Name: Jeri
Middle Name: 
Last Name: Flanagan
Suffix: 
Title: Director, Development

Telephone Number: 727-431-258 ext 3779
Fax Number: 727-431-2509

Email: Jeriflanagan@holycenat.org

Signature of Authorized Representative: Jeri Flanagan
Date Signed: 12/04/2009

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Version 02</th>
</tr>
</thead>
</table>

* **Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
1. * Type of Federal Action:  
   - [x] a. contract  
   - [ ] b. grant  
   - [ ] c. cooperative agreement  
   - [ ] d. loan  
   - [ ] e. loan guarantee  
   - [ ] f. loan insurance  

2. * Status of Federal Action:  
   - [x] a. bid/offer/application  
   - [ ] b. initial award  
   - [ ] c. post-award  

3. * Report Type:  
   - [x] a. initial filing  
   - [ ] b. material change  

4. Name and Address of Reporting Entity:  
   - [x] Prime  
   - [ ] Subawardee  

   *Name__________  

   *Street 1__________  

   *City__________  

   State  

   Zip  

   Congressional District, if known  

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:  

6. * Federal Department/Agency:  
   - US Department of HUD  

7. * Federal Program Name/Description:  
   - Supportive Housing for Persons with Disabilities  

   CFDA Number, if applicable  

8. Federal Action Number, if known:  

9. 9. Award Amount, if known:  

10. a. Name and Address of Lobbying Registrant:  

   Prefix__________  

   *First Name__________  

   Middle Name  

   *Last Name__________  

   Suffix  

   *Street 1__________  

   *City__________  

   State  

   Zip  

b. Individual Performing Services (including address if different from No.10a):  

   Prefix__________  

   *First Name__________  

   Middle Name  

   *Last Name__________  

   Suffix  

   *Street 1__________  

   *City__________  

   State  

   Zip  

11. Information requested through this form is authorized by 31 U.S.C. section 1302. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the law above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1302. This information will be reported to the Congress semiannually and 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 $500,000 for each such failure.  

   *Signature__________  

   *Name__________  

   Prefix__________  

   *First Name__________  

   Middle Name  

   *Last Name__________  

   Suffix  

Title:__________  

Telephone No.:__________  

Date:__________  

Authorized for Local Reproduction: Standard Form - LLC (Rev. 7/17)  

Tracking Number:GRANT01483267  

Funding Opportunity Number:FR-5300-N-19 Received Date:2009-12-04T08:57:42-04:00
Facsimile Transmittal

1. Applicant Information:

* Legal Name: Boley Centers, Inc.

* Address:
  - Street1: 445 31st Street N.
  - Street2: 
  - City: St. Petersburg
  - County: 
  - State: FL, Florida
  - Zip Code: 33711

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 021709480
  - CFDA No.: 14.181

Title: Supportive Housing for Persons with Disabilities

Program Component: 

3. Facsimile Contact Information:

Department: 

Division: 

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: 

Middle Name: 

* Last Name: Flanagan

Suffix: 

* Phone Number: (727) 821-4819

Fax Number: 

* Email: jferiplanagam@boleycenters.org

* 6. What is your Transmittal? (Check one box per fax)

   - a. Certification
   - b. Document
   - c. Match/Leverage Letter
   - X d. Other

* 7. How many pages (including cover) are being faxed? 3

Form HUD-98011 (10/12/2004)
REPORT OF THE NESHAP DEMOLITION SURVEY, SAMPLING AND EVALUATION OF ASBESTOS-CONTAINING MATERIALS

at the

FORMER SONS OF ITALY LODGE
3617 37TH STREET SOUTH
ST. PETERSBURG, FLORIDA

February 29, 2008
GE Project Number 1071-1092

Submitted to:

TBE Group, Inc.
Ms. Shawn Lasseter
380 Park Place Boulevard, Suite 300
Clearwater, Florida 33759

Prepared by:

Greenfield Environmental, Inc.
432 3rd Street North
St. Petersburg, Florida 33701
EXECUTIVE SUMMARY

The survey and laboratory analysis conducted at the former Sons of Italy Lodge located at 3617 37th Street South in St. Petersburg, Florida indicated that none of the materials sampled were found to contain asbestos in amounts greater than one (1) percent. As such, no specialized asbestos handling or disposal techniques are required prior to or during demolition activities at the building.
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<td>3.0 SURVEY METHODS AND LABORATORY ANALYSIS</td>
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LIST OF APPENDICES

APPENDIX A- LABORATORY ANALYTICAL RESULTS
APPENDIX B- CERTIFICATIONS
1.0 INTRODUCTION

A survey for asbestos-containing materials (ACMs) was conducted by Greenfield Environmental, Inc. (GE) at the former Sons of Italy Lodge located at 3617 37th Street South in St. Petersburg, Florida. The survey was performed on February 25, 2008 by Kevin Kitch, EPA Accredited Inspector for GE. Greenfield Environmental, Inc. is a Florida Licensed Asbestos Consulting Firm with a corresponding license number of ZA-0000268.

The survey was conducted in order to identify any asbestos-containing materials which may exist prior to demolition activities in accordance with the National Emissions Standard for Hazardous Air Pollutants (NESHAP) Regulation.

More specifically, our scope of services for this project consisted of the five following steps:

- Structure Walk-Through and Observations,
- Bulk Sampling of Suspect ACMs,
- Polarized Light Microscopy (PLM) Analysis of Bulk Samples,
- Hazard Assessment and Evaluation, and
- Final Report Development.

The findings of this report represent Greenfield Environmental, Inc.'s (GE) best professional judgement and no other warranty is expressed or implied. This report is intended only for the use of TBE GROUP, INC. The contents should not be relied upon by any other parties without the expressed written consent of GE.
2.0 FACILITY DESCRIPTION

The former Sons of Italy Lodge was observed to be constructed of concrete block and steel. Interior walls were finished with drywall, plaster and skim coats. Ceilings were finished with drop-in ceiling tile panels and drywall. Floors were finished with vinyl floor tile, carpeting and ceramic tilea. The HVAC duct was fiberglass-insulated sheet metal and fiberglass flex-duct. The roof consists of a rolled and asphalt shingle roofing systems. The doors were hollow wood, solid wood or styrofoam insulation. The exterior walls consist of stucco and rock decorations.
3.0 SURVEY METHODS AND LABORATORY ANALYSIS

The sampling conducted in this asbestos survey was performed in accordance with the requirements of Title 40, Code of Federal Regulations (CFR), Part 763 for suspect ACMs. The EPA regulations require that sample locations be randomly selected. All suspect asbestos-containing materials and PACM (materials presumed to contain asbestos under the OSHA Asbestos Rule, 29 CFR 1910) were identified and samples of each different type of material were obtained.

The bulk sampling procedure utilized for the collection of samples suspected of being asbestos-containing materials required the establishment of homogeneous sampling areas. A homogeneous sampling area is defined as an area of friable or non-friable material of similar type that appeared to be applied or constructed during the same general period of time. This is the most acceptable method for the sampling of suspect asbestos-containing materials.

Samples which were collected from these pre-determined homogeneous sampling areas were labeled and transported to Air Quality Environmental, Inc. for analysis. Air Quality Environmental, Inc. is a National Voluntary Laboratory Accreditation Program (NVLAP) accredited laboratory (NVLAP No. 200759-0). All sample locations were identified with numbers corresponding to those listed in Section 5.0 "Description of Materials" of this report.

All samples were analyzed using Polarized Light Microscopy (PLM) coupled with dispersion staining. PLM is the EPA approved method of analysis that utilizes the unique optical crystallographic properties of the various crystalline forms in the samples. Properties such
as refractive indices, birefringence, sign of elongation and extinction angle are unique to crystalline asbestos forms and are used to identify the type of asbestos mineral as chrysotile, amosite, crocidolite, anthophyllite, tremolite or actinolite. Each type of asbestos displays unique characteristics when subjected to these tests. Percentages of the identified types of asbestos are determined by visual estimation. Attempts are made to mix the sample thoroughly to provide a more accurate percentage. Any material containing greater than one percent (1%) by weight of any type of asbestos is considered by the EPA to be an ACM and if disturbed must be handled according to specific state and federal regulations.
4.0 SUSPECTED ASBESTOS-CONTAINING MATERIALS

The following is a summary of the materials sampled and tested during the survey and evaluation of the former Sons of Italy Lodge:

- Ceiling Tile
- Plaster
- Drywall, Tape and Compound
- Vinyl Floor Tile with Mastic
- Vinyl Cove Molding
- Floor Filler Material
- Skin Coat
- Asphalt Shingles
- Rolled Roofing Material
- Stucco
5.0 DESCRIPTION OF MATERIALS

The following is a description of the materials sampled at the former Sons of Italy Lodge:

<table>
<thead>
<tr>
<th>Hom. Area</th>
<th>Sample Number</th>
<th>Description/Location</th>
<th>Asbestos Content</th>
<th>Friability</th>
<th>Condition</th>
<th>Approx. Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01</td>
<td>Dot and Pattern Ceiling Tile Located on Ceiling Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td>2</td>
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<td>Plaster Located at Selected Wall Areas</td>
<td>No Asbestos Detected</td>
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<tr>
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<tr>
<td>3</td>
<td>07</td>
<td>Plaster Located on Kitchen Wall Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
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<tr>
<td>5</td>
<td>13</td>
<td>Tan 12&quot; X 12&quot; Vinyl Floor Tile with Mastic Located on Dining Hall Floor Areas</td>
<td>No Asbestos Detected</td>
<td>Non-Friable</td>
<td>Good</td>
<td></td>
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<td>6</td>
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<td>Brown 12&quot; X 12&quot; Vinyl Floor Tile with Mastic Located on Bar Floor Areas</td>
<td>No Asbestos Detected</td>
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<td>Dot and Furrow Ceiling Tile Located on Ceiling Areas</td>
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<td>Dotted Ceiling Tile Located on Ceiling Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
<td></td>
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<tr>
<td>9</td>
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<td>Brown and Beige 12&quot; X 12&quot; Vinyl Floor Tile with Mastic Located on Southwest Room Floor Areas</td>
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<td>Good</td>
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<td>Beige Vinyl Cove Molding Located at Bar Base of Wall Areas</td>
<td>No Asbestos Detected</td>
<td>Non-Friable</td>
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<td>Brown Vinyl Cove Molding Located as Dining Hall Base of Wall Areas</td>
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<td>Condition</td>
<td>Approx. Quantity</td>
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<tr>
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<td>No Asbestos Detected</td>
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<td>Floor Filler Located Under Restroom Ceramic Tile Floor Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
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<td>Skim Coat Located at Dance Floor Ceiling Areas</td>
<td>No Asbestos Detected</td>
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<td>Good</td>
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<td>Skim Coat Located at West Entrance Drywall Wall Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
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<td>16</td>
<td>46</td>
<td>Skim Coat Located at East Coat Room Plaster Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
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<td>17</td>
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<td>Asphalt Shingles Located on A-Frame Roof Areas</td>
<td>No Asbestos Detected</td>
<td>Non-Friable</td>
<td>Good</td>
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<td>18</td>
<td>52</td>
<td>Rolled Roofing Material Located on Flat Roof Areas</td>
<td>No Asbestos Detected</td>
<td>Non-Friable</td>
<td>Good</td>
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<td>19</td>
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<td>Stucco Located on Exterior Wall Areas</td>
<td>No Asbestos Detected</td>
<td>Friable</td>
<td>Good</td>
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</tbody>
</table>
6.0 CONCLUSIONS

The survey and laboratory analysis conducted at the former Sons of Italy Lodge located at 3617 37th Street South in St. Petersburg, Florida indicated that none of the sixty-one (61) samples collected were found to contain asbestos in amounts greater than one (1) percent. As such, no specialized asbestos handling or disposal techniques are required prior to or during demolition activities at the building. Proper notification must be provided to Pinellas County prior to demolition activities.
PROFESSIONAL CERTIFICATIONS

The discussions and conclusions contained in this asbestos survey have been prepared and reviewed by the following environmental professionals.

Kevin E. Kitch
Project Manager
AHERA Inspector #7ME03060701AIR0021

Michael W. Rothenburg, PE
Florida Licensed Asbestos Consultant
#EA0000041
APPENDIX A

LABORATORY ANALYTICAL RESULTS
<table>
<thead>
<tr>
<th>Lab #</th>
<th>Client #</th>
<th>Sample Type</th>
<th>Description</th>
<th>% Asbestos</th>
<th>% Others</th>
<th>% Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>06604</td>
<td>1</td>
<td>Ceiling Tile</td>
<td>tan/white</td>
<td>NAD</td>
<td>55% Cellulose</td>
<td>50% Perite and Binders</td>
</tr>
<tr>
<td>06605</td>
<td>2</td>
<td>Ceiling Tile</td>
<td>tan/white</td>
<td>NAD</td>
<td>25% Cellulose</td>
<td>50% Perite and Binders</td>
</tr>
<tr>
<td>06606</td>
<td>3</td>
<td>Ceiling Tile</td>
<td>tan/white</td>
<td>NAD</td>
<td>25% Cellulose</td>
<td>50% Perite and Binders</td>
</tr>
<tr>
<td>06607</td>
<td>4</td>
<td>Plaster Material</td>
<td>white finish</td>
<td>NAD</td>
<td>100% Quartz and Binders</td>
<td>100% Perite and Binders</td>
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<tr>
<td>06608</td>
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<td>Plaster Material</td>
<td>white</td>
<td>NAD</td>
<td>100% Quartz and Binders</td>
<td>100% Perite and Binders</td>
</tr>
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<td>NAD</td>
<td>100% Quartz and Binders</td>
<td>100% Perite and Binders</td>
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<tr>
<td>06610</td>
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<td>Plaster Material</td>
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<td>NAD</td>
<td>100% Quartz and Binders</td>
<td>100% Perite and Binders</td>
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<td>06611</td>
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<td>100% Quartz and Binders</td>
<td>100% Perite and Binders</td>
</tr>
<tr>
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<tr>
<td>06613</td>
<td>10</td>
<td>Drywall Material</td>
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<td>NAD</td>
<td>100% Cellulose</td>
<td>4% Glass Fbers and 2% Celulose</td>
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<tr>
<td>06614</td>
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<td>Drywall Material</td>
<td>tan surfacing</td>
<td>NAD</td>
<td>100% Cellulose</td>
<td>4% Glass Fbers and 2% Celulose</td>
</tr>
</tbody>
</table>

**Note:** For specific layer or component asbestos content, please contact information for the lab performing the test. This report contains asbestos analysis results that are not intended for use in asbestos abatement projects. For more information, please contact the lab directly for a product specification sheet or a copy of the test results.
<table>
<thead>
<tr>
<th>Lab #</th>
<th>Client #</th>
<th>Test Material</th>
<th>Description</th>
<th>% Asbestos</th>
<th>% Other Fibers</th>
<th>% Binders</th>
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<td>tan surfacing white layer</td>
<td>NAD</td>
<td>100% Cellulose</td>
<td>4% Glass Fibers 2% Cellulose</td>
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<tr>
<td>00618</td>
<td>13</td>
<td>Floor Tile</td>
<td>tile layer mastic layer</td>
<td>NAD</td>
<td>100% Carbonates and Binders</td>
<td>100% Perlite and Binders</td>
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<td>NAD</td>
<td>100% Carbonates and Binders</td>
<td>100% Perlite and Binders</td>
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<td>00618</td>
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<td>tile layer mastic layer</td>
<td>NAD</td>
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<td>100% Perlite and Binders</td>
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<td>100% Perlite and Binders</td>
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<td>100% Perlite and Binders</td>
</tr>
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<td>NAD</td>
<td>100% Carbonates and Binders</td>
<td>100% Perlite and Binders</td>
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<td>00622</td>
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<td>NAD</td>
<td>35% Cellulose 15% Mineral Wool</td>
<td>50% Perlite and Binders</td>
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<td>Ceiling Tile</td>
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<td>NAD</td>
<td>35% Cellulose 15% Mineral Wool</td>
<td>50% Perlite and Binders</td>
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<td>50% Perlite and Binders</td>
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<td>NAD</td>
<td>35% Cellulose 15% Mineral Wool</td>
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These materials were analyzed by X-ray. Specific layers or component asbestos material is indicated when observed. The EPA recommends a material to be asbestos containing if it contains asbestos that is more than 1% asbestos by weight.

NVLAP Lab No: 200759-0
Lab File Number: 12021
Analysis Pages 2 of 5
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These samples were analyzed by layers. Specific layer or component asbestos content is indicated within each layer. The EPA has determined that the asbestos-containing only a fraction of a fiber begins per unit volume. Containing Materials which are asbestos may become more toxic, particularly when exposed to the air. Asbestos fibers are hazardous only when they reach the lungs and can be released into the air. Additionally, these fibers may be released by a variety of processes including manufacture, use, transportation, waste disposal, or destruction. Always wear proper respiratory protection. Analysis Pages 3 of 5
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These samples were analyzed by XRF. Special care in component resolution method was indicated when necessary. The EPA method is used to test asbestos samples only if it contains more than 1.0% chrysotile or asbestiform tremolite asbestos (CAT). All categories are indicated. Values are subject to error. The analyst is responsible for ensuring that the data presented herein is accurate and complete. The report is intended to be used as a means to provide the Federal Government with a comprehensive picture of asbestos-related activities. Additional data may be included for future use. The information in this report may not be used as a basis for product certification or approval by the Federal Government.
APPENDIX B

CERTIFICATIONS
This is to certify that

Kevin E. Kitch

has on 3/6/07, in Tampa, FL,
completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646

AHERA Asbestos Building Inspector Refresher Course

as approved by the State of Florida and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)
on 3/6/07 - 3/6/07 and passed the associated examination on 3/6/07
with a score of 70% or better
CM = 1.5

Provider #: FL49-0001221
Course #: FL49-0004718

Instructor
Dean Allhage

Soc. Sec #: XXX-XX-1105
Accreditation Expires: 3/6/08

President
Thomas Bradford Mayhew

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASHBESTOS LICENSING UNIT
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783
(850) 487-1395

GREENFIELD ENVIRONMENTAL INC
MICHAEL ROTHENBURG
432 3RD STREET NORTH
ST. PETERSBURG FL 33701

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ZA0000269 09/04/07 0701262
ASHBESTOS BUSINESS ORGANIZATION
GREENFIELD ENVIRONMENTAL INC
MICHAEL ROTHENBURG

LICENSED under the provisions of Ch. 459 F.
Expiration date: NOV 30, 2009

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The ASBESTOS BUSINESS ORGANIZATION
Named below IS LICENSED
Under the provisions of Chapter 459 FS.
Expiration date: NOV 30, 2009

GREENFIELD ENVIRONMENTAL INC
MICHAEL ROTHENBURG
432 3RD STREET NORTH
ST. PETERSBURG FL 33701

CHARLIE CRIST
GOVERNOR

HOLLY BENSCH
SECRETARY
October 30, 2009

Ms. Lauren Milligan
Florida State Clearinghouse
FL. Department of Environmental Protection
3900 Commonwealth Blvd., Mail Station 47
Tallahassee, FL 32399-3000

RE: HUD Section 811 Supportive Housing for Persons with Disabilities
Boley Centers, Inc. Apartment Project for Chronically Mentally Ill in
St. Petersburg, Florida

Dear Ms. Milligan:

Please be advised that on November 11, 2009, Boley Centers, Inc. will
make application to the Department of Housing and Urban Development for
funding under the Section 811 Supportive Housing for Persons with
Disabilities Program for Fiscal Year 2009.

Boley Centers is submitting an application to build a fourteen one-bedroom
apartment complex located at 3615 37th Street S., St. Petersburg, Florida.

I am submitting, for your approval, 15 copies of the following documents:

1. Copies of the SF 424 and Application for Capital Advance
   Summary Information
2. Narrative description of the property
3. Location maps
4. Site plans
5. Legal description of the property
6. Letter from the City of St. Petersburg regarding the property being
   properly zoned.

A Phase I Environmental was completed on the property and the land was
found clean.

Please contact me at (727) 821-4819 ext 5709 if you have any questions or
need more information.

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Sincerely,

Jeri Flanagan
Director, Development