

**SEMINOLE COUNTY COMMUNITY DEVELOPMENT CDBG PROGRAM**

**APPLICATION FOR PUBLIC SERVICE PROJECTS for FY 2019-2020**

**SUBMITTAL PROCEDURES**

**TO WHOM AND WHERE:**

Elvis Santana, Program Manager

Seminole County Community Services Department

534 W. Lake Mary Boulevard

Sanford FL 32773

(407) 665 2307

**WHEN:**

* **NO LATER THAN 4:00 P.M., Friday, April 12, 2019.**

 SUBMISSIONS RECEIVED AFTER 4:00 P.M. ON THAT DATE (as per County time-stamp) WILL NOT BE ACCEPTED.

**IMPORTANT INFORMATION:**

* **Mandatory technical assistance workshops** will be held, Thursday, March 21, 2019, at 9:00 a.m., and 5:30 p.m. The workshops will be held to provide technical assistance and to answer questions for all interested applicants at the Community Services Department Office. All interested applicants **must have a representative present** at one of the workshops in order to apply for 2019-2020 funding.
* Completed proposals must be mailed or hand-delivered. **Faxed or emailed submissions will not be accepted.**
* The Community Services Department will time and date stamp all proposals.
* An application will be denied if it does not provide all requested information.
* Please submit one (1) original hard copy, four (4) duplicated paper copies, and one (1) PDF copy (on CD or USB flash drive) of each completed application with all required back-up documents. Copies should be 3 ring hole-punched and held together with binder clip or rubber band.
* Final funding recommendation by the application review team will give priority to the objectives and priorities identified in the 2015-2019 Consolidated Plan.

**IMPORTANT INFORMATION FOR INTERESTED PARTIES**

**REQUESTING CDBG FUNDING:**

* On **March 10, 2019,** the Community Development Division published a Notice of Funding Availability (NOFA), listing activities that the County will consider funding for Program Year 2019-2020. Proposals which do not address the priorities in the 2015-2019 Consolidated Plan will not be considered for funding.
* All funding requests must be either for a new service or a quantifiable increase in the existing level of service.
* Funding award amounts are subject to be reduced from the agency’s proposal based on the priority of needs, ranking of proposals, and actual funds available.
* Proposals will not be funded unless the organization has: developed reasonable cost estimates; established an activity implementation timeline: and, is financially stable.

**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 CRITERIA**

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

* All proposals must submit all required documents listed in the application package. Proposals that are not complete will be considered unresponsive and will not be forwarded to the Application Review Team for scoring.
* Program Recipients must be a 501(c)(3).
* The project must serve at risk populations.
* Reasonableness of cost will be considered in evaluating proposals.
* 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.

**CDBG Requirements:**

* All CDBG projects for public services must meet one of the following National Objectives:
  1. Benefit low and moderate income persons or households (This is the primary objective for the CDBG program. At least 70% of all CDBG funding must meet this objective).
  2. 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 the national objective. This national objective is rarely used.
* If requesting CDBG funding, Program Recipients must provide public services for households or individuals that are at or below 80% of area median income guidelines with the funding.
  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.
     + Provide a benefit to low and moderate income persons by area, by serving a Low Moderate Income Area (LMA). To qualify under this category, services must benefit **all** residents in a residential neighborhood area in which at least 51 percent of the residents are Low or 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 an activity.
      * 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 based on household size, assets, and income by using 24 CFR Section 5.609.
* CDBG recipients are expected **to provide matching or leveraged funds** in the cost of any project.
* Seminole County seeks to fund requests that use CDBG funds for programming (materials, supplies, services). If administrative funds are sought, applicants are asked to limit their requests to no more than 10% of their total 2019-2020 CDBG request.

**Project Submission Sheet**

**(PLEASE REFER TO THE LAST PAGE OF THIS APPLICATION FOR THE LIST OF REQUIRED DOCUMENTS THAT MUST BE SUBMITTED WITH THIS APPLICATION)**

1. Please indicate National Objective Project will meet:

Low Moderate Income Benefit  Slum/Blight  Urgent Need

1. Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Eligible Activity:(***Check only one***):

Youth Services  Elderly Services

Employment/Job Training Services  Crime Prevention and Public Safety

Health Services  Substance Abuse Services

Fair Housing Counseling  Education Programs

Energy Conservation  Services for Senior Citizens

Services for Homeless Persons  Recreational Services

Welfare Services (except income payments)

Other  Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone Number/E-Mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has this agency previously received Seminole County funding? YES  NO

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

CDBG $\_\_\_\_\_\_\_\_\_ HOME $\_\_\_\_\_\_\_\_\_\_ ESG $\_\_\_\_\_\_\_\_\_\_ BCC $\_\_\_\_\_\_\_\_\_\_

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

1. Are you a direct recipient of another award? YES  NO

If yes, have you been monitored/audited by that entity (another federal, state, or local agency)? YES  NO  If yes, provide the most recent completed program management monitoring report.

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

**Project/Activity Information**

**\*\*Please attach additional sheets if necessary\*\***

1. Provide a description of the activity.
2. Who will implement the activity and how will it be implemented?
3. What is the 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. Please be very specific in identifying the geographic area (s) to be served.
5. Number of persons to benefit from the project:

Total persons benefitting: \_\_\_\_\_\_\_\_

Lower income persons benefitting: \_\_\_\_\_\_\_

Percent lower income persons benefitting: \_\_\_\_\_\_\_

Source of data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a schedule of activities or an activity timeline that addresses the proposal.
2. Explain why this project is needed, indicate how it meets a National Objective, and meets eligibility based upon the County’s Objectives?
3. Is this a new activity? If the answer is no, then explain how it is a quantifiable increase in current services.
4. Describe how will your goals, performance and success be measured if you are awarded funds?
5. State what expenditures the grant will pay for. (Attach additional sheet if necessary)

**PROJECT BUDGET**

**\*\*PLEASE SUBMIT A COMPLETET BUDGET PROPOSAL WITH APPLICATION. AN APPLICATION WITHOUT A BUDGET WILL NOT BE CONSIDERED FOR FUNDING!!!**

(1) Agencies that received CDBG funding in 2018-2019 must show past award amounts for comparison of requests. Sample provided below is recommended.

|  |  |  |
| --- | --- | --- |
| **DETAIL OF 2019/2020 CDBG FUNDING REQUEST** | **Current**  **2018/2019** | **Proposed**  **2019/2020** |
| **PROGRAM PERSONNEL** | | |
| Professional Staff Salaries |  |  |
| Support Staff Salaries |  |  |
| Employee Benefits |  |  |
| Payroll Taxes/Other |  |  |
| PERSONNEL EXPENSES: |  |  |
| **PROGRAM OCCUPANCY** | | |
| Building Lease/Rent |  |  |
| Maintenance |  |  |
| Utilities |  |  |
| Insurance |  |  |
| TOTAL OCCUPANCY: |  |  |
| **PROGRAM OPERATING/PROGRAM EXPENDITURES** | | |
| Office Supplies |  |  |
| Direct Client Services |  |  |
| Office Expense/Computer |  |  |
| Communication |  |  |
| Printing |  |  |
| Advertising |  |  |
| Professional Fees/Outside Consultants |  |  |
| Staff Travel |  |  |
| Staff Development/Training |  |  |
| Volunteer Expenses |  |  |
| Licenses, Taxes, Insurance |  |  |
| Equipment Lease/Maintenance |  |  |
| Vehicle Maintenance |  |  |
| Program Materials |  |  |
| Miscellaneous (provide detailed descriptions and breakdowns separately) |  |  |
| TOTAL OPERATING/PROGRAM EXPENSES: |  |  |
|  |  |  |
|  | | |
| **TOTAL 2018/2019 CDBG AWARD :** |  | **N/A** |
| **TOTAL 2019/2020 CDBG REQUEST:** | **N/A** |  |

(2) Attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.).

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

(4) Provide a description of all funds that will be used to pay for staffing and operational costs.

**Additional Funding**

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

|  |  |  |
| --- | --- | --- |
| **Source of Funds** | **Amount** | **Status** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please list Donations, IN-KIND SERVICES, ETC.**

|  |  |  |
| --- | --- | --- |
| **Source** | **Value** | **Description of Service** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Provide documentation that other sources of funds have been sought or are in place, and are committed to the project.

**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

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 any liens (property liens, tax liens, mechanic’s liens) for non-payment in the past five (5) years?

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

**UMENTATION OF OTHER FUNDIN**

**CERTIFICATE OF OTHER FUNDING OR MATCHING FUNDS**

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]

State of Florida

County of:

[Title]

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/Activity Information

Articles of Incorporation / Date of Incorporation. Occupational License (If Applicable).

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 Manager/Administrator.

Resume of Chief Financial Officer or Finance Manager.

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 recent audited financial statement (s) including cash flow statement and balance sheet. The more information provided by the applicant will be beneficial in demonstrating financial capacity.

Federal, state, or local agency program management monitoring/audit report (most recent if applicable).

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.

Detailed Project/Program Budget.

Information regarding current year grants received and any proposed grant applications for this project.

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.)