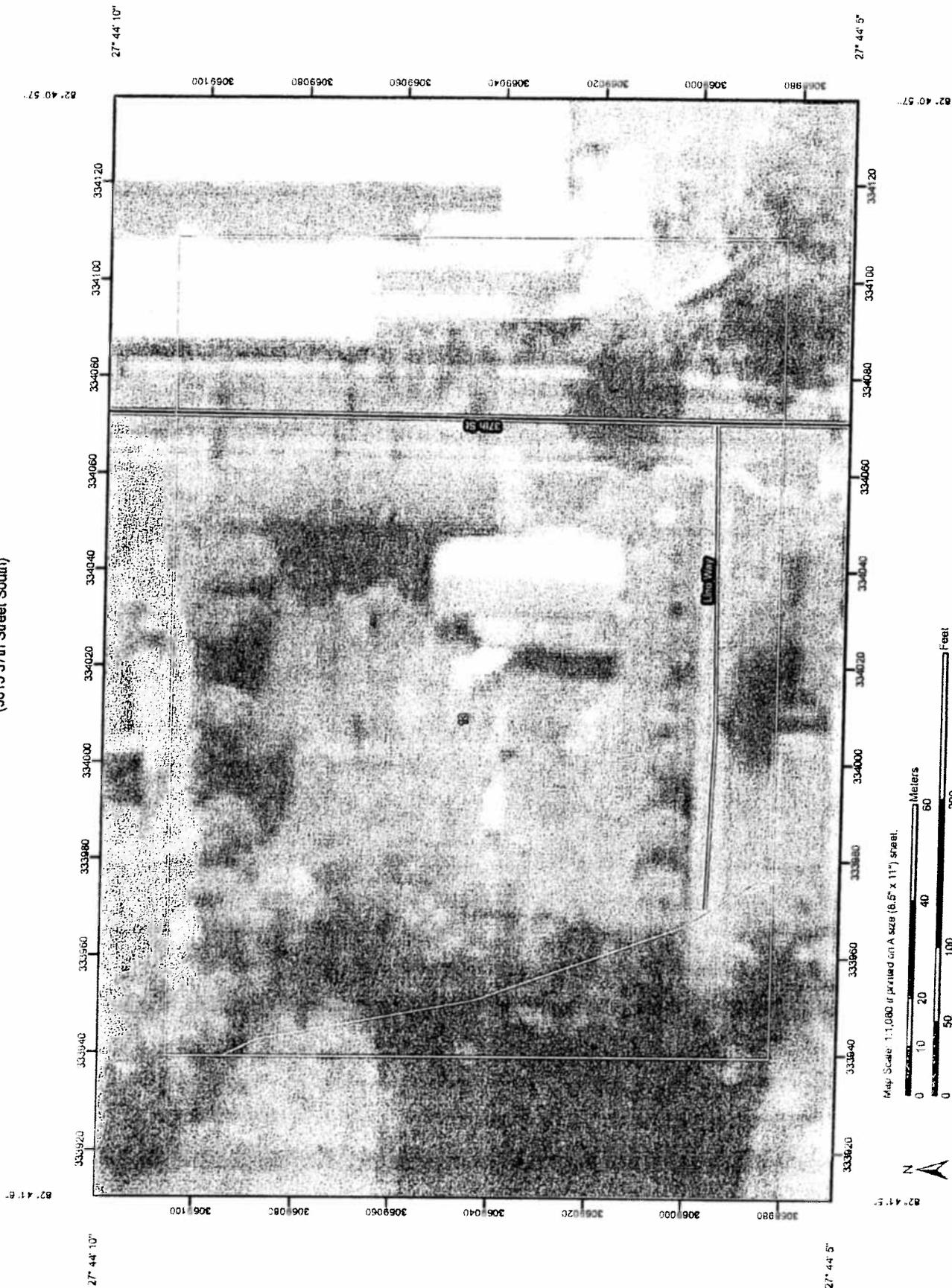


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# Appendix F

## USDA Soil Survey Search Results

Soil Map—Pinellas County, Florida  
(3615 37th Street South)



Web Soil Survey 2.2  
National Cooperative Soil Survey

Soil Map—Pinellas County, Florida  
(3615 37th Street South)

### MAP LEGEND

- |                               |                        |  |                       |
|-------------------------------|------------------------|--|-----------------------|
|                               | Area of Interest (AOI) |  | Very Stony Spot       |
|                               | Soils                  |  | Wet Spot              |
|                               | Soil Map Units         |  | Other                 |
| <b>Special Point Features</b> |                        |  |                       |
|                               | Blowout                |  | Special Line Features |
|                               | Borrow Pit             |  | Gully                 |
|                               | Clay Spot              |  | Short Steep Slope     |
|                               | Closed Depression      |  | Other                 |
|                               | Gravel Pit             |  | Political Features    |
|                               | Gravelly Spot          |  | Cites                 |
|                               | Landfill               |  | Water Features        |
|                               | Lava Flow              |  | Oceans                |
|                               | Marsh or swamp         |  | Streams and Canals    |
|                               | Mine or Quarry         |  | Transportation        |
|                               | Miscellaneous Water    |  | Ralls                 |
|                               | Perennial Water        |  | Interstate Highways   |
|                               | Rock Outcrop           |  | US Routes             |
|                               | Saline Spot            |  | Major Roads           |
|                               | Sandy Spot             |  | Local Roads           |
|                               | Severely Eroded Spot   |  |                       |
|                               | Sinkhole               |  |                       |
|                               | Slide or Slip          |  |                       |
|                               | Sodic Spot             |  |                       |
|                               | Spot Area              |  |                       |
|                               | Stony Spot             |  |                       |

### MAP INFORMATION

Map Scale: 1:1,060 if printed on A size (8.5" x 11") sheet.  
 The soil surveys that comprise your AOI were mapped at 1:24,000.  
 Please rely on the bar scale on each map sheet for accurate map measurements.  
 Source of Map: Natural Resources Conservation Service  
 Web Soil Survey URL: <http://websoilsurvey.nrcs.usda.gov>  
 Coordinate System: UTM Zone 17N NAD83  
 This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.  
 Soil Survey Area: Pinellas County, Florida  
 Survey Area Data: Version 7, Dec 6, 2006  
 Date(s) aerial images were photographed: 8/16/2007  
 The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

## Map Unit Legend

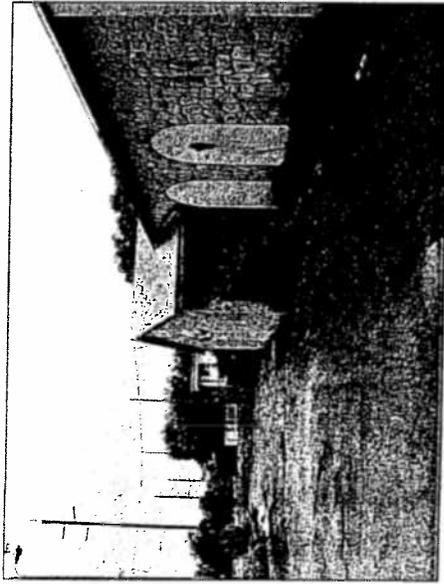
Pinellas County, Florida (FL103)			
Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
13	Immokalee soils and Urban land	4.7	91.7%
29	Tavares soils and Urban land, 0 to 5 percent slopes	0.4	8.3%
<b>Totals for Area of Interest</b>		<b>5.2</b>	<b>100.0%</b>

---

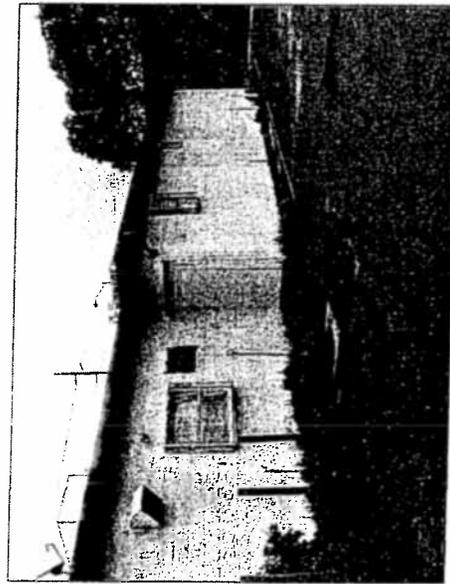
# Appendix G

## Site Visit Photos

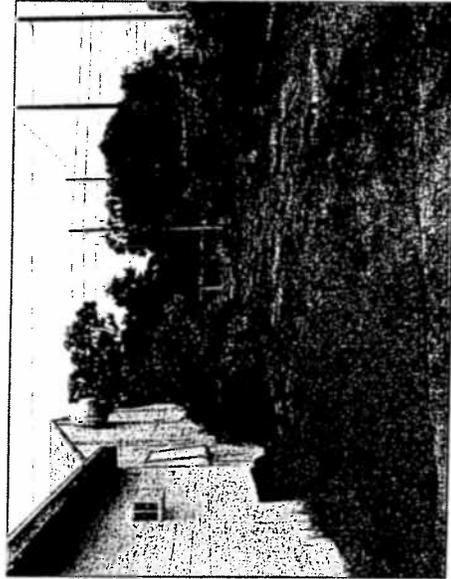
**Site Photos – June 30, 2009**  
**3615 37<sup>th</sup> Street South, St. Petersburg, Florida**



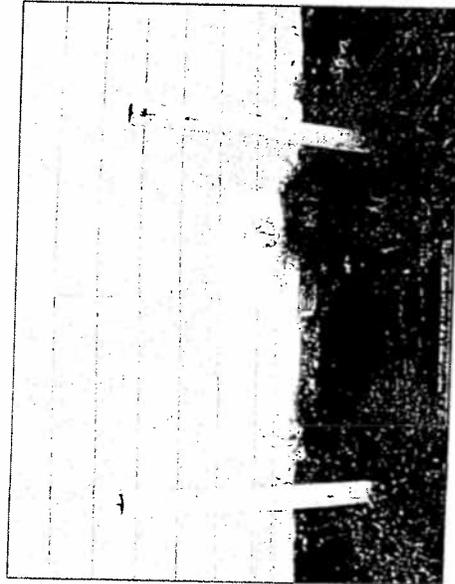
*Left: View of the subject site's primary entrance/driveway and the east side of the on-site structure.*  
*Right: View of north side of on-site structure.*



*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.*

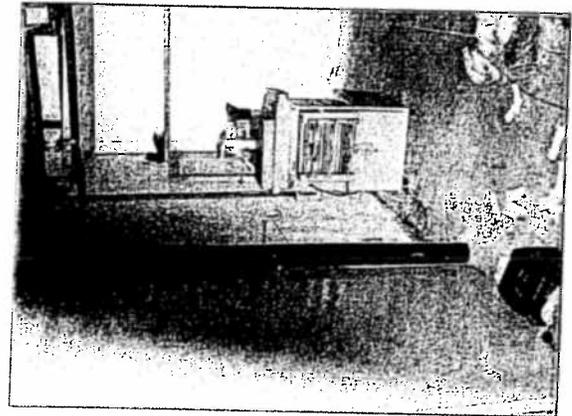


**Site Photos – June 30, 2009**  
**3615 37<sup>th</sup> Street South, St. Petersburg, Florida**

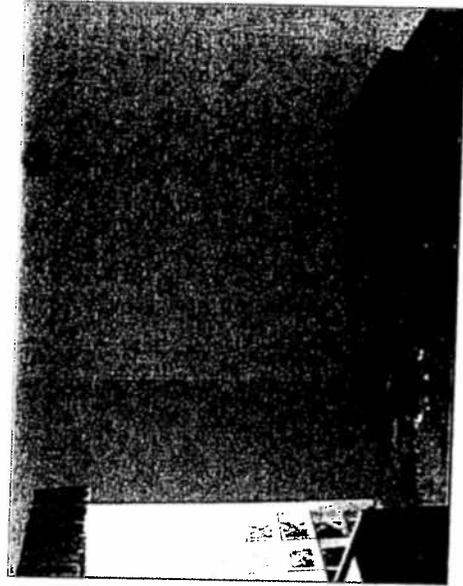


*Left: View of potential location of former propane tank (due to proximity to kitchen)*

*Right: Interior view of on-site structure.*



*Left and Right: Interior views of on-site structure.*



**Site Photos – June 30, 2009**  
**3615 37<sup>th</sup> Street South, St. Petersburg, Florida**



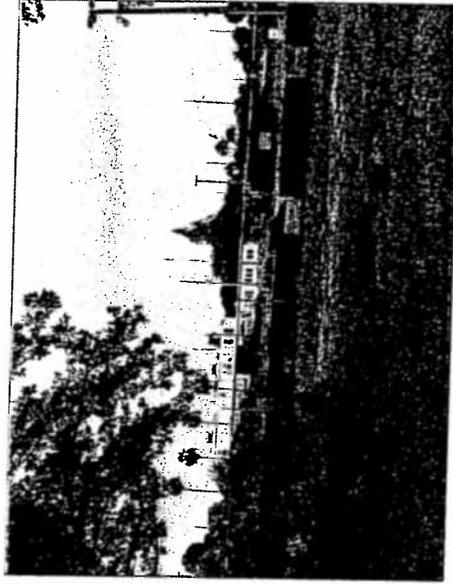
*Left: View of on-site former recreation area located near west boundary.*

*Right: View of north boundary of the subject site.*



*Left: View looking east from subject site across 37<sup>th</sup> Street toward adjacent Wal-Mart facility.*

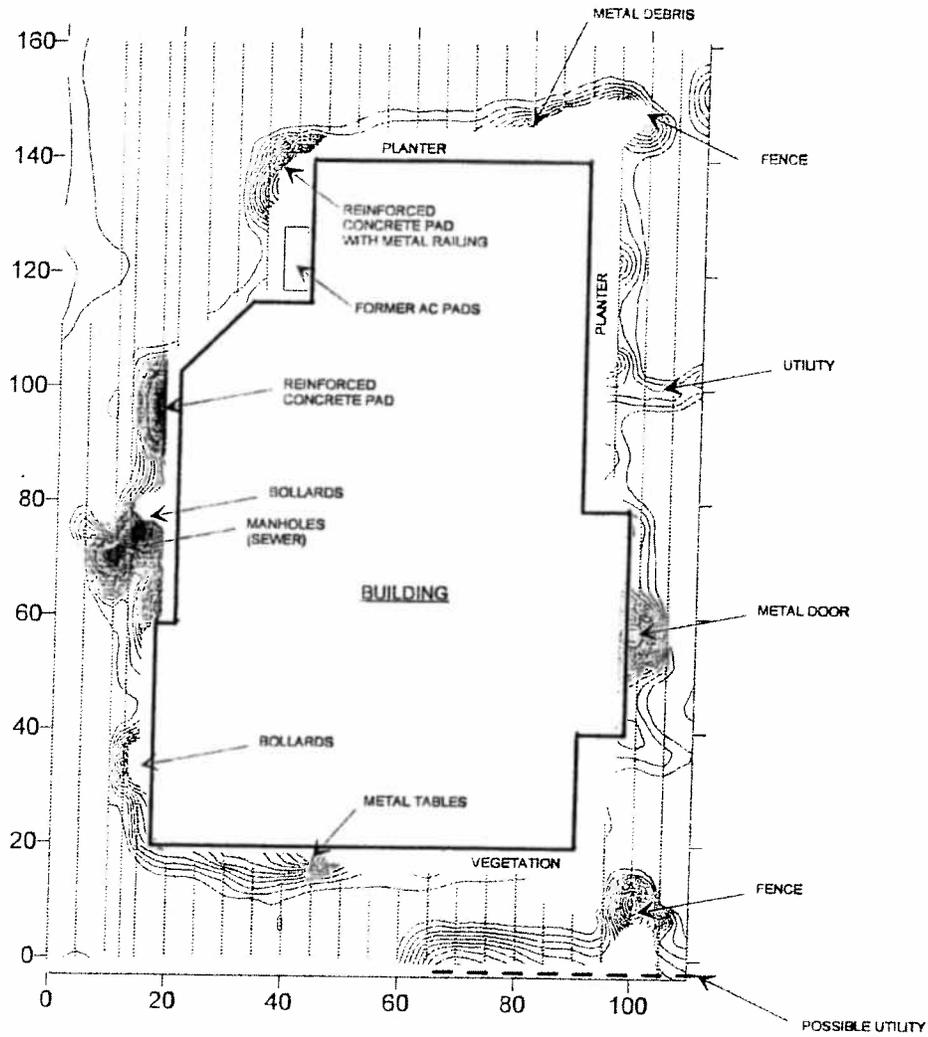
*Right: View of nearby Florida Guard armory facility.*



# Appendix H

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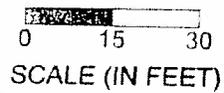
## Geophysical Investigation Results (figure only)



**EXPLANATION**

- 20 CONTOUR OF EM RESPONSE (IN MILLI-VOLTS)
- EM DATA STATION

NORTH



**FIGURE 1**

FORMER ITALIAN AMERICAN LODGE SITE  
ST. PETERSBURG, FLORIDA

RESULTS OF GEOPHYSICAL SURVEY

CARDNO TBE  
CLEARWATER, FLORIDA

PROJECT:  
6959  
DATE:  
07/06/09

# Appendix I

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## 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 37<sup>th</sup> Street South, St. Petersburg

Person completing interview: S. Lasseter telephone interview with Mr. Tony Celone 7/2/09 @ 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/c
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 moneys 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 43 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 Specialist 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.



Suncoast Center for Community Mental Health  
4024 Central Avenue, St. Petersburg, FL 33711  
Mail to: P.O. Box 10970,  
St. Petersburg, FL 33733-0970  
(727) 327-7656 phone: (727) 323-8978 fax  
TTY: (727) 321-6849

www.suncoastcenter.org

Boley Centers, Inc.  
Duns# 02-1709480

Help A Child  
4000 Gateway Centre Blvd.  
Suite 200  
Pinellas Park, FL 33782  
(727) 544-3900 phone  
(727) 548-6954 Fax

www.helpachild.org

Exhibit 5d

July 14, 2009

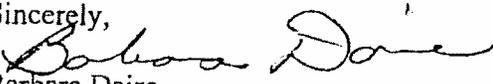
Mr. Gary Macmath, President/CEO  
Boley Centers, Inc.  
445 31<sup>st</sup> Street N.  
St. Petersburg, FL 33713

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



carf  
Commission of Accreditation  
of Rehabilitation Facilities

Suncoast Center is a non-profit, 501(c)(3) Corporation.

Broadwater Place

1437 S Belcher Road  
Clearwater FL 33764  
Ph (727) 524-4464  
Fx (727) 524-4474



Exhibit 5d

July 13, 2009

Mr. Gary MacMath, President/CEO  
Boley Centers, Inc.  
445 31<sup>st</sup> 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

Help us heal the hurt...please remember Directions in your will or estate planning.

2

Selected programs at Directions for Mental Health are accredited by CARF.

Broadwater Place

Exhibit 5 d

Boley Centers, Inc.  
Duns# 02-1709480



4801 78th Ave. North  
Pinellas Park, FL 33781  
(727) 541-0321

*Celebrating Recovery through Work*

August 4, 2009

Mr. Gary MacMath, President/CEO  
Boley Centers, Inc.  
445 31<sup>st</sup> 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 your effort to secure the HUD grant opportunity.

Sincerely,

A handwritten signature in cursive script that reads "Elliott Steele". The signature is written in dark ink and is positioned above the printed name and title.

Elliott Steele  
Executive Director



July 15, 2009

Exhibit 5d

Mr. Gary MacMath, President & CEO  
Boley Centers for Behavioral Health Care, Inc.  
445 - 31<sup>st</sup> Street North  
St. Petersburg, FL. 33713



**Board of Directors**

- Ken Remming  
**PRESIDENT**
- Dr. Ron Knaus  
**VICE PRESIDENT**
- Elcanor Guetzloe, Ed.D.  
**SECRETARY**
- Lynn Stone  
**TREASURER**

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.



- Elizabeth "Beth" Bell
- Dr. David Buby
- Lucile Casey
- Capt. Michael J. Castino
- Vern Farnsworth
- Laverne Foster, JCSW
- Jean Kwall, Esq.
- Glenn L. Martin, Jr., Esq.
- Tanya Sowell-Sessoms, Ed.D, MSW
- Matthew Schwarz
- Representative Lealie Waters
- Dorothy J. Whitlock, JCSW

As a social service agency heavily involved with services to persons in similar need, we have worked most cooperatively with Boley Centers in mutual referrals and sharing of information. In this process, we have become familiar with Boley'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.



**Pinellas Advisory Council**

- Dawn Bannister
- Rep., Kim Berfield
- Rita Bott
- Richard Butler
- Sandy Campbell
- Aubrey Dicus, Esq.
- Jenni Evans
- Yolanda Fernandez
- Janis Ford
- Cynthia Fox
- James Hanahan
- Sonya Horowitz
- Judge Nelly Khouzman
- Deborah Kynes
- Chuck Magee
- Dr. David Moore
- Debra Rose
- Albert E. Sessoms, Jr.
- Liz Wallace

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 Boley 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

Executive Director  
Thomas C. Wedekind



Serving Floridians Since 1981

11254 58<sup>th</sup> Street North, Pinellas Park, FL 33782-2213  
(727) 545-6477 • (727) 545-6464 (fax) • [www.pemhs.org](http://www.pemhs.org)



State of Florida  
Department of Children and Families

Charlie Crist  
Governor

George H. Sheldon  
Secretary

Exhibit 5d

Nicholas B. Cox  
Regional Director

July 13, 2009

Mr. Gary MacMath, President/CEO  
Boley Centers for Behavioral Health Care, Inc.  
445 31<sup>st</sup> 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 [REDACTED] per client per year for the Supported Housing services (3 hours per week for 52 weeks @ [REDACTED] per hour) and [REDACTED] per year for the psychiatric care (.25 hour per month @ [REDACTED] per hour). This represents a financial commitment of [REDACTED] annually.

I hope you are successful with your application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeff Watts'.

Jeff Watts  
Regional Adult Mental Health Director  
Substance Abuse and Mental Health Program Office



State of Florida  
Department of Children and Families

Exhibit 5 f

Boley Centers, Inc.  
Duns# 02-1709480

Charlie Crist  
Governor

George H. Sheldon  
Secretary

Nicholas B. Cox  
Regional Director

October 9, 2009

Mr. Gary MacMath, President/CEO  
Boley Centers for Behavioral Health Care, Inc.  
445 31<sup>st</sup> 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 [REDACTED] per client per year for the Supported Housing services (3 hours per week for 52 weeks @ [REDACTED] per hour) and [REDACTED] per year for the psychiatric care (.25 hour per month @ [REDACTED] per hour). This represents a financial commitment of [REDACTED] annually. We expect to support this project for many years, but at this time can provide a one year commitment of [REDACTED].

I hope you are successful with your application.

Sincerely,

Jeffrey Watts  
SunCoast Region Adult Mental Health Director  
Substance Abuse and Mental Health Program Office

SunCoast Region, 9393 North Florida Avenue, Suite 1000, Tampa, Florida 33612-7236

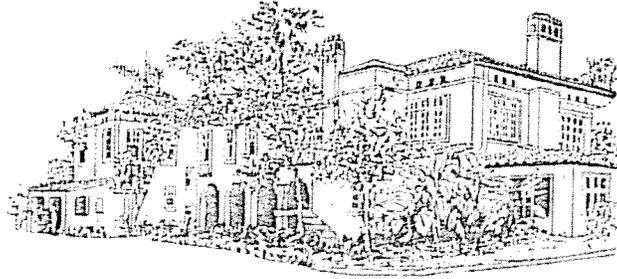


Exhibit 5 g

## BOLEY CENTERS, INC.

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

**BOARD OF  
DIRECTORS**

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*Immediate Past President*

Paul Misiewicz

**Directors**

Virginia Battaglia

Rutland Bussey

Hope N. Crews

Hal Gregory

Jack Hebert

Sandra Incorvia

Martin T. Lott

Robert Pitts

Linda Scott-Leggette

**PRESIDENT/CEO**

Gary MacMath

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.

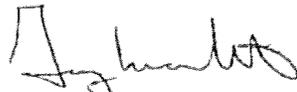
- ***Case Management Services*** - are provided to clients who have a need for such services. Once a need is established, the services provided are dependent upon the needs of the client. The case manager meets with the client a minimum of once a month and ensures the client is linked to all needed services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

1) Please attach Attachment 1	Exhibit1HUD92016-ca.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	EXHIBIT2.doc	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Exhibit3.doc	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	exhibit3attachment.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Exhibit4.doc	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	exhibit4attachments.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	PhaseIenvironmental.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	Exhibit5Provision of support	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	Exhibit5attachment.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	EXHIBIT6.doc	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	Exhibit7.doc	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	Exhibit8.pdf	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	BroadwaterlogicmodelCopyofHUD	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

# Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

## 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.

Applicant's (Organization) Name:	Boley Centers, Inc.
Applicant's DUNS Name:	021709480
Federal Program:	Section 811 Supportive Housing for Persons with Disabilities
CFDA Number:	14.181

- Has the applicant ever received a grant or contract from the Federal government?  
 Yes       No
- Is the applicant a faith-based organization?  
 Yes       No
- Is the applicant a secular organization?  
 Yes       No
- Does the applicant have 501(c)(3) status?  
 Yes       No
- Is the applicant a local affiliate of a national organization?  
 Yes       No
- 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
- 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

OMB No. 1890-0014 Exp. 2/28/2009

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

1. Self-explanatory.
2. Self-identify.
3. 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**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp. 08/31/2009)

Applicant/Recipient Information

\* Duns Number: 021709480

\* Report Type: INITIAL

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

\* Applicant Name:

Boley Centers, Inc.

\* Street1: 445 31st Street N.

Street2:

\* 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:

\* 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

Street2:

\* 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.

Form HUD-2880 (3/99)

**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: 9393 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: \$ 85,008.00

\* 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

Delete Attachment

View 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 reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> %
			\$ <input type="text"/> %
			\$ <input type="text"/> %
			\$ <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

**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 certify that this information is true and complete.

\* Signature:

\* Date: (mm/dd/yyyy)

Jeri Flanagan

12/04/2009

Facsimile Transmittal

1251916855 - 1157

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118 exp. Date (5/30/2008)

\* Name of Document Transmitting: Nothing faxed with this application

1. Applicant Information:

\* Legal Name: Boley Centers, Inc.
\* Address:
\* Street1: 445 31st Street N.
Street2:
\* 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) 821-4819
Fax Number:

\* 5. Email: jeriflanagan@boleycenters.org

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

- a. Certification b. Document c. Match/Leverage Letter d. Other (checked)

\* 7. How many pages (including cover) are being faxed? 1

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: 12/04/2009		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		5a. Federal Entity Identifier: 59-1290089
5b. Federal Award Identifier: <input type="text"/>		
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Boley Centers, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1290089		* c. Organizational DUNS: 021709480
<b>d. Address:</b>		
* Street1: 445 31st Street N. Street2: <input type="text"/> * City: St. Petersburg County: <input type="text"/> * State: FL: Florida Province: <input type="text"/> * Country: USA: UNITED STATES * Zip / Postal Code: 33713		
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>		* First Name: Jeri
Middle Name: <input type="text"/>		
* Last Name: Flanagan		
Suffix: <input type="text"/>		
Title: Director, Development		
Organizational Affiliation: <input type="text"/>		
* 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 501c3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

\* 12. Funding Opportunity Number:

FR-5300-N-19

\* Title:

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811-19

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

St. Petersburg, Pinellas County, Florida

\* 15. Descriptive Title of Applicant's Project:

11 Independent living units for people disabled by mental illness

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

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:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,816,277.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value="85,008.00"/>
* d. Local	<input type="text" value="500,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value=""/>

\* 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
- 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

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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 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.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Boley Centers, Inc. * Street 1: 445 31st Street N Street 2: _____ * City: St. Petersburg State: _____ Zip: _____ Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
<b>6. * Federal Department/Agency:</b> US Department of HUD	<b>7. * Federal Program Name/Description:</b> Supportive Housing for Persons with Disabilities CFDA Number, if applicable: 14.161	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: _____ * First Name: Not Applicable Middle Name: _____ * Last Name: Not Applicable Boley does not conduct lobbying activity Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<b>b. Individual Performing Services</b> (including address if different from No. 10a) Prefix: _____ * First Name: Not Applicable Middle Name: _____ * Last Name: Boley does not conduct lobbying activities Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<b>11.</b> 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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually 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 \$100,000 for each such failure. * Signature: [Signature] * Name: Prefix: _____ * First Name: [Name] Middle Name: _____ * Last Name: [Name] Suffix: _____ Title: _____ Telephone No.: _____ Date: 12/04/2009		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Facsimile Transmittal

U. S. Department of Housing and Urban Development  
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

1251916855-1157

\* Name of Document Transmittal: Report of NESHAP Demolition Survey, Sampling and Evaluation

1. Applicant Information:

\* Legal Name: Boley Centers, Inc.  
\* Address:  
\* Street1: 445 31st Street N.  
\* Street2:  
\* 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: Planagan  
Suffix:  
\* Phone Number: (727) 821-4819  
Fax Number:

\* 5. Email: jeriflanagan@boleycenters.org

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

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

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



02/29/08

**REPORT OF THE NESHAP DEMOLITION SURVEY, SAMPLING AND  
EVALUATION OF ASBESTOS-CONTAINING MATERIALS**

at the

**FORMER SONS OF ITALY LODGE  
3617 37<sup>TH</sup> 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 3<sup>rd</sup> Street North  
St. Petersburg, Florida 33701**

GE Project No. 1071-1092

### EXECUTIVE SUMMARY

The survey and laboratory analysis conducted at the former Sons of Italy Lodge located at 3617 37<sup>th</sup> 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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5.0 DESCRIPTION OF MATERIALS .....	6
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**LIST OF APPENDICES**

APPENDIX A-	LABORATORY ANALYTICAL RESULTS
APPENDIX B-	CERTIFICATIONS

GE Project No. 1071-1092

## 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 37<sup>th</sup> 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.

GE Project No. 1071-1092

## 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 tiles. 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.

GE Project No. 1071-1092

### 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

GE Project No. 1071-1092

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.

GE Project No. 1071-1092

#### 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
- Skim Coat
- Asphalt Shingles
- Rolled Roofing Material
- Stucco

GE Project No. 1071-1092

## 5.0 DESCRIPTION OF MATERIALS

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

Homo. Area	Sample Number	Description/ Location	Asbestos Content	Friability	Condition	Approx. Quantity
1	01 02 03	Dot and Pattern Ceiling Tile Located on Ceiling Areas	No Asbestos Detected	Friable	Good	----
2	04 05 06	Plaster Located at Selected Wall Areas	No Asbestos Detected	Friable	Good	----
3	07 08 09	Plaster Located on Kitchen Wall Areas	No Asbestos Detected	Friable	Good	----
4	10 11 12	Drywall, Tape and Compound Located on Wall and Ceiling Areas	No Asbestos Detected	Friable	Good	----
5	13 14 15	Tan 12" X 12" Vinyl Floor Tile with Mastic Located on Dining Hall Floor Areas	No Asbestos Detected	Non-Friable	Good	---
6	16 17 18	Brown 12" X 12" Vinyl Floor Tile with Mastic Located on Bar Floor Areas	No Asbestos Detected	Non-Friable	Good	----
7	19 20 21	Dot and Furrow Ceiling Tile Located on Ceiling Areas	No Asbestos Detected	Friable	Good	----
8	22 23 24	Dotted Ceiling Tile Located on Ceiling Areas	No Asbestos Detected	Friable	Good	----
9	25 26 27	Brown and Beige 12" X 12" Vinyl Floor Tile with Mastic Located on Southwest Room Floor Areas	No Asbestos Detected	Non-Friable	Good	----
10	28 29 30	Beige Vinyl Cove Molding Located at Bar Base of Wall Areas	No Asbestos Detected	Non-Friable	Good	----
11	31 32 33	Brown Vinyl Cove Molding Located as Dining Hall Base of Wall Areas	No Asbestos Detected	Non-Friable	Good	----

GE Project No. 1071-1092

Home Area	Sample Number	Description/ Location	Asbestos Content	Friability	Condition	Approx. Quantity
12	34 35 36	Beige 12" X 12" Vinyl Floor Tile with Mastic Located on Dining Hall Floor Areas	No Asbestos Detected	Non-Friable	Good	----
13	37 38 39	Floor Filler Located Under Restroom Ceramic Tile Floor Areas	No Asbestos Detected	Friable	Good	----
14	40 41 42	Skim Coat Located at Dance Floor Ceiling Areas	No Asbestos Detected	Friable	Good	----
15	43 44 45	Skim Coast Located at West Entrance Drywall Wall Areas	No Asbestos Detected	Friable	Good	----
16	46 47 48	Skim Coat Located at East Coat Room Plaster Areas	No Asbestos Detected	Friable	Good	----
17	49 50 51	Asphalt Shingles Located on A-Frame Roof Areas	No Asbestos Detected	Non-Friable	Good	----
18	52 53 54	Rolled Roofing Material Located on Flat Roof Areas	No Asbestos Detected	Non-Friable	Good	----
19	55 56 57 58 59 60 61	Stucco Located on Exterior Wall Areas	No Asbestos Detected	Friable	Good	----

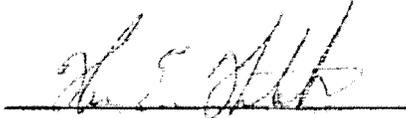
GE Project No. 1071-1092

## 6.0 CONCLUSIONS

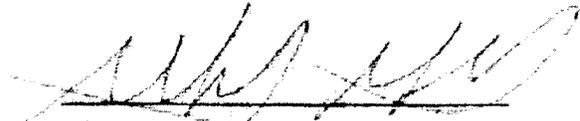
The survey and laboratory analysis conducted at the former Sons of Italy Lodge located at 3617 37<sup>th</sup> Street South in St. Petersburg, Florida indicated that none of the sixty-one (61) samples collected were found to contain asbestos in amounts greater than one (1) percent. As such, no specialized 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**



# Air Quality Environmental, Inc.

Laboratory Services

9325 Seminole Boulevard, Seminole, Florida 32772 (727) 398-0900 FAX (727) 398-0996

Client Name: Greenfield Environmental  
432 3rd Street North  
St. Petersburg, Florida 33701

Project Name: 1071-1092 TBE  
3617 37th St. S., St. Petersburg, Florida  
Date Analyzed: February 28, 2006

Asbestos Bulk Sample Analysis

Test Method: PLM / DS - EPA Method 600/R-93/116

Lab #	Client #	Sample Type	Description	% Asbestos	% Other Fibers	% Binders
66604	1	Ceiling Tile	tan / white	NAD	25% Cellulose 25% Mineral Wool	50% Perlite and Binders
66605	2	Ceiling Tile	tan / white	NAD	25% Cellulose 25% Mineral Wool	50% Perlite and Binders
66606	3	Ceiling Tile	tan / white	NAD	25% Cellulose 25% Mineral Wool	50% Perlite and Binders
66607	4	Plaster Material	white finish tan base layer mat layer	NAD NAD NAD	100% Cellulose	100% Quartz and Binders 100% Perlite and Binders
66608	5	Plaster Material	white	NAD		100% Quartz and Binders
66609	6	Plaster Material	white	NAD		100% Quartz and Binders
66610	7	Plaster Material	white finish tan base	NAD NAD	1% Cellulose	100% Quartz and Binders 99% Quartz and Binders
66611	8	Plaster Material	white finish tan base	NAD NAD	1% Cellulose	100% Quartz and Binders 99% Quartz and Binders
66612	9	Plaster Material	white finish tan base	NAD NAD	1% Cellulose	100% Quartz and Binders 99% Quartz and Binders
66613	10	Drywall Material	tan surfacing white surfacing mat layer powder layer	NAD NAD NAD NAD	100% Cellulose 4% Glass Fibers 2% Cellulose	100% Perlite and Binders 100% Carbonates and Binders 94% Gypsum and Binders
66614	11	Drywall Material	tan surfacing white surfacing mat layer powder layer	NAD NAD NAD NAD	100% Cellulose 4% Glass Fibers 2% Cellulose	100% Perlite and Binders 100% Carbonates and Binders 94% Gypsum and Binders

These samples were analyzed by means of a specific layer or components asbestos content is indicated where relevant. The EPA requires a number of other substrate containing they do not take more than fifty percent reported by California Visual Air Quality Commission (CAVQA). EPA regulation also indicate that Reported asbestos Monitoring Methods were used. Any other fibers or fibers from the business analyzed by your company when the results have been reported are not included by EPA. Air Quality Environmental uses OSHA as a routine basis and does not include other testing unless specifically requested. Additionally, these results may not be reproduced in public form. This report data is to be interpreted only by the persons or investigators who have conducted the analysis. Furthermore, this report may not be used as a claim to product certification, approval or other use by NVLAP, OSHA or any other agency of the Federal Government.

Lab File Number: 12031

Analysis Pages 1 of 5

Analyzed by: *W. J. P. P. P.*  
W. J. P. P. P.  
Microbiologist

NVLAP Lab No. 200759-0

Client Name: Greenfield Environmental  
 432 3rd Street North  
 St. Petersburg, Florida 33701

Project Name: 1071-1092 TBE  
 3617 37th St. S., St. Petersburg, Florida  
 Date Analyzed: February 28, 2008

Asbestos Bulk Sample Analysis

Test Method: PLM/DS - EPA Method 600/R-93/116

Lab #	Client #	Sample Type	Description	% Asbestos	% Other Fibers	% Binders
66615	12	Drywall Material	tan surfacing	NAD	100% Cellulose 4% Glass Fibers 2% Cellulose	100% Perlite and Binders
			white surfacing	NAD		100% Carbonates and Binders
			mat layer	NAD		
			powder layer	NAD		94% Gypsum and Binders
66616	13	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66617	14	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66618	15	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66619	16	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66620	17	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66621	18	Floor Tile	tile layer	NAD		100% Carbonates and Binders
			mastic layer	NAD		100% Binders
66622	19	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders
66623	20	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders
66624	21	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders
66625	22	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders
66626	23	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders
66627	24	Ceiling Tile	tan / white	NAD	35% Cellulose 15% Mineral Wool	50% Perlite and Binders

These samples were analyzed by layers. Specific layer or component asbestos content is indicated where relevant. The EPA considers a material to be asbestos containing only if it contains more than one percent asbestos by weight (100 mg/lb) of asbestos (OASHE). EPA regulations also include the Registered Asbestos Containing Materials which are listed or may become listed, but further analyzed by point counting when the results indicate less than ten percent asbestos by weight. Our Quality Environmental Services (QES) as a condition of sale and does not include point counting unless specifically requested. Additionally, these results may not be reproduced except in full. This report data is to be interpreted only by the personnel or investigator who have analyzed the sample. Furthermore, this report may not be used as a claim to product performance, approval or disapproval by NVLAP, 4480 or any other agency of the Federal Government.

Analyzed by: *W. J. P. P.*  
 W. J. P. P.  
 Analytical Director  
 Microscopist

Lab File Number: 12031

NVLAP Lab No. 200759-0

Client Name: Greenfield Environmental  
 432 3rd Street North  
 St. Petersburg, Florida 33701

Project Name: 1071-1092 TSE  
 3617 37th St. S., St. Petersburg, Florida  
 Date Analyzed: February 28, 2008

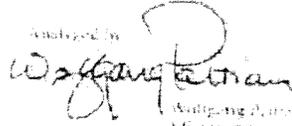
Asbestos Bulk Sample Analysis

Test Method: PCM/DS - EPA Method 600/R 93/116

Lab #	Client #	Sample Type	Description	% Asbestos	% Other Fibers	% Binders
66628	25	Vinyl Flooring	vinyl layer mastic layer	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66629	26	Vinyl Flooring	vinyl layer mastic layer	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66630	27	Vinyl Flooring	vinyl layer mastic layer	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66631	28	Cove Base	baseboard mastic	NAD NAD		100% Binders 100% Carbonates and Binders
66632	29	Cove Base	baseboard mastic	NAD NAD		100% Binders 100% Carbonates and Binders
66633	30	Cove Base	baseboard mastic	NAD NAD		100% Binders 100% Carbonates and Binders
66634	31	Cove Base	baseboard mastic	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66635	32	Cove Base	baseboard mastic	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66636	33	Cove Base	baseboard mastic	NAD NAD		100% Carbonates and Binders 100% Carbonates and Binders
66637	34	Floor Tile	tan	NAD		100% Carbonates and Binders
66638	35	Floor Tile	tan	NAD		100% Carbonates and Binders
66639	36	Floor Tile	tan	NAD		100% Carbonates and Binders
66640	37	Ceramic Tile	tan / brown tile mastic mat material	NAD NAD NAD	100% Cellulose	100% Carbonates and Binders 100% Binders
66641	38	Ceramic Tile	tan / brown tile mastic mat material	NAD NAD NAD	100% Cellulose	100% Carbonates and Binders 100% Binders

These samples were analyzed by layers. Specific layer or component asbestos content is indicated where relevant. The EPA asbestos analytical method is referred to as indicative monitoring only. It monitors a room area and not individual dusts by GFA or visual Asbestos Estimation (GVAE). EPA analytical procedures identify the following Asbestos Containing Materials which are friable or may become friable, be further analyzed by point counting when the results indicate less than the maximum limits by OSHA. Air Quality Element and Method 600/R 93/116 is required unless noted. This report data is to be interpreted only by the personnel or investigator who have collected the samples. Furthermore, this report may not be used as a claim to product identification, approval or endorsement by NVLAP, NIST or any other agency of the Federal Government.

Lab File Number: 12031

Analyzed by  
  
 Wolfgang P. Poth  
 Microanalyst

NVLAP Lab No. 200759-0

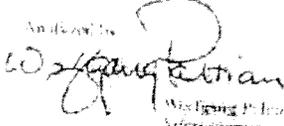
Client Name: Greenfield Environmental  
 432 3rd Street North  
 St. Petersburg, Florida 33701

Project Name: 1071-1092 TBE  
 3817 37th St. S., St. Petersburg, Florida  
 Date Analyzed: February 28, 2008

Asbestos Bulk Sample Analysis

Lab #	Client #	Sample Type	Description	Test Method: PLM / DS - EPA Method 8000R.02/116		
				% Asbestos	% Other Fibers	% Binders
66642	39	Ceramic Tile	tan / brown tile	NAD	100% Cellulose	100% Carbonates and Binders 100% Binders
			mastic	NAD		
			mat material	NAD		
66643	40	Plaster Material	white	NAD		100% Quartz and Binders
66644	41	Plaster Material	white	NAD		100% Quartz and Binders
66645	42	Plaster Material	white	NAD		100% Quartz and Binders
66646	43	Drywall Material	white surfacing	NAD	100% Cellulose 3% Cellulose	100% Quartz and Binders
			mat layer	NAD		
			powder layer	NAD		
66647	44	Drywall Material	white surfacing	NAD	100% Cellulose 8% Cellulose	100% Quartz and Binders
			mat layer	NAD		
			powder layer	NAD		
66648	45	Drywall Material	white surfacing	NAD	100% Cellulose 8% Cellulose	100% Quartz and Binders
			mat layer	NAD		
			powder layer	NAD		
66649	46	Drywall Material	white surfacing	NAD	100% Cellulose	100% Quartz and Binders
			mat layer	NAD		
			powder layer	NAD		
66650	47	Drywall Material	mat layer	NAD	100% Cellulose	100% Perlite and Binders
			powder layer	NAD		
66651	48	Drywall Material	mat layer	NAD	100% Cellulose	100% Perlite and Binders
			powder layer	NAD		
66652	49	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders
66653	50	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders
66654	51	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders
66655	52	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders
66656	53	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders
66657	54	Roofing Material	black / gray	NAD	30% Glass Fibers	70% Bitumen and Binders

These samples were analyzed by layers. Specific layer or component asbestos content is indicated when indicated. The EPA considers a material to be asbestos-containing only if it contains more than one percent asbestos by weight (asbestos and chrysotile) (NVE). EPA also does not include the following asbestos-containing materials which are friable or may become friable, be further assessed by point counting when the results indicate less than ten percent asbestos by weight. Air Ducts, Environmental Ducts, GVA Fibers, Insulation, and does not require point counting unless specifically requested. Additionally, these results may not be produced except in full. This report is to be interpreted only by the personnel or investigator who have collected the samples. Furthermore, this report may not be used for a claim to product certification, approval or endorsement by EPA, NIST, or any other agency of the Federal Government.

Analyzed by  
  
 W. J. Patton  
 WFLAP Lab  
 Microchemist

Lab File Number: 12031

NVLAP Lab No. 200759-0

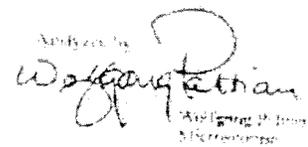
Client Name: Greenfield Environmental  
 432 Dra Street North  
 St. Petersburg, Florida 33701

Project Name: 1071-1092 TBE  
 3817 37th St S, St. Petersburg, Florida  
 Date Analyzed: February 28, 2008

Asbestos Bulk Sample Analysis

Lab #	Client #	Sample Type	Description	% Asbestos	Test Method: PCM/DS - EPA Method 600/R-93/116	
					% Other Fibers	% Binders
66658	56	Stucco	gray	NAD		100% Quartz and Binders
66659	58	Stucco	gray	NAD		100% Quartz and Binders
66660	57	Stucco	gray	NAD		100% Quartz and Binders
66661	58	Stucco	gray	NAD		100% Quartz and Binders
66662	59	Stucco	gray	NAD		100% Quartz and Binders
66663	60	Stucco	gray	NAD		100% Quartz and Binders
66664	61	Stucco	gray	NAD		100% Quartz and Binders

These samples were analyzed by layers. Specific layer or component asbestos content is indicated when relevant. The EPA considers a material to be asbestos containing only if it contains more than one percent asbestos by weight and is not a vermiculite ore or vermiculite-containing material. EPA also recognizes asbestos containing materials which are friable or may become friable, but further analyzed by point counting when the results indicate more than the percent indicated by CMAS. The Quality Assurance data sheet (QAR) on a routine basis does not include point counting unless specifically requested. Additionally, these Results may not be reproduced except in full. This report data is to be interpreted only by the personnel or investigator whom have conducted the analysis. Furthermore, this report may not be used as a basis for product certification, approval or endorsement by NYLAP, NIST, or any other agency of the Federal Government.

Analyzed by  
  
 Wolfgang Pothian  
 Analyst

Lab File Number: 12031

NYLAP Lab No. 200759-0

**APPENDIX B**  
**CERTIFICATIONS**



# M·E·T·A

Mayhew Environmental Training Associates

## I N C O R P O R A T E D

Certificate # 7MED3060701AJR0021

*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*

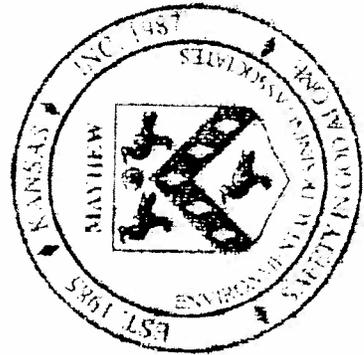
### AHERA Asbestos Building Inspector Refresher Course

*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

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



*Dean C. Althoff*  
Instructor  
Dean Affilage

*Thomas Bradford Mayhew*  
President  
Thomas Bradford Mayhew

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ASBESTOS 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 AC# 3387150  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ZA0000268 09/04/07 07013262

ASBESTOS BUSINESS ORGANIZATION  
GREENFIELD ENVIRONMENTAL INC  
MICHAEL ROTHENBURG

IS LICENSED under the provisions of Ch. 469 F  
Regulation dated NOV 30, 2009 L070904037

DETACH HERE

AC# 3387150

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ASBESTOS LICENSING UNIT

SEQ#L070904037

DATE	BATCH NUMBER	LICENSE NBR
09/04/2007	070132520	ZA0000268

The ASBESTOS BUSINESS ORGANIZATION  
Named below IS LICENSED  
Under the provisions of Chapter 469 FS.  
Expiration date: NOV 30, 2009

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

CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY



## BOLEY CENTERS, INC.

October 30, 2009

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

**BOARD OF  
DIRECTORS**

*Chairman*  
Cynthia A. McCormick

*First Vice Chairman*  
Loretta Ross

*Second Vice Chairman*  
Sally Poynter

*Immediate Past President*  
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Hope N. Crews  
Hal Gregory  
Jack Hebert  
Sandra Incorvia  
Martin T. Lott  
Robert Pitts  
Linda Scott-Leggette

**PRESIDENT/CEO**  
Gary MacMath

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 37<sup>th</sup> Street S., St. Petersburg, Florida.

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

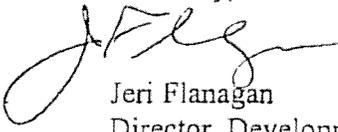
1. Copies of the SF 424 and Application for Capital Advance Summary Information
2. Narrative description of the property
3. Location maps
4. Site plans
5. Legal description of the property
6. Letter from the City of St. Petersburg regarding the property being properly zoned.

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.

445 31st Street North, St. Petersburg, Florida 33713  
Telephone (727) 821-4819 • Fax (727) 822-6240  
[www.boleycenters.org](http://www.boleycenters.org)

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Flanagan', written in a cursive style.

Jeri Flanagan  
Director, Development