

EXHIBIT 3: Expense Reimbursement Invoice

Today's date:	2/22/24
Invoice time period:	From <u>1</u> / <u>1</u> / <u>24</u> to <u>1</u> / <u>31</u> / <u>24</u>
Agency name:	ACCHH/GRACE
Amount of Reimbursement Request:	\$ 18,109.43
Name & title of invoice preparer:	Natalie Nandelstadt, Assistant to the Executive Director
E-mail & phone # of invoice preparer:	nat@gracemarketplace.org, 352-792-0800 x106

REIMBURSEMENT REQUEST WORKSHEET

Description of Expense	Amount of Reimbursement Requested
Director of Street Outreach	\$2,230.77
Outreach Specialist	\$7,241.19
Health Insurance	\$1,407.83
Payroll Taxes	\$678.70
Workers' Comp	\$198.91
Payroll Fees	\$184.70
Direct Housing Support	\$5,738.61
Diversion Costs	\$428.72
	Total Amount Requested : \$18,109.43

Address where payment should be sent:

(complete this section even if you have an existing EFT account)

3055 NE 28th Dr. Gainesville, FL 32609

Alternate payment option:

Do you want payment issued via Electronic Funds Transfer (EFT)? Yes No

If “yes”, do you have a completed EFT form on file with Alachua County? Yes No
(If “no”, please contact the Program Manager to request this form.)

If your agency has a completed EFT form on file, has any of your agency’s banking information changed since filing this form? Yes No

(If “yes”, please contact the Program Manager to request a new form.)

Per my agency’s agreement with Alachua County, I hereby declare that the goods/services for which this invoice has been prepared have been properly and timely performed and at the level of service reflected herein, are allowable based on the agency’s BoCC-approved budget, that such expenses have been reasonably incurred in accordance with the funding agreement, that the services or expenses have not been reimbursed by another agency, that all obligations of the agency covered by prior invoices have been paid in full, and that the amount requested is currently due and owing, there being no reason known to me that payment of any portion thereof should be withheld.



Assistant to the Executive Director

2/22/24

Signature and title of authorized agency representative

Date

Alachua County Coalition for the Homeless and Hungry, Inc

02/22/24

Transaction Detail By Account

Accrual Basis

January 2024

Date	Name	Memo	Debit	Credit	Balance
4520 · Federal grants					
4545 · ARPA					
01/31/2024	County OR			18,134.54	18,134.54
Total 4545 · ARPA			0.00	18,134.54	18,134.54
Total 4520 · Federal grants			0.00	18,134.54	18,134.54
6000 · Salaries					
6600 · Outreach					
6602 · Outreach Program Mgr					
01/18/2024	County OR	To rec payroll-Mark	2,230.77		-2,230.77
Total 6602 · Outreach Program Mgr			2,230.77	0.00	-2,230.77
6601 · Outreach Specialist					
01/18/2024	County OR	-MULTIPLE-	7,241.19		-7,241.19
Total 6601 · Outreach Specialist			7,241.19	0.00	-7,241.19
Total 6600 · Outreach			9,471.96	0.00	-9,471.96
6900 · Fringe					
6910 · Payroll Burden					
6911 · Payroll taxes					
01/18/2024	County OR	To rec payroll-Jerry&Marriette&M...	678.70		-678.70
Total 6911 · Payroll taxes			678.70	0.00	-678.70
6912 · Worker's Comp					
01/31/2024	County OR	To reclass WC to Outreach Prog...	198.91		-198.91
Total 6912 · Worker's Comp			198.91	0.00	-198.91
6913 · Payroll Fees					
01/31/2024	County OR	To reclass PR Fees to Outreach ...	184.70		-184.70
Total 6913 · Payroll Fees			184.70	0.00	-184.70
Total 6910 · Payroll Burden			1,062.31	0.00	-1,062.31
Total 6900 · Fringe			1,062.31	0.00	-1,062.31
6920 · Benefits					
01/01/2024	County OR	Outreach	1,407.83		-1,407.83
Total 6920 · Benefits			1,407.83	0.00	-1,407.83
Total 6000 · Salaries			11,942.10	0.00	-11,942.10
8700 · Operational Costs					
7070 · Direct Housing Support					
01/10/2024	County OR		560.00		-560.00
01/23/2024	County OR		560.00		-1,120.00
01/23/2024	County OR		560.00		-1,680.00
01/30/2024	County OR		4,058.61		-5,738.61
Total 7070 · Direct Housing Support			5,738.61	0.00	-5,738.61
8125 · Diversion Costs					
01/09/2024	County OR		150.63		-150.63
01/24/2024	County OR		234.14		-384.77
01/24/2024	County OR		30.97		-415.74
01/25/2024	County OR		12.98		-428.72
Total 8125 · Diversion Costs			428.72	0.00	-428.72
Total 8700 · Operational Costs			6,167.33	0.00	-6,167.33
TOTAL			18,109.43	18,134.54	25.11

Rollup Report					
Provider Name		ACCHH/GRACE			
Agreement		County Street Outreach			
Period Covered		January 2024			
Date	Item	Client Initials	Vendor	Amount	Method Paid
Personnel					
1/18/24	Director of Street Outreach	N/A	██████████	\$2,230.77	Direct Deposit
1/18/24	Outreach Specialist	N/A	Multiple	\$7,241.19	Direct Deposit
1/1/24	Health Insurance	N/A	Florida Blue	\$1,407.83	EFT
1/18/24	Payroll Taxes	N/A	Payroll	\$678.70	Direct Deposit
1/31/24	Workers' Comp	N/A	Payroll	\$198.91	EFT
1/31/24	Payroll Fees	N/A	Payroll	\$184.70	EFT
Total Personnel				\$11,942.10	
Direct Housing Support					
1/10/24	Rent	██████████	AJK Investments	\$560.00	8012
1/23/24	Rent	██████████	AJK Investments	\$560.00	8031
1/23/24	Rent	██████████	Kropp Management	\$560.00	8032
1/30/24	Utilities	██████████	GRU	\$4,058.61	8061
Total Direct Housing Support				\$5,738.61	
Diversion Costs					
1/10/24	Bus ticket	██████████	Greyhound	\$150.63	PEX
1/25/24	Bus ticket	██████████	Greyhound	\$234.14	PEX
1/25/24	Bus ticket	██████████	Greyhound	\$30.97	PEX
1/26/24	Bus ticket	██████████	Greyhound	\$12.98	PEX
Total Diversion Costs				\$428.72	
				Personnel	\$11,942.10
				Direct Housing Support	\$5,738.61
				Diversion Costs	\$428.72
				Invoice Total	\$18,109.43

Outreach Payroll Calculations - January 2024

Check Date	Title	Name	Medicare	Soc. Security	Total taxes	Gross Pay	Total	Method
1/18/24	Outreach Specialist	[REDACTED]	\$21.15	\$90.46	\$111.61	\$1,760.00	\$1,871.61	Direct Deposit
1/18/24	Outreach Specialist		\$25.38	\$108.52	\$133.90	\$1,785.19	\$1,919.09	Direct Deposit
1/18/24	Dir. of Street Outreach		\$31.84	\$136.15	\$167.99	\$2,230.77	\$2,398.76	Direct Deposit
1/18/24	Outreach Specialist		\$22.68	\$96.96	\$119.64	\$1,760.00	\$1,879.64	Direct Deposit
1/18/24	Outreach Specialist		\$27.59	\$117.97	\$145.56	\$1,936.00	\$2,081.56	Direct Deposit
			\$128.64	\$550.06	\$678.70	\$9,471.96	\$10,150.66	
		Health Insurance		Employee Paycheck Deduction				
		Name	Bill Amount	1/4/24	1/18/24	Company Paid		
		[REDACTED]	\$1,891.96	\$283.79	\$283.79	\$1,324.38	Note: Only \$1,407.83 will be billed for Health Insurance.	
		[REDACTED]	\$663.85	\$33.19	\$33.19	\$597.47		
		[REDACTED]	\$663.85	\$33.19	\$33.19	\$597.47		
		[REDACTED]	\$1,228.11	\$184.22	\$184.22	\$859.67		
		[REDACTED]	\$663.85	\$33.19	\$33.19	\$597.47		
					Total Insurance	\$3,976.46		
		Payroll Burden		Check Date				
		Item	% of Gross Pay	1/4/24	1/18/24	Total		
		Workers' Comp	2.10%	\$0.00	\$198.91	\$198.91		
		Payroll Fees	1.95%	\$0.00	\$184.70	\$184.70		
					Total Burden	\$383.61		
			Director of Street Outreach		\$2,230.77			
			Outreach Specialist		\$7,241.19			
			Health Insurance		\$1,407.83			
			Payroll Taxes		\$678.70			
			Workers' Comp		\$198.91			
			Payroll Fees		\$184.70			
			Total		\$11,942.10			

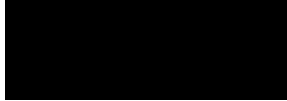


Kymberly Group Payroll Solutions, Inc.
1 West Church St. Ste. 200
Orlando, FL 32801

Pay Non-negotiable

\$0.00

To The
Order
Of



*** *Non-Negotiable* ***

Alachua County Coalition for the Homeless & Hungry, Inc. - MAIN (043288)

Period Start Date 01-01-2024 Check Date 01-18-2024 Federal Filing Status
Period End Date 01-14-2024 Check Number 1713166 State Filing Status

Earnings - Current

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount
01-14-2024	REGULAR PAY	22.0000	56.00	1232.00
01-14-2024	HOLIDAY	22.0000	8.00	176.00
01-14-2024	PERSONL TIME	22.0000	16.00	352.00

Deductions / Taxes

Description	Amount	YTD
MEDICAL	283.79	567.58
SIMPLE IRA	52.80	105.60
DENTAL	17.15	34.30
FEDERAL TAX	92.44	184.88
MEDICARE	21.15	42.31
SOC SECURITY	90.46	180.92

TOTAL

56.00 1,760.00

Earnings - Year To Date

Net Pay Distribution

Description	YTD	Type	Amount
REGULAR PAY	2288.00	CHECK	\$0.00
HOLIDAY	352.00		
PERSONL TIME	880.00	DIRECT DEPOSIT	\$1,202.21
		TOTAL NET PAY	\$1,202.21
		TOTAL NET PAY YTD	\$2,404.41

TOTAL \$3,520.00

TOTAL 557.79 1,115.59

Paid Time Off

Direct Deposit Detail

Employer Contributions

Description	Balance	Account	Type	Amount	Description	Amount	YTD
		07178	CHECKING	1,202.21			

TOTAL DEPOSITED \$1,202.21 TOTAL 0.00 0.00



Kymerly Group Payroll Solutions, Inc.
1 West Church St. Ste. 200
Orlando, FL 32801

Pay Non-negotiable

\$0.00

To The
Order
Of



*** *Non-Negotiable* ***

Alachua County Coalition for the Homeless & Hungry, Inc. - MAIN (043288)

Period Start Date 01-01-2024 Check Date 01-18-2024 Federal Filing Status [Redacted]
Period End Date 01-14-2024 Check Number 1713180 State Filing Status [Redacted]

Earnings - Current

Deductions / Taxes

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
01-14-2024	REGULAR PAY	22.0000	66.47	1462.34	MEDICAL	33.19	66.38
01-14-2024	OVERTIME	33.0000	2.25	74.25	DENTAL	1.79	3.58
01-14-2024	HOLIDAY	22.0000	8.00	176.00	FEDERAL TAX	62.71	112.94
01-14-2024	PERSONL TIME	22.0000	3.30	72.60	MEDICARE	25.38	48.95
					SOC SECURITY	108.52	209.29

TOTAL

68.72 **1,785.19**

Earnings - Year To Date

Net Pay Distribution

Description	YTD	Type	Amount
REGULAR PAY	2770.68	CHECK	\$0.00
HOLIDAY	352.00		
PERSONL TIME	248.60	DIRECT DEPOSIT	\$1,553.60
OVERTIME	74.25		
TOTAL NET PAY			\$1,553.60
TOTAL NET PAY YTD			\$3,004.39

TOTAL \$3,445.53

TOTAL 231.59 441.14

Paid Time Off

Direct Deposit Detail

Employer Contributions

Description	Balance	Account	Type	Amount	Description	Amount	YTD
		01530	CHECKING	200.00			
		82408	CHECKING	1,353.60			

TOTAL DEPOSITED \$1,553.60 TOTAL 0.00 0.00

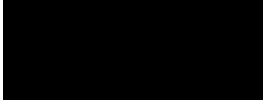


Kymberly Group Payroll Solutions, Inc.
1 West Church St. Ste. 200
Orlando, FL 32801

Pay Non-negotiable

\$0.00

To The
Order
Of



*** *Non-Negotiable* ***

Alachua County Coalition for the Homeless & Hungry, Inc. - MAIN (043288)

Period Start Date 01-01-2024 Check Date 01-18-2024 Federal Filing Status
Period End Date 01-14-2024 Check Number 1713194 State Filing Status

Earnings - Current

Deductions / Taxes

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount
01-14-2024	SALARY	2230.7700		2230.77
01-14-2024	REGULAR PAY	0.0000	64.00	0.00
01-14-2024	HOLIDAY	0.0000	8.00	0.00
01-14-2024	PERSONL TIME	0.0000	8.00	0.00

Description	Amount	YTD
MEDICAL	33.19	66.38
DENTAL	1.65	3.30
FEDERAL TAX	110.28	220.56
MEDICARE	31.84	63.68
SOC SECURITY	136.15	272.30

TOTAL 64.00 2,230.77

Earnings - Year To Date

Net Pay Distribution

Description	YTD	Type	Amount
SALARY	4461.54	CHECK	\$0.00
		DIRECT DEPOSIT	\$1,917.66
		TOTAL NET PAY	\$1,917.66
		TOTAL NET PAY YTD	\$3,835.32

TOTAL \$4,461.54

TOTAL 313.11 626.22

Paid Time Off

Direct Deposit Detail

Employer Contributions

Description Balance

Account Type Amount
39351 CHECKING 1,917.66

Description Amount YTD

TOTAL DEPOSITED \$1,917.66 TOTAL 0.00 0.00



Kimberly Group Payroll Solutions, Inc.
1 West Church St. Ste. 200
Orlando, FL 32801

Pay Non-negotiable

\$0.00

To The
Order
Of



*** *Non-Negotiable* ***

Alachua County Coalition for the Homeless & Hungry, Inc. - MAIN (043288)

Period Start Date 01-01-2024 Check Date 01-18-2024 Federal Filing Status [Redacted]
Period End Date 01-14-2024 Check Number 1713196 State Filing Status [Redacted]

Earnings - Current

Deductions / Taxes

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount
01-14-2024	REGULAR PAY	22.0000	48.00	1056.00
01-14-2024	HOLIDAY	22.0000	8.00	176.00
01-14-2024	PERSONL TIME	22.0000	24.00	528.00

Description	Amount	YTD
MEDICAL	184.22	368.44
DENTAL	12.01	24.02
FEDERAL TAX	111.34	222.68
MEDICARE	22.68	45.35
SOC SECURITY	96.96	193.91

TOTAL

48.00 **1,760.00**

Earnings - Year To Date

Net Pay Distribution

Description	YTD	Type	Amount
REGULAR PAY	2288.00	CHECK	\$0.00
HOLIDAY	352.00		
PERSONL TIME	880.00	DIRECT DEPOSIT	\$1,332.79
		TOTAL NET PAY	\$1,332.79
		TOTAL NET PAY YTD	\$2,665.60

TOTAL \$3,520.00

TOTAL 427.21 854.40

Paid Time Off

Direct Deposit Detail

Employer Contributions

Description	Balance	Account	Type	Amount
		20516	CHECKING	1,332.79

Description Amount YTD

TOTAL DEPOSITED \$1,332.79 TOTAL 0.00 0.00

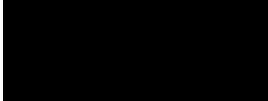


Kimberly Group Payroll Solutions, Inc.
1 West Church St. Ste. 200
Orlando, FL 32801

Pay Non-negotiable

\$0.00

To The
Order
Of



*** *Non-Negotiable* ***

Alachua County Coalition for the Homeless & Hungry, Inc. - MAIN (043288)

Period Start Date 01-01-2024 Check Date 01-18-2024 Federal Filing Status
Period End Date 01-14-2024 Check Number 1713197 State Filing Status

Earnings - Current

Deductions / Taxes

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount
01-14-2024	REGULAR PAY	22.0000	56.00	1232.00
01-14-2024	HOLIDAY	22.0000	8.00	176.00
01-14-2024	PERSONL TIME	22.0000	24.00	528.00

Description	Amount	YTD
SIMPLE IRA	58.08	105.60
MEDICAL	33.19	66.38
MEDICARE	27.59	50.08
SOC SECURITY	117.97	214.12

TOTAL

56.00 1,936.00

Earnings - Year To Date

Net Pay Distribution

Description	YTD	Type	Amount
REGULAR PAY	2288.00	CHECK	\$0.00
HOLIDAY	352.00		
PERSONL TIME	880.00	DIRECT DEPOSIT	\$1,699.17
		TOTAL NET PAY	\$1,699.17
		TOTAL NET PAY YTD	\$3,083.82

TOTAL \$3,520.00

TOTAL 236.83 436.18

Paid Time Off

Direct Deposit Detail

Employer Contributions

Description	Balance	Account	Type	Amount
		48466	SAVINGS	1,699.17

Description Amount YTD

TOTAL DEPOSITED \$1,699.17 TOTAL 0.00 0.00

Invoice Due Date 01/01/2024	Invoice # 76807168	Invoiced Amount \$28,711.44	Invoice Date 12/18/2023	Billing Period 01/01/2024-02/01/2024
Org Id 91250259401	Group S9048	Division 001		

BILLING SUMMARY	
Original Totals	
TOTAL BILLED AMOUNT	\$28,711.44
ON-BILL ADJUSTMENTS	\$0.00
AMOUNT DUE	\$28,711.44
Adjustments	
Adjusted Total Amount	(\$663.85)
Adjusted Balance	\$28,047.59
Cash Balance	
Web	\$28,047.59
Outstanding Balance	\$0.00

For questions about your invoice, please contact your Florida Blue Service Advocate.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options Inc., D/B/A Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida. Dental, Life and Disability are offered by Florida Combined Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Product	Coverage	Total
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$1,891.96
							\$663.85
							\$663.85
							\$1,891.96
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Product	Coverage	Total
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$663.85
							\$1,327.69
							\$663.85
							\$1,891.96
							\$1,891.96
							\$663.85
							\$663.85
							\$663.85
							\$1,228.11

INVOICE DETAIL

Last Name	First Name	MI	SSN	Subscriber ID	Product	Coverage	Total
[REDACTED]							\$663.85
							\$663.85
							\$663.85
							\$663.85

ON-BILL ADJUSTMENTS

Last Name	First Name	SSN	Subscriber ID	Age	Coverage Level	Action Code	Total	Posted Date	Eff/Cancel Date	Post Bill Adjustments
[REDACTED]							(\$663.85)	12/20/2023	01/01/2024	Yes

ROSTER ADJUSTMENTS

Last Name	First Name	MI	SSN	Subscriber ID	Rel	Age	Product	Reason	Effective Date	Old Premium	Prorated Premium	Login ID	Adjustment Date
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THIS INVOICE DOES NOT CONTAIN ANY DATA FOR ROSTER ADJUSTMENTS



2/1/2024 1:13 PM

GRACE MARKETPLACE Operating

*****5328

Amount: \$-28,047.59

Statement Description: BLUECROSSFLORIDA PREMIUM 5354386

Posted Date: 1/2/2024

Type: Debit

Status: Posted

► Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
75183	02/01/2024 10:10:05 AM (0.08 mins)	EsgCaper	janOR	Jonathan DeCarmine	ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	Jonathan DeCarmine	Completed
75182	02/01/2024 10:09:40 AM (0.05 mins)	EsgCaper	jandiversion	Jonathan DeCarmine	ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	Jonathan DeCarmine	Completed
75181	02/01/2024 10:09:20 AM (0.08 mins)	EsgCaper	janvet	Jonathan DeCarmine	ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	Jonathan DeCarmine	Completed
75180	02/01/2024 10:06:34 AM (0.09 mins)	EsgCaper	jandorm	Jonathan DeCarmine	ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	Jonathan DeCarmine	Completed
75171	01/31/2024 02:18:57 PM (0.09 mins)	EsgCaper	131dorm	Jonathan DeCarmine	ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	Jonathan DeCarmine	Completed

Showing 1-5 of 26

Report Options

Name	janOR	
Description		
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group	
Provider *	ACCHH GRACE Street Outreach (288) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY	
Program Date Range *	01/01/2024 to 01/31/2024	
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)	

ESG CAPER Report Results - Date Ran: 02/01/2024 10:10:05 AM - Report ID: 75183

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
ACCHH Alachua County Coalition for the Hungry and Homeless, Inc AGENCY	207	ACCHH GRACE Street Outreach	288	Street Outreach (HUD)		Yes			FL-508	121038	False	WellSky Community Services	2024-01-01	2024-01-31	137	129											

Showing 1-1 of 1

5a - Report Validation Table

Report Validation Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	66	137
2. Number of Adults (age 18 or over)	66	136
3. Number of Children (under age 18)	0	0
4. Number of Persons with Unknown Age	0	1
5. Number of Leavers	12	21
6. Number of Adult Leavers	12	21

7. Number of Adult and Head of Household Leavers	12	21
8. Number of Stayers	116	116
9. Number of Adult Stayers	54	115
10. Number of Veterans	4	8
11. Number of Chronically Homeless Persons	41	77
12. Number of Youth Under Age 25	4	6
13. Number of Parenting Youth Under Age 25 with Children	0	0
14. Number of Adult Heads of Household	64	129
15. Number of Child And Unknown-Age Heads of Household	0	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	12	21

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.1)	0	0	0	0	0%
SSN (3.2)	2	0	0	2	3%
Date of Birth (3.3)	0	0	0	0	0%
Race/Ethnicity (3.04)	0	0		0	0%
Gender (3.6)	0	0		0	0%
Overall Score				2	3%

6b - Data Quality: Universal Data Elements

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Veteran Status (3.7)	0	2	0	2	3%
Project Start Date (3.10)			0	0	0%
Relationship to Head of Household (3.15)		0	2	2	3%
Enrollment CoC (3.16)		0	0	0	0%
Disabling Condition (3.8)	1	0	1	2	3%

6c - Data Quality: Income and Housing Data Quality

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Destination (3.12)	0	2		2	17%
Income and Sources (4.2) at Start	1	1	2	3	5%
Income and Sources (4.2) at Annual Assessment	0	8	0	8	67%
Income and Sources (4.2) at Exit	1	1	0	1	8%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution	Missing time in housing	Approximate date this	Number of times (3.917.4)	Number of months	% of records unable to
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		(3.917.2)	(3.917.2)	episode started (3.917.3) Missing	DK/PNTA/ missing	(3.917.5) DK/PNTA/ missing	calculate
ES-EE, ES-NbN, SH, Street Outreach	65			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
CE	0	0	0	0	0	0	0%
SSO, Day Shelter, HP	0	0	0	0	0	0	0%
Total	65						0%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	0	0
0 days	7	10
1 - 3 days	1	0
4 - 6 days	0	1
7 - 10 days	0	0
11+ days	0	1

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	79	78	99%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	136	136	0		0
Children	0		0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	0	0	0	1
Total	137	136	0	0	1
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	118	117	0	0	1
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	129	129	0	0	0
For PSH and RRH - the total households served who moved into housing	0	0	0	0	0
8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	109	109			
April					
July					
October					
9a - Number of Persons Contacted					
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine	
Once	96	0	92	11	
2-5 Times	8	0	8	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
Total Persons Contacted	104	0	100	0	
9b - Number of Persons Engaged					
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine	
Once	6	0	6	0	
2-5 Times	0	0	0	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
Total Persons Engaged	6	0	6	0	
Rate of Engagement	0.06	0.00	0.06	0.00	
10a - Gender					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Woman	43	43	0	0	0
Man	90	90	0	0	0
Culturally Specific Identity	0	0	0	0	0
Transgender	0	0	0	0	0
Non-Binary	1	1	0	0	0

Questioning	0	0	0	0	0
Different Identity	0	0	0	0	0
Woman/Man	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0
Woman/Transgender	2	2	0	0	0
Woman/Non-Binary	0	0	0	0	0
Woman/Questioning	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0
Man/Transgender	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0
Man/Questioning	0	0	0	0	0
Man/Different Identity	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	0	0	0	1
Total	137	136	0	0	1

10d - Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-64	Age 65+	Client Doesn't Know/Prefers Not to Answer	Data Not Collected
Woman	43	0	3	36	4	0	0
Man	90	0	3	68	19	0	0
Culturally Specific Identity	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0
Non-Binary	1	0	0	1	0	0	0
Questioning	0	0	0	0	0	0	0

Different Identity	0	0	0	0	0	0	0
Woman/Man	0	0	0	0	0	0	0
Woman/Culturally Specific Identity	0	0	0	0	0	0	0
Woman/Transgender	2	0	1	1	0	0	0
Woman/Non-Binary	0	0	0	0	0	0	0
Woman/Questioning	0	0	0	0	0	0	0
Woman/Different Identity	0	0	0	0	0	0	0
Man/Culturally Specific Identity	0	0	0	0	0	0	0
Man/Transgender	0	0	0	0	0	0	0
Man/Non-Binary	0	0	0	0	0	0	0
Man/Questioning	0	0	0	0	0	0	0
Man/Different Identity	0	0	0	0	0	0	0
Culturally Specific Identity/Transgender	0	0	0	0	0	0	0
Culturally Specific Identity/Non-Binary	0	0	0	0	0	0	0
Culturally Specific Identity/Questioning	0	0	0	0	0	0	0
Culturally Specific Identity/Different Identity	0	0	0	0	0	0	0
Transgender/Non-Binary	0	0	0	0	0	0	0
Transgender/Questioning	0	0	0	0	0	0	0
Transgender/Different Identity	0	0	0	0	0	0	0
Non-Binary/Questioning	0	0	0	0	0	0	0
Non-Binary/Different Identity	0	0	0	0	0	0	0
Questioning/Different Identity	0	0	0	0	0	0	0
More than 2 Gender Identities Selected	0	0	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0	0	0
Data Not Collected	1	0	0	0	0	0	1
Total	137	0	7	106	23	0	1

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	0		0	0	0
18 - 24	7	7	0		0
25 - 34	17	17	0		0
35 - 44	31	31	0		0
45 - 54	27	27	0		0

55 - 64	31	31	0		0
65 +	23	23	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	0	0	0	1
Total	137	136	0	0	1

12 - Race and Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	4	4	0	0	0
Asian or Asian American	0	0	0	0	0
Black, African American, or African	41	41	0	0	0
Hispanic/Latina/e/o	1	1	0	0	0
Middle Eastern or North African	1	1	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
White	81	81	0	0	0
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Black, African American, or African & American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Hispanic/Latina/e/o & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Black, African American, or African & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/e/o & Asian or Asian American	0	0	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0
White & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/e/o & Black, African American, or African	1	1	0	0	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	1	1	0	0	0
White & Black, African American, or African	1	1	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0	0
White & Hispanic/Latina/e/o	4	4	0	0	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0
White & Native Hawaiian or Pacific Islander	0	0	0	0	0

Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/e/o	0	0	0	0	0
Multiracial - more than 2 races, where no option is Hispanic/Latina/e/o	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	1	0	0	0	1
Total	137	136	0	0	1

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	68	68	0	0	0	0
Alcohol Use Disorder	10	10	0	0	0	0
Drug Use Disorder	13	13	0	0	0	0
Both Alcohol and Drug Use Disorders	20	20	0	0	0	0
Chronic Health Condition	42	42	0	0	0	0
HIV/AIDS	3	3	0	0	0	0
Development Disability	12	12	0	0	0	0
Physical Disability	58	58	0	0	0	0

13b1 - Physical and Mental Health Conditions of Leavers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	10	10	0	0	0	0
Alcohol Use Disorder	2	2	0	0	0	0
Drug Use Disorder	4	4	0	0	0	0
Both Alcohol and Drug Use Disorders	2	2	0	0	0	0
Chronic Health Condition	9	9	0	0	0	0
HIV/AIDS	1	1	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	13	13	0	0	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	59	59	0	0	0	0
Alcohol Use Disorder	8	8	0	0	0	0
Drug Use Disorder	9	9	0	0	0	0
Both Alcohol and Drug Use Disorders	18	18	0	0	0	0
Chronic Health Condition	32	32	0	0	0	0
HIV/AIDS	2	2	0	0	0	0
Development Disability	12	12	0	0	0	0

Physical Disability	45	45	0	0	0	0
14a - History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking						
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type	
Yes	33	33	0	0	0	
No	102	102	0	0	0	
Client Doesn't Know/Client Prefers Not to Answer	1	1	0	0	0	
Data Not Collected	0	0	0	0	0	
Total	136	136	0	0	0	
14b - Most recent experience of domestic violence, sexual assault, dating violence, stalking, or human trafficking						
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type	
Within the past three months	6	6	0	0	0	
Three to six months ago	4	4	0	0	0	
Six months to one year	3	3	0	0	0	
One year ago, or more	17	17	0	0	0	
Client Doesn't Know/Prefers Not to Answer	2	2	0	0	0	
Data Not Collected	1	1	0	0	0	
Total	33	33	0	0	0	
15 - Living Situation						
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type	
Homeless Situations						
Place not meant for habitation	129	129	0	0	0	
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	1	1	0	0	0	
Safe Haven	0	0	0	0	0	
Subtotal	130	130	0	0	0	
Institutional Situations						
Foster care home or foster care group home	0	0	0	0	0	
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0	
Jail, prison, or juvenile detention facility	1	1	0	0	0	
Long-term care facility or nursing home	0	0	0	0	0	
Psychiatric hospital or other psychiatric facility	0	0	0	0	0	
Substance abuse treatment facility or detox center	1	1	0	0	0	
Subtotal	2	2	0	0	0	
Temporary Situations						
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0	
Residential project or halfway house with no homeless criteria	0	0	0	0	0	

Hotel or motel paid for without emergency shelter voucher	1	1	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	0	0	0	0	0
Staying or living in a family member's room, apartment, or house	1	1	0	0	0
Subtotal	2	2	0	0	0
Permanent Situations					
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with ongoing housing subsidy	1	1	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	2	2	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	136	136	0	0	0

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	78	4	10
\$1 - 150	0	0	0
\$151 - \$250	0	0	0
\$251 - \$500	5	1	0
\$501 - \$1000	38	2	7
\$1001 - \$1500	6	0	2
\$1501 - \$2000	4	0	1
\$2001 +	1	0	0
Client Doesn't Know/Prefers Not to Answer	1	0	1
Data Not Collected	3	1	0
Number of adult stayers not yet required to have an annual assessment		94	
Number of adult stayers without required annual assessment		13	
Total Adults	136	115	21

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	8	1	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	31	2	6

Social Security Disability Insurance (SSDI)	14	0	5
VA Service - Connected Disability Compensation	1	0	0
VA Non-Service Connected Disability Pension	1	0	1
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	8	1	3
Pension or retirement income from a former job	1	0	0
Child Support	1	0	0
Alimony and other spousal support	1	0	0
Other Source	1	0	0
Adults with Income Information at Start and Annual Assessment/Exit		8	0

19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	5	0	5	100%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	4	0	4	100%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	3	0	3	100%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	9	1	10	90%	0	0	0	0%	0	0	0	0%
Unduplicated Total Adults	18	1	19		0	0	0		0	0	0	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	63	1	11
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1	0	1
TANF Child Care Services	1	0	1
TANF Transportation Services	1	0	1
Other TANF-Funded Services	1	0	1
Other Source	1	0	1

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	44	3	10
MEDICARE	19	1	3
State Children's Health Insurance Program	0	0	0
Veteran's Health Administration (VHA)	5	1	1
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	3	0	3
State Health Insurance for Adults	3	0	0
Indian Health Services Program	0	0	0
Other	5	0	1
No Health Insurance	69	4	6
Client Doesn't Know/Client Prefers Not to Answer	2	0	0
Data Not Collected	2	13	0
Number of stayers not yet required to have an annual assessment		95	
1 Source of Health Insurance	55	3	12
More than 1 Source of Health Insurance	12	1	3

22a2 - Length of Participation - ESG Projects

	Total	Leavers	Stayers
0-7 days	8	4	4
8 to 14 days	4	1	3
15 to 21 days	3	0	3
22 to 30 days	3	1	2
31 to 60 days	14	0	14
61 to 90 days	14	3	11
91 to 180 days	40	6	34

181 to 365 days	28	4	24
366 to 730 Days (1-2 Yrs)	17	1	16
731 to 1,095 Days (2-3 Yrs)	6	1	5
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Total	137	21	116

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0.00	0.00	0.00	0.00	0.00
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22d - Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	8	8	0	0	0
8 to 14 days	4	4	0	0	0
15 to 21 days	3	3	0	0	0
22 to 30 days	3	3	0	0	0
31 to 60 days	14	14	0	0	0
61 to 90 days	14	13	0	0	1
91 to 180 days	40	40	0	0	0
181 to 365 days	28	28	0	0	0
366 to 730 Days (1-2 Yrs)	17	17	0	0	0
731 days or more	6	6	0	0	0
Total	137	136	0	0	1

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total Persons	0	0	0	0	0

22f - Length of Time between Project Start Date and Housing Move-in Date by Race and Ethnicity

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	0	0	1	0	0	0	1	0	0	0
Persons Exited Without Move-In	4	0	40	1	1	0	80	5	3	0
Average time to Move-In	0	0	351	0	0	0	103	0	0	0
Median time to Move-In	0	0	351	0	0	0	103	0	0	0

22g - Length of Time Prior to Housing by Race and Ethnicity - based on 3.917 Date Homelessness Started

	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Persons Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Persons Not Yet Moved Into Housing	0	0	0	0	0	0	0	0	0	0
Average time to Move-In	0	0	365	0	0	0	2932	0	0	0
Median time to Move-In	0	0	365	0	0	0	2932	0	0	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	2	2	0	0	0
Safe Haven	0	0	0	0	0
Subtotal	2	2	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	1	1	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Subtotal	1	1	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Subtotal	0	0	0	0	0
Permanent Situations					
Staying or living with family, permanent tenure	4	4	0	0	0
Staying or living with friends, permanent tenure	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	2	2	0	0	0
Rental by client, with ongoing housing subsidy	3	3	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	10	10	0	0	0
Other Situations					
No Exit Interview completed	7	7	0	0	0
Other	0	0	0	0	0
Deceased	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0

Data Not Collected	0	0	0	0	0
Subtotal	8	8	0	0	0
Total	21	21	0	0	0
Total persons exiting to positive housing destinations	13	13	0	0	0
Total persons exiting to destinations that excluded them from the calculation	1	1	0	0	0
Percentage of persons exiting to positive housing destinations	65%	65%	0%	0%	0%

23d - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	0	0	0	0	0
RRH or equivalent subsidy	1	1	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	2	2	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
Total	3	3	0	0	0

23e - Exit Destination Type by Race and Ethnicity

	Total	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/e/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/e/o	Multi-racial (does not include Hispanic/Latina/e/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Homeless Situations	2	0	0	1	0	0	0	1	0	0	0
Institutional Situations	1	0	0	1	0	0	0	0	0	0	0
Temporary Situations	0	0	0	0	0	0	0	0	0	0	0
Permanent Situations	10	0	0	2	0	0	0	8	0	0	0
Other Situations	8	0	0	2	0	0	0	6	0	0	0
Total	21	0	0	6	0	0	0	15	0	0	0

24a - Homeless Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	0	0	0	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0

Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	0	0	0	0	0
Moved to new housing unit--Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Jail/prison	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Total	0	0	0	0	0

24d - Language of Persons Requiring Translation Assistance

Language Response (Top 20 Languages Selected)	Total Persons Requiring Translation Assistance
Different Preferred Language	0
Total	0

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	3	3	0	0
Non-Chronically Homeless Veteran	5	5	0	0
Not a veteran	126	126	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	2	2	0	0
Total	136	136	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	77	77	0	0	0
Not Chronically Homeless	58	58	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	1	1	0	0	0
Data Not Collected	1	0	0	0	1
Total	137	136	0	0	1

Client Served Report

Report Options

Reporting Group	
Provider	ACCHH GRACE Street Outreach (288)
	<input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Services	<input checked="" type="checkbox"/> Services Provided (other than shelter or referred services) <input type="checkbox"/> Shelter Stays <input type="checkbox"/> Referrals Served by the Selected Provider(s)
Grouping	<input checked="" type="radio"/> Clients Receiving Services as a Family <input type="radio"/> Clients in a Household
Funding Source	-Select-
Service Code	-Select-
Served Date Range	01/01/2024 to 01/31/2024
Served Before Date Range (Old client count)	to
Treat Open-Ended Services/Referrals as 1-day Services	<input checked="" type="radio"/> Yes <input type="radio"/> No
Legal Adult Age	18

Report Details

CLIENTS SERVED	Old	New	Total
A. Adults	0	90	90
Male	0	59	59
Female	0	28	28
No Single Gender	0	1	1
Questioning	0	0	0
Transgender	0	1	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	1	1
B. Children	0	0	0
Male	0	0	0
Female	0	0	0
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0

Data Not Collected	0	0	0
C. Total (A+B)	0	90	90
FAMILY MEMBERS SERVED	Old	New	Total
A. Adults	0	7	7
Male	0	3	3
Female	0	4	4
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
B. Children	0	0	0
Male	0	0	0
Female	0	0	0
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
C. Total (A+B)	0	7	7
D. Total Households Served	0	4	4
E. Average Household Members Served	0	2	2
SINGLES SERVED	Old	New	Total
A. Adults	0	83	83
Male	0	56	56
Female	0	24	24
No Single Gender	0	1	1
Questioning	0	0	0
Transgender	0	1	1
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	1	1
B. Children	0	0	0
Male	0	0	0

Female	0	0	0
No Single Gender	0	0	0
Questioning	0	0	0
Transgender	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected	0	0	0
C. Total (A+B)	0	83	83

FAMILY MEMBERS	Children				Adults				No DOB	Total
	0-5	6-12	13-17	18-30	31-50	51-61	62+			
Male	0	0	0	2	1	0	0	0	3	
Female	0	0	0	2	0	0	2	0	4	
No Single Gender	0	0	0	0	0	0	0	0	0	
Questioning	0	0	0	0	0	0	0	0	0	
Transgender	0	0	0	0	0	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	0	0	0	0	
Total	0	0	0	4	1	0	2	0	7	

SINGLES	Children				Adults				No DOB	Total
	0-5	6-12	13-17	18-30	31-50	51-61	62+			
Male	0	0	0	2	14	22	18	0	56	
Female	0	0	0	2	13	8	1	0	24	
No Single Gender	0	0	0	0	1	0	0	0	1	
Questioning	0	0	0	0	0	0	0	0	0	
Transgender	0	0	0	1	0	0	0	0	1	
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	0	0	1	1	
Total	0	0	0	5	28	30	19	1	83	

CLIENTS SERVED BY RACE	Secondary Total	Total
American Indian, Alaska Native, or Indigenous (HUD)		2
Not Given	2	
Black, African American, or African (HUD)		27
American Indian, Alaska Native, or Indigenous (HUD)	1	
Data not collected (HUD)	1	
Not Given	25	

White (HUD)			46		
Black, African American, or African (HUD)		1			
Not Given		45			
Not Given			15		
Total			90		
CLIENTS SERVED BY ETHNICITY				Total	
Hispanic/Latin(a)(o)(x) (HUD)			3		
Non-Hispanic/Non-Latin(a)(o)(x) (HUD)			71		
Not Given			16		
Total			90		
SERVICE COUNT					
Service Type	Funding Source	Total Referral	Total Provided	Total Cost	Avg Cost
Basic Needs (B)	N/A	0	3	\$0.00	\$0.00
Birth Certificates (DF-7000.1200)	N/A	0	1	\$0.00	\$0.00
Case/Care Management (PH-1000)	N/A	0	55	\$0.00	\$0.00
Identification Cards (DF-7000.3300)	N/A	0	3	\$0.00	\$0.00
Social Security Numbers (DF-7000.8250)	N/A	0	2	\$0.00	\$0.00
Street Outreach Programs (PH-8000)	N/A	0	235	\$0.00	\$0.00
Total (Service Types: 6, Funding Sources: 0)		0	299	\$0.00	\$0.00



2/6/2024 1:32 PM

GRACE MARKETPLACE Operating

*****5328


SOUTH STATE BANK

8012
63-1403/631
CHECK ARMOR
1/10/2024

**ALACHUA COUNTY COALITION
FOR THE HOMELESS & HUNGRY**
3055 NE 28TH DR
GAINESVILLE, FL 32609

PAY TO THE ORDER OF **AJK INVESTMENTS** **\$*560.00**

Five Hundred Sixty and 00/100***** DOLLARS

AJK INVESTMENTS
MEMO 

Ji
AUTHORIZED SIGNATURE

⑆0080⑆ 2⑆ ⑆063⑆ ⑆4030⑆ ⑆152005328⑆

Photo Safe Deposit

Details on Back

0012011345 011124 7239000000747

0910921250
2024-01-12

Do not write on this check.

ENDORSE HERE

CHECK BOX FOR MOBILE/REMOTE DEPOSIT
WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

Amount: \$-560.00
Statement Description: Check
Check Number: 8012
Posted Date: 1/12/2024
Type: Debit
Status: Posted

CAMPUS WALK APARTMENTS

LEASE AGREEMENT

This agreement, made this the 9th day of January in the year 2024 by and between AJK INVESTMENTS OF GAINESVILLE, LLC whose address is 14260 W. Newberry Road #414; Newberry, FL 32669-2765 hereinafter called Landlord and

[Redacted] hereinafter called tenant agrees by this

lease to rent Unit # 56 Bedroom # D in the following Unit located at 914 SW 8th Ave Gainesville, Florida 32601, for a rental term beginning January 9, 2024 and ending on July 30, 2024 at NOON (12:00 P.M.), both dates inclusive. If Tenant remains in possession of the bedroom with the consent of Landlord after the natural expiration of this agreement, new tenancy from month-to-month shall be created between Landlord and Tenant which shall be subject to all of the terms and conditions hereof.

1) **RENT:** The total rent for the term hereof is the sum of \$ 3,755 payable, without offset, deduction or billing on the 1st day of each month of the term in equal installments of:

1st Month Rent for the month of February is \$ 560-
2nd Month Rent for the month of _____ is \$ _____
3rd Month Rent for the month of _____ is \$ _____
4th Month Rent for the month of _____ is \$ _____

Payments should be made payable to AJK INVESTMENTS OF GAINESVILLE, LLC and are to be sent to: 14260 W. Newberry Road #414; Newberry, FL 32669-2765.

Proration Amount for the Month of January is \$ 395.

2) **DEPOSIT:** Tenant shall pay 0 for security deposit. Landlord may retain security deposit or prepaid rent as a cancellation charge or as liquidated damages if Tenant falls to take occupancy of the premises as agreed or violates any of the terms of this lease: or Landlord may apply all or any portion of security deposit and/or prepaid rent to the cost of cleaning or repairs due to Tenant's use. Any portion of the security deposit or prepaid rent remaining after deduction cleaning or repair costs shall be returned to tenant, Security deposit shall never be applied as rent. The attached list indicates the cost of the furniture, fixtures and appliances that will be charged to the tenant in the event that any item is damaged or destroyed beyond normal wear and tear.

3) **LATE CHARGE:** In the event the rent is not received prior to the close of the business day on the 5th day after it is due, Tenant shall pay a late charge which is hereby defined as additional rent. The applicable late charges are: \$50.00 after the 5th day from the due date of each month \$100.00 after the 8th day of the due date. If such rent shall not be so paid, the landlord will issue a three (3) day demand notice for all rent and fee due. The landlord has the absolute right of canceling and terminating this lease without further notice and the tenant shall surrender possession of said Bedroom and all furnishing leased within (3) three business days after receipt of such demand notice of payment. Any rent paid with a check issued on an account without sufficient/collectible funds, or on a nonexistent bank account, shall be considered a default

[Redacted]
Initial

CAMPUS WALK APARTMENTS

LEASE AGREEMENT

17) **Parking Decals:** In order for you/tenant to get a free decal you will need to:

1. Provide a copy of your lease
2. Have a Valid Driver license
3. Have proof of registration that is valid and that the car is in your name


18) **OTHER FEES:** As part of this lease agreement the following packages, if checked are included:

- 1) (X) **Utilities Package:** Landlord will include up to \$ 60 per tenant to cover the cost of electricity, water and sewer. Should the actual utility cost be greater than the total covered for the entire unit, each tenant will be billed an equal share of the overage, to be paid with the next regular monthly rent payment.
- 2) (X) **Furniture Package:** The unit is furnished. The following furnishings are included in the rental price: **Single bed**
- 3) (X) **Streaming Television:** Landlord will provide for "**streaming internet**" television.
- 4) (X) **High Speed Internet:** Landlord will provide for access to high speed internet. The connection for this internet service and any parts that will be used for the connection is the tenant's responsibility.

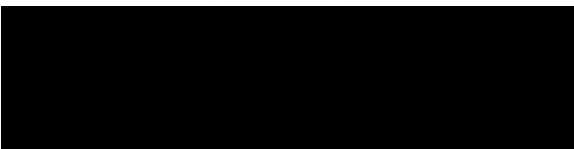
This is a legally binding document. Do not sign this lease until you understand all the terms and conditions. I hereby certify that I have read and understood the terms and conditions of the lease.

DATE: 1/9/24

Tenant Printed Name: 

Tenant Signature: 

Landlord: **AJK INVESTMENTS OF GAINESVILLE, LLC**



BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY.


Initial



2/6/2024 1:31 PM

GRACE MARKETPLACE Operating

*****5328

SOUTH STATE BANK		8031
ALACHUA COUNTY COALITION FOR THE HOMELESS & HUNGRY 3055 NE 28TH DR GAINESVILLE, FL 32609		63-1403/631 CHECK ARMOR SPACE COLLECTION 1/23/2024
PAY TO THE ORDER OF AJK INVESTMENTS		\$560.00
Five Hundred Sixty and 00/100*****		DOLLARS
MEMO AJK INVESTMENTS [REDACTED]		[Signature]
⑈00803⑈ ⑆063⑆⑆4030⑆ ⑆52005328⑈		

Photo Safe Deposit
Details on Back

>061201754< 012524 72620000109476

0910065330
2024-01-26

X
 CREDIT TO THE ACCOUNT OF
 THE WITHIN NAMED PAYEE
 ENDORSEMENT GUARANTEED
 CHE AMERIS BANK
 17 FIFTH STREET, SUITE 200, GAINESVILLE, FL 32601

Amount: \$-560.00
Statement Description: Check
Check Number: 8031
Posted Date: 1/26/2024
Type: Debit
Status: Posted

CAMPUS WALK APARTMENTS

LEASE AGREEMENT

This agreement, made this the 19th day of January in the year 2024 by and between **Kropp Management, LLC** whose address is 14260 W. Newberry Road #414; Newberry, FL 32669-2765 hereinafter called **Landlord and**

[REDACTED] hereinafter called **tenant** agrees by this

lease to rent Unit # 19 Bedroom # B in the following Unit located at **914 SW 8th Ave Gainesville, Florida 32601**, for a rental term beginning Jan 19, 2024 and ending on July 30, 2024 at NOON (12:00 P.M.), both dates inclusive. If Tenant remains in possession of the bedroom with the consent of Landlord after the natural expiration of this agreement, new tenancy from month-to-month shall be created between Landlord and Tenant which shall be subject to all of the terms and conditions hereof.

- 1) **RENT:** The total rent for the term hereof is the sum of \$ 3,565 payable, without offset, deduction or billing on the 1st day of each month of the term in equal installments of:

1st Month Rent for the month of February is \$ 560
2nd Month Rent for the month of _____ is \$ _____
3rd Month Rent for the month of _____ is \$ _____
4th Month Rent for the month of _____ is \$ _____

Payments should be made payable to **KROPP MANAGEMENT, LLC** and are to be sent to:
14260 W. Newberry Road #414; Newberry, FL 32669-2765.

Proration Amount for the Month of January is \$ 205.

- 2) **DEPOSIT:** Tenant shall pay 0 for security deposit. Landlord may retain security deposit or prepaid rent as a cancellation charge or as liquidated damages if Tenant falls to take occupancy of the premises as agreed or violates any of the terms of this lease: or Landlord may apply all or any portion of security deposit and/or prepaid rent to the cost of cleaning or repairs due to Tenant's use. Any portion of the security deposit or prepaid rent remaining after deduction cleaning or repair costs shall be returned to tenant, Security deposit shall never be applied as rent. The attached list indicates the cost of the furniture, fixtures and appliances that will be charged to the tenant in the event that any item is damaged or destroyed beyond normal wear and tear.
- 3) **LATE CHARGE:** In the event the rent is not received prior to the close of the business day on the 5th day after it is due, Tenant shall pay a late charge which is hereby defined as additional rent. The applicable late charges are: \$50.00 after the 5th day from the due date of each month \$100.00 after the 8th day of the due date. If such rent shall not be so paid, the landlord will issue a three (3) day demand notice for all rent and fee due. The landlord has the absolute right of canceling and terminating this lease without further notice and the tenant shall surrender possession of said Bedroom and all furnishing leased within (3) three business days after receipt of such demand notice of payment. Any rent paid with a check issued on an account without sufficient/collectible funds, or on a nonexistent bank account, shall be considered a default

[REDACTED]
Initial

CAMPUS WALK APARTMENTS LEASE AGREEMENT

17) **Parking Decals:** In order for you/tenant to get a free decal you will need to:

1. Provide a copy of your lease
2. Have a Valid Driver license
3. Have proof of registration that is valid and that the car is in your name

18) **OTHER FEES:** As part of this lease agreement the following packages, if checked are included:

- 1) (X) **Utilities Package:** Landlord will include up to \$ 60 per tenant to cover the cost of electricity, water and sewer. Should the actual utility cost be greater than the total covered for the entire unit, each tenant will be billed an equal share of the overage, to be paid with the next regular monthly rent payment.
- 2) (X) **Furniture Package:** The unit is furnished. The following furnishings are included in the rental price: **Single bed**
- 3) (X) **Streaming Television:** Landlord will provide for "streaming internet" television.
- 4) (X) **High Speed Internet:** Landlord will provide for access to high speed internet. The connection for this internet service and any parts that will be used for the connection is the tenant's responsibility.

This is a legally binding document. Do not sign this lease until you understand all the terms and conditions. I hereby certify that I have read and understood the terms and conditions of the lease.

DATE: 1/19/24

Tenant Printed Name: _____

Tenant Signature: _____

Landlord: **KROPP MANAGEMENT, LLC**

BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY.

Initial



2/6/2024 1:31 PM

GRACE MARKETPLACE Operating

*****5328

SOUTH STATE BANK		8032
ALACHUA COUNTY COALITION FOR THE HOMELESS & HUNGRY 3055 NE 28TH DR GAINESVILLE, FL 32609		63-1403/631 CHECK ARMOR
		1/23/2024
PAY TO THE ORDER OF	Kropp Management, LLC	\$*560.00
Five Hundred Sixty and 00/100*****		DOLLARS
Kropp Management, LLC [REDACTED]		
MEMO	[REDACTED]	[Signature] [REDACTED]
⑈008032⑈ ⑆0631⑆⑆4030⑆ ⑆52005328⑈		

Photo Safe Deposit
Details on Back

>061201754< 012524 72620000109474

0910065329
2024-01-26

CREDIT TO THE ACCOUNT OF
THE WITHIN NAMED PAYEE
ENDORSEMENT GUARANTEED, IT
CHECKS FROM AMERIS BANK WILL CLEAR

Amount: \$-560.00

Statement Description: Check

Check Number: 8032


Posted Date: 1/26/2024

Type: Debit

Status: Posted

CAMPUS WALK APARTMENTS

LEASE AGREEMENT

This agreement, made this the 18th day of January in the year 2024 by and between **Kropp Management, LLC** whose address is 14260 W. Newberry Road #414; Newberry, FL 32669-2765 hereinafter called Landlord and  hereinafter called tenant agrees by this

lease to rent Unit # 9 Bedroom # C in the following Unit located at **914 SW 8th Ave Gainesville, Florida 32601**, for a rental term beginning January 18, 2024 and ending on July 30, 2024 at NOON (12:00 P.M.), both dates inclusive. If Tenant remains in possession of the bedroom with the consent of Landlord after the natural expiration of this agreement, new tenancy from month-to-month shall be created between Landlord and Tenant which shall be subject to all of the terms and conditions hereof.

- 1) **RENT:** The total rent for the term hereof is the sum of \$ 3,580 payable, without offset, deduction or billing on the 1st day of each month of the term in equal installments of:

1st Month Rent for the month of February is \$ 560
2nd Month Rent for the month of _____ is \$ _____
3rd Month Rent for the month of _____ is \$ _____
4th Month Rent for the month of _____ is \$ _____

Payments should be made payable to **KROPP MANAGEMENT, LLC** and are to be sent to:
14260 W. Newberry Road #414; Newberry, FL 32669-2765.

Proration Amount for the Month of January is \$ 220.

- 2) **DEPOSIT:** Tenant shall pay 0 for security deposit. Landlord may retain security deposit or prepaid rent as a cancellation charge or as liquidated damages if Tenant falls to take occupancy of the premises as agreed or violates any of the terms of this lease: or Landlord may apply all or any portion of security deposit and/or prepaid rent to the cost of cleaning or repairs due to Tenant's use. Any portion of the security deposit or prepaid rent remaining after deduction cleaning or repair costs shall be returned to tenant, Security deposit shall never be applied as rent. The attached list indicates the cost of the furniture, fixtures and appliances that will be charged to the tenant in the event that any item is damaged or destroyed beyond normal wear and tear.
- 3) **LATE CHARGE:** In the event the rent is not received prior to the close of the business day on the 5th day after it is due, Tenant shall pay a late charge which is hereby defined as additional rent. The applicable late charges are: \$50.00 after the 5th day from the due date of each month \$100.00 after the 8th day of the due date. If such rent shall not be so paid, the landlord will issue a three (3) day demand notice for all rent and fee due. The landlord has the absolute right of canceling and terminating this lease without further notice and the tenant shall surrender possession of said Bedroom and all furnishing leased within (3) three business days after receipt of such demand notice of payment. Any rent paid with a check issued on an account without sufficient/collectible funds, or on a nonexistent bank account, shall be considered a default


Initial

CAMPUS WALK APARTMENTS

LEASE AGREEMENT

17) **Parking Decals:** In order for you/tenant to get a free decal you will need to:

1. Provide a copy of your lease
2. Have a Valid Driver license
3. Have proof of registration that is valid and that the car is in your name

18) **OTHER FEES:** As part of this lease agreement the following packages, if checked are included:

- 1) (X) **Utilities Package:** Landlord will include up to \$__60__ per tenant to cover the cost of electricity, water and sewer. Should the actual utility cost be greater than the total covered for the entire unit, each tenant will be billed an equal share of the overage, to be paid with the next regular monthly rent payment.
- 2) (X) **Furniture Package:** The unit is furnished. The following furnishings are included in the rental price: **Single bed**
- 3) (X) **Streaming Television:** Landlord will provide for "streaming internet" television.
- 4) (X) **High Speed Internet:** Landlord will provide for access to high speed internet. The connection for this internet service and any parts that will be used for the connection is the tenant's responsibility.

This is a legally binding document. Do not sign this lease until you understand all the terms and conditions. I hereby certify that I have read and understood the terms and conditions of the lease.

DATE: 1/18/24

Tenant Printed Name: _____

Tenant Signature: _____

Landlord: **KROPP MANAGEMENT, LLC**

BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY.

Initial



2/6/2024 1:33 PM

GRACE MARKETPLACE Operating

Billing \$4,058.61

*****5328

SOUTH STATE BANK

8061
63-1403/631
CHECK ARMOR

**ALACHUA COUNTY COALITION
FOR THE HOMELESS & HUNGRY**
3055 NE 28TH DR
GAINESVILLE, FL 32609

1/30/2024

PAY TO THE ORDER OF GRU \$4,083.72

Four Thousand Eighty-Three and 72/100***** DOLLARS

GRU
[REDACTED]

MEMO
[REDACTED]

[Signature]

⑈00806⑈ ⑆063⑆⑆4030⑆ ⑆52005328⑈

Photo Safe Deposit
Details on Back

01/31/2024 00002407 4

0910600671
2024-02-01

CHECK BOX FOR MOBILE/REMOTE DEPOSIT
 WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

X ENDORSE HERE

Amount: \$-4,083.72

Statement Description: Check

Check Number: 8061

Posted Date: 2/1/2024

Type: Debit

Status: Posted



Check Request

Date of Request: 1/30/2024 PAID BY PEX: _____
 Case Manager Name: _____

Please issue a check in the amount of \$ 4,083.72 Billing \$4,058.61

Payment is for the following approved expenditure:

- Rental Assistance: _____
- Rental Deposit Assistance: _____
- Utility Assistance: _____
- Utility Deposit Assistance: _____
- Other: _____

Participant Name:	_____
Address:	_____
Account # (ie: Utility)	_____

Payment Information:

Please Make Check Payable to:	GRU
Address to Send Payment:	HAND DELIVER
Tax ID or SS#:	_____

DATE: 1/30/24 _____

APPROVAL: _____

To be filled out by Management only:

ESG-CV-2-ONLY	GRANT/JOB	ACCOUNT
<input type="checkbox"/> PREVENTION/ DIVERSIONS <input type="checkbox"/> Emergency Shelter RAPID EXITS	<input type="checkbox"/> PSH - 2105 <input type="checkbox"/> PSH - 2102 <input type="checkbox"/> PSH - 2100 <input type="checkbox"/> City/County <input type="checkbox"/> VA <input checked="" type="checkbox"/> Other (if Other specify below) <u>County</u>	<input type="checkbox"/> 7074 PSH/Rental Asst <input type="checkbox"/> 7075 Utility Assistance <input type="checkbox"/> 8125 (Diversion) <input type="checkbox"/> Other (if other specify below) _____



Gainesville Regional Utilities
301 S.E. 4th Avenue
Gainesville FL 32601

Account: [REDACTED]
Bill Date: 01/18/2024

Cash Security Deposit on File is \$0.00

SUMMARY OF SERVICES

UTILITIES (See reverse for details about your utility charges.)

Electric	\$122.79
Water	\$38.68
Wastewater	\$76.65
Total Utility Charge	\$238.12

TAXES AND SURCHARGES

Florida Gross Receipts Tax	\$3.15
City of Gainesville Utility Tax	\$13.07
Total Taxes and Surcharges	\$16.22

CITY OF GAINESVILLE

96 Gal Refuse Container # 95G012633	\$16.30
Stormwater Fee 1 ERU	\$4.40
Total City Charge	\$20.70

TOTAL CURRENT MONTH CHARGES \$275.04

ADJUSTMENTS & SERVICE CHARGES

Electric Deposit Refund	-\$100.00
Water Deposit Refund	-\$100.00
Wastewater Deposit Refund	-\$100.00
Security Deposit Interest	-\$0.15
TOTAL ADJUSTMENTS & SERVICE CHARGES	-\$300.15

PREVIOUS BILL ACTIVITY

Previous Balance	\$4,083.72
BALANCE FORWARD	\$4,083.72

ACCOUNT SUMMARY

Current Month Charges:	\$275.04
Adjustments & Service Charges:	-\$300.15
Balance Forward:	\$4,083.72

FINAL BILL AMOUNT DUE \$4,058.61 DUE BY 02/09/2024

A 1.5% late fee will be charged for new charges not paid by 7 P.M. on your due date. Service disconnection may result from past due balances.

AVERAGE DAILY CONSUMPTION

Service	Meter	This Month	Last Month	Last Year
ELECTRIC	34162271	48.85	58.42	29.71
WATER	72398838	0.65	1.13	0.32
AVERAGE TEMPERATURE (High/Low)		68/48	74/53	70/47
MONTHLY RAINFALL (Inches)		8.65	3.36	1.46

MESSAGES

FINAL BILL

Pay your GRU bill anytime, anywhere. Pay your bill instantly by credit card, on the phone or online. Call 1-844-878-7605 or 352-334-3434 or visit gru.com/pay.

Customers dependent on life-sustaining medical equipment may be eligible for Medically Essential Electric Service (MEES) certification. MEES customers must mail a form signed by a Florida licensed physician with their GRU account number annually to Customer Service at P.O. Box 147117, Gainesville, Florida 32614-7117. Visit gru.com/MEES for more information.

GRU's energy and water surveys can help customers lower their utility bills and improve comfort. Our trained staff will inspect your home at no charge. To schedule a free survey call 352-393-1460.

SERVICE AGREEMENT: Use or consumption of services rendered by this City shall constitute an agreement by the consumer with the City to abide by the rules of the City with regards to its utility service, including, but not limited to prevailing ordinances and policies of this City and its departments.

RETURN THIS PAYMENT STUB FOR PROPER CREDIT



Gainesville Regional Utilities
301 S.E. 4th Avenue
Gainesville FL 32601

Account Number: [REDACTED]

Total Payment Enclosed: \$ _____

FINAL BILL AMOUNT DUE \$ 4,058.61

Current month charges due by 7pm on 02/09/2024

Sign up for eBill, GRU's free online paperless billing service, at gru.com/ebill



GAINESVILLE REGIONAL UTILITIES
P.O. BOX 147051
GAINESVILLE FL 32614-7051

Residential Lease

This Lease Agreement is made between Alachua Coalition for the Homeless and Hungry (collectively "Tenant") and KBR Investments, LLC ("Landlord"). Landlord agrees to lease to Tenant, and Tenant agrees to rent from Landlord, the dwelling located at: [REDACTED] subject to the following terms and conditions:

LEASE TERM

The term of this Lease commences on 01/15/2024 and terminates on 01/31/2025 unless terminated sooner pursuant to the provisions of this Lease.

RENT

Rent for the term shall be **SIX HUNDRED FIFTY DOLLARS AND NO/100 (\$650.00)** per month, which Tenant shall pay Landlord in advance, without notice or demand, for that month on the **first day of each month**. Other payments shall be made according to the following schedule:

	<input checked="" type="checkbox"/> <u>Amount Due</u>	OR	<input type="checkbox"/> <u>Lease Renewal</u>
1. First Month's Rent:	\$ <u>650.00</u>		
2. Last Month's Rent:	\$ <u>000.00</u>		
3. Security Deposit:	\$ <u>875.00</u>		
4. Pet Fee:	\$ <u>000.00</u>		

TOTAL DUE UPON SIGNING \$ 1,525.00

Rent shall be paid to: **KBR Investments, LLC**, [REDACTED] or at any other place that the Landlord may designate in writing. Payment will be accepted by check, money order or cashier's check. Payment is not considered made until the instrument is collected. No postdated checks will be accepted.

If Tenant makes payment with a worthless check, Landlord may require Tenant to make all future payments by money order or cashier's check and to pay worthless check fees in the amount of \$35.00.

Rent is due on the first of the month and considered late if envelope is postmarked on or after the fifth. Tenant shall pay a late charge in the amount \$20.00 on the fifth day of the month if rent is not received, plus \$4.00 per day each day thereafter.

All sums due to Landlord under this lease including but not limited to late fees shall be considered additional rent.

OCCUPANCY

The premises shall be occupied only by Tenant and any additional persons listed below.

[REDACTED]

Occasional overnight guests are permitted. An occasional overnight guest is one who does not stay for more than 7 nights in any calendar month. Landlord's prior written approval is required to allow anyone else to occupy premises.

SECURITY DEPOSIT

On the execution of the Initial Lease, Tenant had paid **EIGHT HUNDRED SEVENTY-FIVE DOLLARS AND NO/100 (\$875.00)** receipt of which is acknowledged by Landlord, as security for the faithful performance by Tenant of the terms of this Lease. Landlord shall hold the security deposit in a non-interest-bearing account for the duration of the tenancy. Landlord reserves the right, but not the obligation, to apply the security deposit funds, in whole or in part, to the amount of any unpaid

Tenant Initials [REDACTED]

Landlord Initials [REDACTED]

MISCELLANEOUS:

1. Time is of the essence in the performance of each party's obligations under this lease.
2. This lease shall be binding upon the benefit of the heirs, personal representatives, successors and permitted assignees of the Landlord and Tenant, subject to the requirement specifically mentioned in this lease.
3. No oral agreements have been made, this lease constitutes the entire agreement between the parties, and may not be modified, unless in writing and executed by the parties. Tenant agrees that all agreements relating to lease are to be in writing and there are no verbal agreements.
4. Whenever used, the singular number shall include the plural or the singular and the use of any gender shall include all appropriate genders
5. A copy of this lease, including electronic copies, shall be valid as the original and fully enforceable.
6. The agreements contained in the Lease set forth the complete understanding of the parties and may not be changed or terminated orally.
7. No agreements to accept or surrender the Premises from Tenant will be valid unless in writing and signed by the Landlord.
8. All questions concerning the meaning, execution, construction, effect, validity, and enforcement of the Tenant shall be determined pursuant to the laws of Florida
9. The place for filing any suits or proceedings with respect to this lease shall be in Alachua, County Florida.
10. Landlord and Tenant will use good faith in performing their obligations under the lease.

BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY. TENANT WARRANTS THAT NO ONE OTHER THAN THE TENANT WILL BE AUTHORIZED TO STORE PERSONAL PROPERTY ON THE PREMISES.

ACKNOWLEDGEMENTS:

- Tenant has received a copy of this lease agreement including the Security Deposit and Advance Rent Disclosure
- Tenant has received copies of the neighborhood association rules/regulations/restrictions (if applicable)
- Tenant has received copies of the Lead-Based Paint Disclosure (if applicable)
- Tenant has received a copy of the Pet Addendum (if applicable)

Tenant

Sign:  _____

Date: 1/22/24

Print: _____

Sign: _____

Date: _____

Print: _____

Landlord

Sign:  _____

Date: 1-23-24

Print: Kenneth Kraus
For KBR Investments, LLC

Tenant Initials  _____

Landlord Initials  _____

Card Account Purchase Detail

Date	Card Account (last 4 digits)	Description	MCC	MCC Description	Amount
01/02/2024		LOWE'S #23	5200	Home Supply Warehouse Stores	(\$34.75)
01/03/2024		WIX.COM 1093407307	5734	Computer Software Stores	(\$19.00)
01/03/2024		ALACHUA CO BOCC TRANSFE	9399	Government Services Not Elsewhere Classified	(\$36.50)
01/04/2024		GREYHOUND	4131	Bus Lines	(\$244.07)
01/04/2024		GREYHOUND	4131	Bus Lines	(\$184.06)
01/04/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$102.14)
01/05/2024		FERGUSON ENT #129	5074	Plumbing & Heating Equipment and Supplies	(\$79.43)
01/05/2024		OPTISIGNS DIGITAL SIGN	5817	DigitalGoods - Applications (Excludes Games)	(\$84.37)
01/05/2024		PUBLIX SUPER MARKETS	5411	Grocery Stores and Supermarkets	(\$10.62)
01/05/2024		PUBLIX SUPER MARKETS	5411	Grocery Stores and Supermarkets	(\$7.40)
01/06/2024		GREYHOUND	4131	Bus Lines	(\$82.97)
01/06/2024		GREYHOUND	4131	Bus Lines	(\$32.98)
01/06/2024		AMZN Mktp US*TK49P6ET1	5942	Book Stores	(\$45.75)
01/07/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$28.70)
01/07/2024		SOCIALPILOT	7372	Computer Programming, Data Processing, and Integrated Systems Design Services	(\$40.00)
01/08/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$35.82)
01/09/2024		WM SUPERCENTER #3877	5411	Grocery Stores and Supermarkets	(\$4.60)
01/09/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$69.70)
01/09/2024		ADOBE *ACROPRO SUBS	5734	Computer Software Stores	(\$19.99)
01/10/2024		GREYHOUND	4131	Bus Lines	(\$150.63)
01/11/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$7.29)
01/11/2024		AMZN Mktp US	5942	Book Stores	\$5.97
01/11/2024		GREYHOUND	4131	Bus Lines	(\$52.98)
01/11/2024		DRI*UPRINTING	5111	Stationery, Office Supplies, Printing and Writing Paper	(\$42.36)
01/12/2024		DOLLAR GENERAL #12647	5310	Discount Stores	(\$8.05)
01/12/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$14.70)
01/12/2024		GREYHOUND	4131	Bus Lines	(\$149.59)
01/15/2024		PUBLIX #537	5411	Grocery Stores and Supermarkets	(\$66.00)
01/16/2024		8336322778 ELECTRIFY AM	5552	Electric Vehicle Charging	(\$18.22)
01/16/2024		FLYING CONNECTED INC	7394	Equipment, Tool, Furniture, and Appliance Rental and Leasing	(\$786.58)
01/16/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$49.54)
01/16/2024		WIX.COM 1094994597	5734	Computer Software Stores	(\$264.00)
01/16/2024		FAMILY DOLLAR #3170	5331	Variety Stores	(\$14.00)
01/17/2024		DD/BR #343733 Q35	5814	Fast Food Restaurants	(\$34.68)
01/17/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$39.48)
01/17/2024		SQ *MAGNOLIA MEAD	5811	Caterers	(\$250.00)
01/20/2024		SAMS CLUB #8155	5300	Wholesale Clubs	(\$69.52)
01/21/2024		GANNETT NEWSRPR FL	5968	Direct Marketing - Continuity/Subscription Merchant	(\$14.99)
01/21/2024		GOODWILLJAX_48	5931	Used Merchandise and Secondhand Stores	(\$16.09)
01/21/2024		GOODWILLJAX_37	5931	Used Merchandise and Secondhand Stores	(\$40.67)
01/22/2024		BP#2024776NEEL ONE INC	5542	Automated Fuel Dispensers	(\$107.25)

The PEX Visa® Prepaid Card and the PEX Disburse Visa Prepaid Card are issued by Fifth Third Bank, N.A., Member FDIC, or The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A Inc and may be used everywhere Visa Prepaid cards are accepted. The PEX Prepaid Mastercard® is issued by The Bancorp Bank pursuant to license by Mastercard International Incorporated and may be used everywhere Debit Mastercard is accepted. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Please see the back of your card for its issuing bank.

Date	Card Account (last 4 digits)	Description	MCC	MCC Description	Amount
01/22/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$36.92)
01/22/2024		SP FRACTURE	5999	Miscellaneous and Specialty Retail Shops	(\$29.41)
01/22/2024		FAMILY PROMISE OF GAIN	8398	Charitable and Social Service Organization	(\$100.00)
01/23/2024		GREYHOUND	4131	Bus Lines	(\$49.97)
01/23/2024		SPIRIT AIRL 48703785360	3260	Spirit Air	(\$291.16)
01/24/2024		ALACHUA CO BOCC TRANSFE	9399	Government Services Not Elsewhere Classified	(\$23.95)
01/25/2024		GREYHOUND	4131	Bus Lines	(\$30.97)
01/25/2024		GREYHOUND	4131	Bus Lines	(\$234.14)
01/26/2024		450389851	5712	Furniture, Home Furnishings, and Equipment Stores, Except Appliances	(\$42.46)
01/26/2024		PUBLIX SUPER MARKETS	5411	Grocery Stores and Supermarkets	(\$125.00)
01/26/2024		THE HOME DEPOT #1854	5200	Home Supply Warehouse Stores	(\$21.47)
01/26/2024		GREYHOUND	4131	Bus Lines	(\$12.98)
01/26/2024		GREYHOUND	4131	Bus Lines	(\$77.96)
01/27/2024		Microsoft*Microsoft 365	5818	DigitalGoods - Large Merchant	(\$6.99)
01/27/2024		OFFICE DEPOT #186	5943	Stationary, Office and School Supply Stores	(\$46.78)
01/27/2024		Mailchimp	5818	DigitalGoods - Large Merchant	(\$85.00)
01/29/2024		Wal-Mart Super Center	5411	Grocery Stores and Supermarkets	(\$562.00)
01/29/2024		ZOOM.US 888-799-9666	4814	Telecommunication Serv.Includ. Local/L.D	(\$47.97)
01/29/2024		DRI*UPRINTING	5111	Stationery, Office Supplies, Printing and Writing Paper	(\$142.03)
01/30/2024		450389851	5712	Furniture, Home Furnishings, and Equipment Stores, Except Appliances	\$2.96
01/30/2024		MANOS WINE	5921	Package Stores - Beer, Wine, and Liquor	(\$14.87)
01/30/2024		CIRCLE K # 21223	5542	Automated Fuel Dispensers	(\$33.39)
01/30/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$70.46)
01/30/2024		AIRTABLE.COM/BILL	7372	Computer Programming, Data Processing, and Integrated Systems Design Services	(\$48.00)
01/31/2024		LOWE'S #2365	5200	Home Supply Warehouse Stores	(\$33.01)
01/31/2024		GREYHOUND	4131	Bus Lines	(\$108.96)
01/31/2024		AMZN Mktp US*R220D2Q10	5942	Book Stores	(\$269.73)

Tuesday, Jan 09, 2024

05:40 PM

Gainesville

700 SE 3rd St, 32601 Gainesville

This trip will be operated by Umbrella Buses Inc. as FlixBus.



Route 2415 FlixBus

Direction Orlando Bus Station

08:00 PM

Orlando Bus Station

You have 1 Hrs. 0 Min. for your transfer

09:00 PM

Orlando Bus Station

555 N John Young Pkwy, 32805 Orlando

Operated by Greyhound Lines



Route US0630 Greyhound

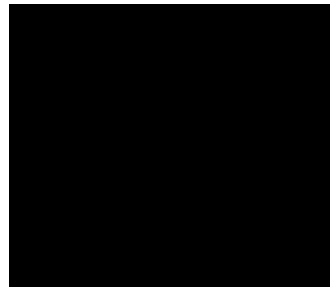
Direction Atlanta Bus Station

Jan 10

04:15 AM

Atlanta Bus Station

Continued on next page



The same QR code is used for your entire journey



Adult

2415
Seat

11D

US0630
Seat

9A



1 x Carry-on bag(s)

25 lbs · 16.5x12x7 in



1 x Stored bag(s)

50 lbs · 31.5x20x12 in

Additional information



Total price: USD 150.63



Manage My Booking: shop.greyhound.com/rebooking



Real-Time Info:



FAQ: greyhound.com/help-and-info

Your checklist for your trip

- Arrive on time for boarding (usually 15 mins prior to departure)
- Double check dimensions and print baggage tag.
More information at: greyhound.com/travel-info/baggage

Your departure station

Gainesville, 700 SE 3rd St, 32601 Gainesville
Bus will stop at the Rosa Parks RTS Downtown Station.



Wednesday, Jan 24, 2024

02:55 PM Gainesville Bus Stop
5700 NW 23rd St, 32653 Gainesville
Operated by Greyhound Lines

Route US0632 Greyhound
Direction Atlanta Bus Station

09:15 PM Atlanta Bus Station

You have 2 Hrs. 40 Min. for your transfer

11:55 PM Atlanta Bus Station
232 Forsyth St, 30303 Atlanta
Operated by Greyhound Lines

Route US0610 Greyhound
Direction St Louis Bus Station

Jan 25
07:05 AM Memphis Bus Station

Continued on next page



The same QR code is used for your entire journey

Adult
US0632 Seat 8D
US0610 Seat 8D

1 x Carry-on bag(s) 25 lbs · 16.5x12x7 in
1 x Stored bag(s) 50 lbs · 31.5x20x12 in

Additional information

- Total price: USD 234.14
- Manage My Booking: shop.greyhound.com/rebooking
- Real-Time Info: [Redacted]
- FAQ: greyhound.com/help-and-info

Your checklist for your trip

- Arrive on time for boarding (usually 15 mins prior to departure)
- Double check dimensions and print baggage tag. More information at: greyhound.com/travel-info/baggage

Your departure station

Gainesville Bus Stop, 5700 NW 23rd St, 32653 Gainesville



The Terms and Conditions of Purchase of FlixBus Inc apply to the booking of tickets. You can find them at: greyhound.com/terms-and-conditions-of-purchase. The Terms and Conditions of Travel of the respective carrier apply to carriage. These can be found at: greyhound.com/terms-and-conditions-of-travel. You will find the carrier/concession holder ("carrier") of your connection in the invoice. Travelling with our buses is without regard to race, color, creed, religion, gender, national origin or physical ability.



TICKET

Valid in both print and digital form

Wednesday, Jan 24, 2024

03:50 PM

Gainesville Bus Stop

5700 NW 23rd St, 32653 Gainesville

Operated by Greyhound Lines



Route US0799 Greyhound

Direction Houston Bus Station (Greyhound)

06:45 PM

Tallahassee Bus Station

112 W Tennessee St, 32301 Tallahassee



The same QR code is used for your entire journey



Adult

Seat

2B



1 x Carry-on bag(s)

25 lbs · 16.5x12x7 in



1 x Stored bag(s)

50 lbs · 31.5x20x12 in

Additional information



Total price: USD 30.97



Manage My Booking: shop.greyhound.com/rebooking



Real-Time Info:



FAQ: greyhound.com/help-and-info

Your checklist for your trip

- Arrive on time for boarding (usually 15 mins prior to departure)
- Double check dimensions and print baggage tag. More information at: greyhound.com/travel-info/baggage

Your departure station

Gainesville Bus Stop, 5700 NW 23rd St, 32653 Gainesville



The Terms and Conditions of Purchase of FlixBus Inc apply to the booking of tickets. You can find them at: greyhound.com/terms-and-conditions-of-purchase. The Terms and Conditions of Travel of the respective carrier apply to carriage. These can be found at: greyhound.com/terms-and-conditions-of-travel. You will find the carrier/concession holder ("carrier") of your connection in the invoice. Travelling with our buses is without regard to race, color, creed, religion, gender, national origin or physical ability.

Thursday, Jan 25, 2024

05:40 PM

Gainesville

700 SE 3rd St, 32601 Gainesville

This trip will be operated by Umbrella Buses Inc. as FlixBus.



Route 2415 **FlixBus**

Direction Orlando Bus Station

06:35 PM

Ocala

3873 SW State Rd 200, 34474 Ocala



The same QR code is used for your entire journey



Adult

Seat

11A



1 x Carry-on bag(s)

25 lbs · 16.5x12x7 in



1 x Stored bag(s)

50 lbs · 31.5x20x12 in

Additional information



Total price: **USD 12.98**



Manage My Booking: shop.greyhound.com/rebooking



Real-Time Info: [Redacted]



FAQ: greyhound.com/help-and-info

Your checklist for your trip

- Arrive on time for boarding (usually 15 mins prior to departure)
- Double check dimensions and print baggage tag. More information at: greyhound.com/travel-info/baggage

Your departure station

Gainesville, 700 SE 3rd St, 32601 Gainesville
Bus will stop at the Rosa Parks RTS Downtown Station.

