SEMINOLE COUNTY COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT PROGRAM
APPLICATION FOR FY 2016-2017

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

Carmen Hall, HUD Administrator
Seminole County Community Development Office
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 e-mailed 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.
- There will be no opportunity for amending any funding proposal after submittal.
- The County reserves the right to request additional information or clarification after the submittal due date, when necessary.
- 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.

PROJECT SELECTION IMPERATIVES

The Application Review Team will use 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.
- All applications will be reviewed and ranked based upon the anticipated Priorities and Objectives in the County's 2015-2019 Consolidated Plan.
- 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.

ESG Requirements:

- If requesting ESG funding, Program Recipients must provide one of the following services rapid re-housing of homeless families or homeless shelter operating & maintenance expenses.
- ESG Recipients are **required** to provide a minimum of a 50% match.

ESG Project Submission Sheet

1. Name of Project: _____
2. Name of Applicant: _____
3. Address of Applicant: _____

4. Contact Person:
   _____

5. Address/Telephone Number/E-Mail Address:
   _____

6. Include a copy of Articles of Incorporation.
7. Include a copy of occupational license.
8. Include a copy of Bylaws/purpose of organization.
9. Include an organizational chart of your agency.
10. Include a list of board of directors and their occupations.
11. Include a copy of IRS designation as tax-exempt.
12. Include a resume of the project administrator.
13. Include a resume of the chief financial officer.
14. Include resumes of staff directly responsible for administering the project.
15. Provide a year-end certified audit (most recent audit) or audited financial statement.
16. Provide a copy of current insurance (including liability/worker's compensation, property insurance, etc.).

17. Provide proof that the organization has been serving Seminole County for a minimum of 2 years in the capacity similar to the funding request.

18. Provide a statement indicating that this funding request meets a National Objective, and meets eligibility based upon the community's needs.

19. 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 ☐

22. 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
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. Does this activity currently exist? YES ☐ NO ☐

   If yes, where?_____

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

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

PROGRAM BUDGET

TOTAL PROGRAM BUDGET:		$	$	$
Funding Source	**Category***	**Current 2015/2016**	**Proposed 2016/2017**	**Secured 2016/2017**
Federal Sources				
State Sources				
Seminole County				
CDBG (Requested Amount)				
ESG (Requested Amount)				
General				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
Business Contributions				
Foundations/Trust				
Other Grants				

PROGRAM EXPENSES	Current 2015/2016	Proposed 2016/2017
PROGRAM PERSONNEL EXPENDITURES:		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
TOTAL PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY EXPENDITURES:		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY EXPENSES:		
PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
TOTAL OPERATING/PROGRAMMATIC EXPENSES:		
TOTAL PROGRAM EXPENSE S:		
TOTAL PROGRAM BUDGET $:		
BUDGET MINUS EXPENSE S:		

In addition:

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

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

(3) Provide a description of all funds that will be used to pay for staffing and operational costs (the County will not pay for operational costs, except with ESG funds).

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.

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 or ESG 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 ESG APPLICATION

- ☐ Public Services Program Submission Sheet
- ☐ Program Description
- ☐ Articles of Incorporation / Date of Incorporation.
- ☐ Occupational License.
- ☐ Bylaws/Purpose of Organization.
- ☐ Organizational Chart, including a list of Board of Directors and their occupations.
- ☐ Submit IRS designation as a non-profit/tax exempt status.
- ☐ Resume of Program Administrator.
- ☐ Resume of Chief Financial Officer.
- ☐ Resume of staff directly responsible for program 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 the community with relevant experience.
- ☐ A detailed Program Budget.
- ☐ Information regarding current year grants received and any proposed grant applications for this project.
- ☐ Disclosure Form.
- ☐ Documentation of Other Funding including 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.
- ☐ Matching funds documented and identified by source, ESG requires a 50% match.