



**SEMINOLE COUNTY COMMUNITY DEVELOPMENT
CDBG PROGRAM
APPLICATION FOR PROJECTS for FY 2016-2017**

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

Carmen Hall, HUD Administrator
Seminole County Community Development Division
534 W. Lake Mary Boulevard
Sanford FL 32773
(407) 665-2394

WHEN:

- **NO LATER THAN 4:00 P.M., Friday, February 26, 2016.**
- SUBMISSIONS RECEIVED AFTER 4:00 P.M. ON THAT DATE (as per County time-stamp) WILL NOT BE ACCEPTED—NO EXCEPTIONS.

IMPORTANT INFORMATION:

- Completed proposals must be mailed or hand-delivered. Faxed or emailed submissions will not be accepted.
- The Community Development Office will time and date stamp all proposals.
- Any application will be denied if it does not provide all requested information. However, the application review team reserves the right to request additional information after the submittal due date, for clarification.
- Please submit one (1) original hard copy, six (6) duplicated paper copies, and one (1) pdf copy (on CD or USB flash drive) of each completed application with all required back-up documents.
- Final funding recommendation by the application review team will give priority to the anticipated objectives and priorities identified in the 2015-2019 Consolidated Plan.

IMPORTANT INFORMATION FOR INTERESTED PARTIES REQUESTING CDBG FUNDING:

On **December 20, 2015** the Community Development Division published a Notice of Funding Availability (NOFA), listing activities that the County will consider funding for Program Year 2016-2017.

Requests not responding to the priorities in the NOFA will not be considered for funding. There will be no opportunity for amending any funding proposal after submittal. However, the County reserves the right to request additional information or clarification, when necessary.

PROJECT MUST MEET ONE OF 3 NATIONAL OBJECTIVES

All proposed CDBG activities must undergo a review process. A project may appear to be eligible, but it may not meet one of the required three national objectives.

To meet a National Objective, the project must:

1. Benefit low and moderate income persons or households; **or**
2. Aid in the prevention or elimination of slums or blight; **or**
3. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare. For example, a major catastrophe such as a flood or tornado might meet this national objective.

After meeting a National Objective, the project must properly respond to the NOFA and the anticipated priorities/objectives in the County's 2015-2019 Consolidated Plan.

APPLICATION REVIEW AND RANKING

All applications will be reviewed and ranked based upon the Priorities and Objectives in the County's 2015-2019 Consolidated Plan.

PROJECT SELECTION IMPERATIVES

The Application Review Team will use the following criteria, and a proper response to the NOFA and the Specific Objectives of the 2015-2019 Consolidated Plan, in the project recommendation process:

- Eligible Capital Improvement activities include, but not limited to, storm water improvements, street paving or rehabilitation, and sidewalk construction or rehabilitation.
- Salaries or other administrative expenses will not be funded.
- Projects requiring funding for construction or rehabilitation will not be considered for a funding recommendation unless the applying organization has developed and documented realistic cost estimates and timetables and is financially stable.
- Projects requiring both engineering (or architectural) design AND construction must either provide fully approved development plans (site plan and construction plans), or be willing to accept design funding separately from construction funding (i.e., separate year funding).
- Program recipients (nonprofit agencies, housing developers, cities, etc.) are expected to provide matching or leveraging funds in the cost of any project.
- Reasonableness of cost will be considered in evaluating proposals.
- Long-term viability of the project will be considered in evaluating proposals; particularly housing projects.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases the County can pay the awarded applicant's vendor directly for services provided in their agreement. In no cases will funds be advanced to the awarded applicants.
- Program Recipients must provide services for households or individuals that are at or below 80% of area median income guidelines.
 1. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of area median income guidelines:

- Provide a Low Moderate Area Benefit (LMA) for services that benefit **all** residents in a residential neighborhood area in which at least 51 percent of the residents are Low Moderate Income persons (80% of area median income). This should be documented by census tract block group data or an approved survey can be completed by the agency if the application is approved.
- Provide a benefit to Low Moderate Limited Clientele (LMC) to a minimum of 51 percent of the beneficiaries of a service.
 - Document that the clientele is generally presumed to be principally Low Moderate Income (LMI). This covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.
 - Complete an income certification on household size, assets, and income by utilizing 24 CFR Section 5.609.

Project Submission Sheet

1. Please indicate National Objective Project will meet:

Low Moderate Income Benefit Slum/Blight Urgent Need

2. Name of Project & Eligible Activity: (**Check only one**): _____

Infrastructure Improvements/streets, sidewalks and curbs

Infrastructure Improvements/water and sewer lines

Libraries

Recreational facilities/parks/playgrounds

Facilities for the homeless

Domestic violence shelter

Senior centers/Nursing homes

Group homes for the disabled

Youth centers

Floor drainage improvements

Fire station/equipment

Health facilities

Asbestos removal

Privately owned utilities

Other Explain: _____

3. Name of Applicant:

4. Address of Applicant:

5. Contact Person:

6. Address/Telephone Number/E-Mail Address:

7. Include a copy of Articles of Incorporation (does not apply to cities).

8. Include a copy of occupational license (does not apply to cities).

9. Include a copy of Bylaws/purpose of organization (does not apply to cities).
 10. Include an organizational chart of your agency.
 11. Include a list of board of directors and their occupations (does not apply to cities).
 12. For nonprofit agencies please include a copy of IRS designation as tax-exempt (does not apply to cities).
 13. Include a resume of the project administrator.
 14. Include a resume of the chief financial officer.
 15. Include resumes of staff directly responsible for administering the project.
 16. Provide a year-end certified audit (most recent audit) or audited financial statement.
 17. Provide a copy of current insurance (including liability/worker's compensation, property insurance, etc.) (does not apply to cities).
 18. Provide proof that the organization has been serving Seminole County for a minimum of 2 years (does not apply to cities) in the capacity similar to the funding request.
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19. Provide a statement indicating that this funding request meets a National Objective, and meets eligibility based upon the community's needs.

20. Has your organization previously received County funding? YES NO

If yes, when were the funds received and how much did you receive?

Were all the funds spent within the given timeframe per your agreement with Seminole County? YES NO

21. Provide at least three (3) references and a history of recent projects (completed within the last two (2) years).

Project Description

Attach a description of the Project explaining:

1. The community need/problem to be addressed.
2. Project location.
3. Population to be served (Area-Wide Benefit, i.e. Project benefits all residents OR Limited Clientele, i.e. Project benefits a specific group of persons such as abused children, battered spouses, elderly persons, homeless persons, migrant farm workers).
4. Area to be served.
5. Description of work.
6. Proposed schedule of work.

7. Number of persons to benefit from the project:

Total persons benefitting: _____

Lower income persons benefitting: _____

Percent lower income persons benefitting: _____

Source of data: _____

8. Attach a justification of the Project; why is this project needed? (not exceeding one page).

9. Describe how will your goals, performance and success be measured if you are awarded funds? (not exceeding one page).

Project Costs

PROPOSED PROJECT COSTS:

- (a) Total proposed design costs \$ _____
- (b) Total proposed construction costs \$ _____

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- (c) Total land acquisition costs \$ _____
- (d) Any other costs: _____ \$ _____
- (e) Total project costs \$ _____
- (f) Total requested funding from County \$ _____**
- (g) Total project funds applicant is providing \$ _____

In addition:

(1) Attach documentation for design costs, construction costs, and funds you are providing (grant awards, letters of credit, cash, in-kind, etc.).

(2) List these sources on the Certification of Other Funding.

PRO FORMA:

If the project consists of rental housing, please include a pro forma for the length of the corresponding affordability period for the amount of assistance requested.

ADDITIONAL FUNDING:

What other funds have been sought for this project, and what is the status of those requests?

Source of Funds	Amount	Status

Provide documentation that other sources of funds have been sought or are in place, and are committed to the project. In addition, submit the Certificate of Other Funding Form.

CERTIFICATION OF ACCEPTANCE OF CDBG REGULATIONS AS THEY APPLY TO REAL PROPERTY

(THIS APPLIES ONLY TO REQUESTS FOR CDBG FUNDING)

24 CFR 570.505 applies to the use of real property which is acquired or improved in whole or in part using CDBG funds in excess of \$25,000. This requirement applies from the date CDBG funds are first spent for the property until five years after closeout of the corresponding CDBG grant **(at its option, the County may require a longer period of compliance)**.

During that time period, anyone awarded CDBG funds may not change the funded use of any such property, or the beneficiaries for which the original improvement was funded.

Therefore, agencies awarded more than \$25,000 in CDBG funds shall continue to use the improved property for the original purpose and to serve the same beneficiaries for the specified minimum number of years (affordability period) following the grant close-out. Below is a chart outlining the minimum affordability periods:

Amount of Assistance	Affordability Period
Up to \$100,000	5 Years
\$100,000 - \$250,000	10 Years
\$250,001 - \$500,000	15 Years
\$500,001 or more	20 Years

The County and the subrecipient will execute and record appropriate legal documents (legal agreements, deed restrictions, land covenants, etc.), and will exercise appropriate monitoring, to ensure compliance.

FIRM

DATE

AUTHORIZED SIGNATURE

TITLE

PRINTED OR TYPED NAME

DISCLOSURE FORM

Answer the following questions by placing an "X" after "YES" or "NO".

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or warning of any nature, or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency, the U.S. Government, or any professional association within the last five (5) years?

YES NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES NO

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the County.

FIRM

DATE

AUTHORIZED SIGNATURE

OFFICER TITLE

PRINTED OR TYPED NAME

DOCUMENTATION OF OTHER FUNDING

DETERMINATION OF LEVERAGING AND/OR MATCHING FUNDS TO BE USED FOR THE REQUESTED PROJECT

Please show all other sources of funding to be used on this project. This includes any cash, loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, or individual, or any other source of funds for use in, or in connection with the requested CDBG project.

I, _____, being a duly authorized representative of _____, hereby certify that, in addition to the assistance being sought through Seminole County Government, funds from other sources will / will not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

Funding Amount	Source	Use of Funds

The information provided above is a true and complete representation of the financial assistance being provided for this project.

[Signature]

[Title]

State of Florida
County of:

Sworn to (or affirmed) and subscribed before me on this _____ day of _____, _____, by _____, He/she is personally known to me or has produced FL DL or ID _____ as identification.

[Notary's Signature]

[Printed Name]

**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED
WITH EVERY CDBG APPLICATION**

- Project Submission Sheet
- Project Description
- Articles of Incorporation / Date of Incorporation.
- Occupational License.
- Bylaws / Purpose of Organization.
- Organization Chart, including a list of the Board of Directors and their occupations.
- If a nonprofit organization, submit IRS designation as tax exempt.
- Resume of Program Administrator.
- Resume of Chief Financial Officer.
- Resumes of staff directly responsible for project administration.
- Certified Audit (most recent), year-end, & interim financial statements (statements since last audit) If no audit has been performed, please provide a recent audited financial statement. The more information provided by the applicant will be beneficial in demonstrating financial capacity.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2 year history serving Seminole County with experience in the area for which funding is being requested.
- Statement indicating that the funding request meets a National Objective, and meets eligibility based upon the County's Objectives.
- Detailed Project/Program Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
- Certification of Acceptance of CDBG Regulations.
- Disclosure Form.
- Documentation of Other Funding. (include copies of approved loans, grants, donations, guarantees, rebates, subsidies, credits, tax benefits, or any other form of direct or indirect assistance from any government, foundation, financial institution or individual or any other source of funds.)

Signed cost estimates for any type of building construction activity prepared by contractor(s), engineer(s), or architect(s), and work write-ups **must be submitted** with this request.