

**SEMINOLE COUNTY COMMUNITY DEVELOPMENT CDBG PROGRAM**

**APPLICATION FOR PUBLIC FACILITIES 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 a binder clip or rubber band.
* 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 **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.

**PROJECT MUST MEET ONE OF 3 NATIONAL OBJECTIVES**

All proposed CDBG activities must undergo a review process. The project must meet one of the required objectives.

**To meet a National Objective, the project must:**

1. Benefit low and moderate income persons or households (at least 70% of all

 CDBG funding must meet this objective); **or**

1. Aid in the prevention or elimination of slums or blighting conditions; **or**
2. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health, welfare, or safety.

**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 a proper response to the NOFA and the Specific Objectives of the 2015-2019 Consolidated Plan, in the project recommendation process:

* Eligible Public facilities and improvement activities include, but not limited to, acquisition, storm water improvements, street paving or rehabilitation, and construction or rehabilitation of sidewalk and public facility.
* 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., Phased Projects).
* 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.
* The 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.

* Acquisition by the recipient, or other public or private nonprofit entity, by purchase of real property must be for public purpose, subject to the limitations of regulations and laws such as 24 CFR part 570.207, etc.
* Program Recipients must provide services for households or individuals that are at or below 80% of area median income.
	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 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 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 based on household size, assets, and income by using 24 CFR Section 5.609.

**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***):

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 [ ]  Acquisition [ ]

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. What will be community need/problem to be addressed, and how it meets a National and County’s Objectives?
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. List the Project location.
5. Provide a description of the geographic location/area to be served.
6. Explain the current condition of the facility, why this project is needed and desired outcome (e.g. accessibility)? For acquisition, include if any of the property is currently occupied?
7. For Acquisition Only: What is the appraised value of the property, proposed purchase amount, and an anticipated escrow closing date? (Type N/A if not applicable)



1. Provide a description of work or scope of work, and if available include a facility maintenance plan.
2. Provide a description of proposed timeline for schedule of work, and possible impact on facility operations.

1. Who will advise or consult on the project? Please provide a brief description of their experience with this type of project.



1. Number of persons to benefit from the project:

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

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

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

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

1. Describe how will your goals, performance and success be measured if you are awarded funds?

**Project Costs**

**PROPOSED PROJECT COSTS:**

|  |  |  |
| --- | --- | --- |
| (a) | Total proposed design costs | $  |
| (b) | Total proposed construction costs | $  |
| (c) | Total 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, property appraisal, 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.

**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

 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

**DOCUMENTATION OF OTHER FUNDING**

**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 Description.

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 Advisors, Consultants and staff directly involved in project management.

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.

Detailed Project/Program Budget.

Certificate 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.)

Proposed Project Timeline within Program Year (Oct 2019 – Sept 2020) such as a GANTT Chart format.

Facility Maintenance Plan (If Available).

Property Appraisal (for acquisition only).

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.